

**Cheltenham Science Festival**

6th - 10th June 2007  
WCRF International is taking part in this five-day festival, which presents scientific issues in an exciting and engaging environment.  
[www.cheltenhamfestivals.com](http://www.cheltenhamfestivals.com)

**British Dietetic Association Annual Conference**

19th - 21st June 2007  
Hotel Europa, Belfast  
[www.bda.uk.com/conference.php](http://www.bda.uk.com/conference.php)

**Men's Health Week**

11th - 17th June 2007  
The theme for the sixth national Men's Health Week is men and long-term conditions, including prostate cancer and cardiovascular disease.  
[www.menshealthforum.org.uk](http://www.menshealthforum.org.uk)

**Obesity and its Management**

27th - 29th June 2007  
Association for the Study of Obesity  
Liverpool Medical Institution  
[www.aso.org.uk](http://www.aso.org.uk)

**Eat your greens**

A recent study published in the *American Journal of Clinical Nutrition* showed that eating watercress regularly could help reduce the risk of cancer.

During the study, sixty healthy volunteers, including thirty smokers, ate 85g of fresh watercress every day for eight weeks. The researchers measured DNA damage to white blood cells, which is thought to be a factor in the development of cancer, before and after the change in diet.

The results showed that DNA damage was reduced by 23.9 per cent and that the reduction was greatest among the smokers.

This study is interesting as it involved volunteers eating real food rather than taking a supplement. However, most people would probably find it difficult to consume the necessary amount of watercress each day, and to maintain this intake for any length of time.

In addition, while there was a reduction in DNA damage to white blood cells, this may not necessarily translate into a reduction in cancer incidence. Cancer can take many years to develop so the study does not prove watercress prevents cancer.

All fruit and vegetables contain vitamins, minerals and phytochemicals that could act as antioxidants to reduce DNA damage. This is one reason why WCRF UK recommends eating at least five portions of a variety of fruit and vegetables a day.

Gill C.I. *et al.* 2007. *Am J Clin Nutr.* Feb;85(2):504-10.



**Blood sugar levels and cancer risk**

Women with high blood sugar levels could be at increased risk of developing cancer, according to a new study published in *Diabetes Care*.

The research, which has been partly funded by WCRF UK and involved almost 65,000 people, has linked high blood sugar levels to cancers of the pancreas, skin, uterus and bladder.

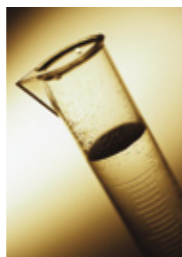
Previous research has shown an increased risk of cancer in men and women with Type 2 diabetes. This new study shows that women of normal weight, but who have high blood sugar below the levels found in diabetes, may be at increased risk of cancer.

Overall, researchers at Umeå University Hospital in Sweden were unable to find the same link for any cancers in men during the 13-year study. In fact, the results of the study suggested that high blood sugar levels in men were actually associated with lower risk of prostate cancer.

The study's results have concerned WCRF UK as the number of people in the UK with diabetes or poor glucose tolerance (which results in high blood sugar levels) is rising. However, the good news is that it is possible to reduce blood sugar levels by eating a healthy, balanced diet containing lots of fibre-rich plant-based foods and by maintaining a healthy weight.



Stattin P. *et al.* 2007. *Diabetes Care.* Mar;30(3):561-7.



**Understanding Food Labels**



This mini booklet explains how to read the nutrition information on food labels and helps people decide if a product is healthy. It includes a handy pocket-sized laminated card which details what is a little and a lot of fat, saturated fat, sugars and salt.

To order a free copy email [informed@wcrf.org](mailto:informed@wcrf.org) or telephone 020 7343 4205.

Further copies are available at £7.50 for a set of 25. See your publications order form for more details.

**Please circulate this newsletter to colleagues in order to help us spread the message that cancer is a largely preventable disease.**

**Informed is available free of charge to all health professionals.**

**How to join the mailing list**  
Please contact WCRF UK or email us at [informed@wcrf.org](mailto:informed@wcrf.org)

**World Cancer Research Fund (WCRF UK)**  
19 Harley Street, London W1G 9QJ  
Tel: 020 7343 4200 Fax: 020 7343 4201  
Web: [www.wcrf-uk.org](http://www.wcrf-uk.org) Email: [wcrf@wcrf.org](mailto:wcrf@wcrf.org)  
Registered with the Charity Commission in England and Wales (Registered Charity No: 1000739)  
Registered Office: 19 Harley Street, London W1G 9QJ  
WCRF UK is a member of WCRF International

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**Design and production**  
Geoff Simmons and Jim Nicholson

**Informed** FOR HEALTH PROFESSIONALS  
News on diet, lifestyle and cancer prevention



World Cancer Research Fund

**Traffic light or GDA labelling?**

**Much controversy surrounds front of pack nutrition labelling. Here WCRF UK compares the different schemes to find out which one is best for helping people choose healthy foods.**

There is now a wealth of evidence that a healthy diet reduces the risk of obesity, cancer and heart disease. Busy lives and a confused public have led to the introduction of front of pack nutrition labelling that allows the consumer to see 'at a glance' whether they are making healthy choices. There are currently two different schemes operating but the concern is that this is causing more, rather than less, confusion.



coding, but foods with more than 20g of fat per 100g will have a red coding. Products with larger serving sizes, such as ready meals, use alternative 'per portion' criteria as they make a greater contribution to calorie intakes.

The FSA has stated that traffic light labelling should be applied to those foods which consumers find most difficult to assess. These include: ready meals, sandwiches, breakfast cereals and processed meat products. Additional information on calories or Guideline Daily Amounts is optional.

**Guideline Daily Amounts labelling**  
Guideline Daily Amounts (GDAs) were derived from the Dietary Reference Values [3] for healthy men, women and children. It is important to remember that GDAs are a guide for the healthy population, and not a target for individuals. The nutritional requirements of an individual will vary, depending on their weight, clinical condition, activity and age.

Five key nutrients: calories, fat, saturated fat, sugar and salt are labelled on the front of a pack. The amount is stated per portion and the percentage it contributes to the GDA is also stated. There are many criticisms of this approach [4] including:  
◆ The GDA used is not always appropriate or consistent, for example, the adult GDA may be used on a product which is aimed at children  
◆ There are inconsistencies regarding portion sizes and the portion size

stated may be unrealistic, misleading the consumer into thinking that they are eating less

◆ Without traffic light colour coding, it is unclear 'at a glance' whether a food is high or low in a particular nutrient.

Research has shown GDA labelling to be more confusing than the MTL labelling and it is less likely to be interpreted correctly, particularly by those in lower socio-economic groups [4].

**Educating patients**

Traffic light labelling has taken a large, evidence-based step in the right direction in helping the consumer to make quick, wise choices. For this reason many medical and not-for-profit organisations, including WCRF UK, are supporting the scheme.

The FSA is reviewing both labelling approaches and has pledged to adopt the one which helps consumers choose healthier foods more easily.

In the meantime, while both schemes are being used, health professionals can educate patients on how to read food labels; healthy food choices and their importance in the prevention of cancer and other chronic diseases.

**FREE OFFER!**  
Help patients choose healthy products with our useful guide to food labels. See the back page for more details.

**References**  
1. WHICH? 2007. *Healthy Signs* [online]. Available from <https://www.which.co.uk/files/application/pdf/HealthysignsfinalJuly06-445-88449.pdf> [Accessed 20 April 2007].  
2. FOOD STANDARDS AGENCY. 2007. *Technical guidance*. [online]. Available from <http://www.food.gov.uk/foodlabelling/signposting/technicalguide/> [Accessed 20 April 2007].  
3. COMA (1991) *Dietary Reference Values for Food and Energy and Nutrients for the United Kingdom*. DOH RHSS 41.  
4. NATIONAL HEART FORUM. 2007. *Misconceptions and misinformation: The problems with GDAs*. [online]. Available from [http://www.heartforum.org.uk/Publications\\_NHFreports\\_1816.aspx](http://www.heartforum.org.uk/Publications_NHFreports_1816.aspx) [Accessed 20 April 2007].

Email [informed@wcrf.org](mailto:informed@wcrf.org) with your questions and we'll try to answer them in a future issue.

### Are juices as healthy as whole fruit and vegetables?



A recent review in the *International Journal of Food Science and Nutrition (IJFSN)* addressed whether fruit and vegetable juices were as healthy as their whole counterparts. Little

direct evidence was found on this question, nevertheless the authors concluded that juices are just as protective against cancer and heart disease as the whole food [1].

Despite the conclusions of the authors, WCRF UK still recommends choosing whole fruits and vegetables and making juices only a small part of fruit and vegetable intake. This is because:

- ◆ Juicing a fruit or vegetable does not remove sugars or calories, making juices sugary and energy-dense drinks. Consuming sugary drinks has been linked to obesity,

which in turn can increase the risk of some cancers

- ◆ Juicing removes the fibre. Fibre may play an indirect role in weight management by promoting a feeling of fullness, which could lead to a lower consumption of less healthy, energy-dense snacks.

The Department of Health and WCRF UK state that a 150ml serving of pure juice counts as one 5 A DAY portion, no matter how much is drunk.

The findings of the *IJFSN* review are interesting but, because the number and variety of studies included is less than comprehensive, only limited conclusions can be drawn. In addition, the review was funded by the juice industry so perhaps it is unsurprising that the authors concluded that juices were as beneficial to health as whole foods.

Before drawing conclusions about any study it is important to put it into context by checking who it is funded by and whether the authors have any conflict of interest.

1. Ruxton C. et al. 2006. *Int J Food Sci Nutr.* 57(3-4):249-72.



### Preventing weight gain after quitting smoking

In July, England joins other UK countries by making workplaces, pubs, bars, restaurants and other enclosed spaces smoke free. This will protect people from second-hand smoke which causes a range of medical conditions such as lung cancer and heart disease.

It is also hoped that the ban will make it easier for smokers to quit. However, many people, especially women, worry that they will gain weight when they stop.

A small weight gain is not unusual as stopping smoking slows down a person's metabolism and may increase appetite. If you have patients who are concerned about weight gain after quitting the following tips may help.

**Prevent hunger cravings** – have regular meals and healthy snacks such as fruit, low fat yoghurts, malt loaf and breadsticks with dips. Drink plenty of fluids as hunger is often mistaken for thirst. Sugar-free gum and low calorie sweets can help keep the mouth busy and reduce cravings.

**Get more active** – this will help people relieve the stress and boredom associated with stopping smoking, and being physically active burns up calories [1]. It is important that patients choose activities that they can make part of their lifestyle, otherwise they are less likely to maintain them.

**Cut back on alcohol** – as well as being high in calories it can be a trigger to smoke.

**Keep an eye on portion sizes** – enjoy normal sized meals and try to avoid having second helpings.

Patients should be made aware that the risks to their health of being a little overweight are far fewer than the risks associated with smoking and that there are steps they can take to control their weight.

1. Kawachi I. et al. 1996. *Am J Public Health.* Jul;86(7):925-6.



### Diet, lifestyle and breast cancer risk

Scientists from the International Agency for Research on Cancer (IARC) estimate that over three million new cancer cases were diagnosed in Europe in 2006. Since the previous estimates in 2004, breast cancer has now become the most commonly diagnosed cancer, with 429,900 new cases last year [1].

The risk of breast cancer is increased by a number of factors including: menarche before the age of 12, nulliparity (not having children) or first birth at an age greater than 30 years, late age of menopause and a family history of breast cancer [2]. In addition, diet and lifestyle can also affect breast cancer risk, but these factors can be changed to reduce the risk of this disease.

#### Overweight and obesity

There is consistent evidence that increased body weight and weight gain during adulthood are associated with an increased risk of breast cancer among postmenopausal (but not premenopausal) women [3]. The increased risk is probably due to the higher levels of the female hormone oestrogen, which is produced by the extra adipose tissue.

#### Alcohol

The risk of breast cancer is also increased by alcohol consumption. A study published in the *British Journal of Cancer* suggested that the more a woman drinks, the greater her risk of developing breast cancer. The study also estimated that alcohol causes about 2,000 cases of the disease every year in the UK [4].

#### Physical activity

Moderate to vigorous physical activity (45 to 60 minutes on five or more days of the week) has been shown to be associated with decreased breast cancer risk among both pre-menopausal and postmenopausal women [5].

#### New research on fibre

Findings from a WCRF UK funded study investigating high fibre diets and breast cancer were widely reported in the media recently [6].

The research at the University of Leeds showed that eating a diet high in fibre can reduce the risk of premenopausal breast cancer. This new study adds to the current evidence, which until now has been inconsistent.

In the study the eating habits of 35,000 women were followed over seven years. Those women who ate a high fibre diet, of more than 30g a day, had a 50 per cent lower incidence of breast cancer than those eating less fibre. Fibre from cereals and fruit appeared to be particularly protective.

Several possible mechanisms for how fibre may protect against breast cancer have been suggested. High-fibre foods are rich in vitamins, zinc and other micronutrients that have protective antioxidant properties. Fibre can also help to regulate insulin levels, high amounts of which may be one cause of cancer.

Patients looking to increase their intake of fibre should be advised to eat at least five portions of fruit and vegetables a day, and choose wholegrain versions of breads and breakfast cereals, as well as wholewheat pasta and brown rice.



#### Updating the evidence

More information about the risk and protective factors associated with breast cancer will be available when the second WCRF/AICR expert report: *Food, Nutrition, Physical Activity and the Prevention of Cancer: A Global Perspective* is published in November 2007. Visit [www.wcrf.org/secondreport](http://www.wcrf.org/secondreport) to find out more.

#### References

1. Ferlay J. et al. 2007. *Annals of Oncology.* Mar;18(3):581-92.
2. Kushi L. H. et al. 2006. *A Cancer Journal for Clinicians* Sep-Oct;56(5):310-2.
3. Carmichael A.R. et al. 2004. *Breast*;13:85-92.
4. Hamajima N. et al. 2002. *British Journal of Cancer* 87(11):1234-45.
5. IARC *Handbooks of Cancer Prevention: Weight Control and Physical Activity.* Vol. 6. Lyon: IARC Press 2002.
6. Cade J.E. et al. 2007. *International Journal of Epidemiology* [Epub ahead of print: <http://ije.oxfordjournals.org/cgi/content/full/dyl295v1>].



### Countdown to the second expert report

This is a significant year for WCRF UK as November 1 sees the launch of our second expert report *Food, Nutrition, Physical Activity and the Prevention of Cancer: A Global Perspective*. The report will represent the most comprehensive scientific assessment of the link between diet, obesity, physical activity and cancer ever conducted.

Work on the report started in 2001 with World Cancer Research Fund (WCRF) and the American Institute for Cancer Research (AICR) developing a ground-breaking method for systematically reviewing the huge volume of scientific literature.

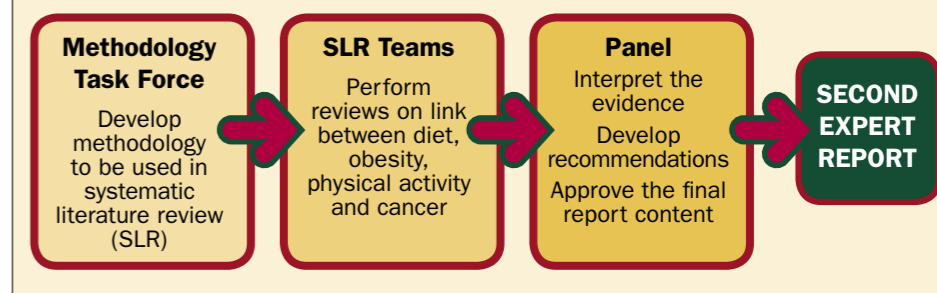
WCRF/AICR then convened a task force of expert scientists to develop a systematic literature review (SLR) specifications manual. This was then used to conduct SLRs on all cancer sites where there is already evidence of links with food, nutrition and related factors. The work was carried out by scientists at nine different universities and institutions

around the world.

Twenty SLRs covering 17 cancer sites have been conducted. In addition, SLRs on research relating to diet and cancer survivors, determinants of overweight and obesity, and chronic diseases have been completed.

The report is now entering its final stage, where a panel of 21 international experts will review the evidence to make judgments, draw conclusions and formulate recommendations.

Health professionals will play an important role in translating the report's recommendations into practical advice for patients to educate them about reducing their risk of cancer through their diet and lifestyle. WCRF UK is planning activities to help to communicate the findings of the report and further details will be available in future issues of *Informed*.



### WCRF UK launches new children's website

WCRF UK has launched a new interactive website for children as part of its recent Cancer Prevention Week (21th - 27th May).

The site, [www.greatgrubclub.com](http://www.greatgrubclub.com), is part of our continued drive to improve the health of the nation's children and has been made possible by funding from the Department of Health. It is based on WCRF UK's existing Great Grub Club magazine targeted at 4 to 7 year olds and currently mailed to 6,500 children.

The new website mixes games, facts and puzzles with fun ideas for healthy recipes and fitness activities. Access to the site is free of charge.



"Our goal is to encourage as many children as possible to develop healthy habits at a young age so that they take these habits with them into adulthood and therefore reduce their risk of cancer in adult life," said WCRF UK Children's Education Manager, Sarah Kovandzich.

"We hope to reach thousands more children with our fun and informative healthy living messages."