



Cancer Prevention from a Public Health Approach

Well-informed health behaviours can influence the incidence of cancers and other chronic diseases. However, there are factors influencing people's health that are beyond their control. Examples include levels of air pollution, affordability of healthy foods and accessibility to environments that are conducive to active ways of living. In order to promote health holistically, we have to address the underlying environmental, economic and social determinants of health. This implies policies and actions at the global, national and local levels which form the basis of the public health approach towards cancer prevention – as stated in the WCRF/AICR Policy Report, *Policy and Action for Cancer Prevention*.¹

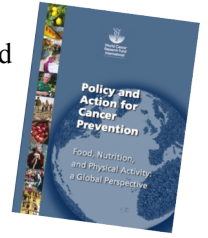
Public health has a core value that acknowledges the health of everyone as a public interest.¹ One's health is not just the responsibility of that person or the government, but extends to policy-makers and decision-takers in all social sectors such as civil societies, food industries, health professionals and elsewhere (known as actors). These actors need to understand that their decisions influence public health, and they should act in accordance with the health interest of the public.

A recent study (2009) from the US examined the association between neighbourhood food environments and the prevalence of obesity.² This cross-sectional study involving 13,012 adults from New York City found an inverse association between the density of healthy food outlets and body mass index (BMI). The residents who lived in the area with the least healthy food outlets were significantly fatter than those who lived in the area with most healthy food outlets (adjusted mean BMI 28.06 kg/m² vs. 27.26 kg/m², p=0.003). Healthy food outlets were defined as supermarkets, and fruit and vegetable markets.

Another similar study involving 2,510 adults from a cluster of communities in the US, looked at the influence of neighbourhood environment on weight.³ They found that participants were significantly more likely to be obese if they lived far away from recreational facilities or felt their community environment unsafe nor inviting for physical activities.

Both studies pointed to the same conclusion that the physical environment has a determining role on people's weight status, and in turn, their overall wellbeing.

After having an appreciation that people's health outcomes are influenced by factors in multiple dimensions, it makes a lot of sense to say that different actor groups can all do something to shape the physical environment, economic factors and culture that will, in turn, affect people's options and behaviours. Take consumption of vegetables and fruits as an example. If we promote the health benefits of consuming vegetables and fruits without considering their affordability and accessibility, it will still be hard for people to change their behaviours and eat more vegetables and fruits. In this case, involving a number of actor groups can be very helpful to improve the situation.



For example:

- *The government* – can enact policies that bring incentives to the sale of healthy foods.
- *The food industry* – can practise good ethics in promoting healthy foods and limiting the promotion of unhealthy foods, especially those marketed towards children.
- *Workplaces* – can provide vegetables and fruits, instead of energy-dense foods, as snacks for employees.
- *The media* – can broadcast health promotion messages and place a positive note on health promotion activities in regards to vegetables and fruits.
- *Health professionals* – can take a lead in educating their patients about the importance of a balanced diet with sufficient vegetables and fruits.

Finally, there should be an emphasis that these efforts by different actor groups are being coordinated, which means they are striving towards a common public health goal.

References:

1. World Cancer Research Fund / American Institute for Cancer Research. *Policy and Action for Cancer Prevention: Food, Nutrition, and Physical Activity: a Global Perspective*. p.xii 2009 (<http://www.dietandcancerreport.org/pr>)
2. Rundle A et al. Neighborhood Food Environment and Walkability Predict Obesity in New York. *Environmental Health Perspectives*. 2009; 117(3):442-7
3. Boehmer TK et al. What Constitutes an Obesogenic Environment in Rural Communities? *American Journal of Health Promotion*. 2006; 20(6):411-21

High meat and fat dietary pattern increases ovarian cancer risk

Many studies have looked at the role of individual foods or particular nutrients in the cancer process. However, since our diet is diverse and varies from day to day, it is also useful to investigate dietary patterns and their associations with cancer development. Dietary pattern refers to categorizing people's diets into food groups that share common nutrients or foods that are eaten together.

A recent study from Australia looked at the associations between certain dietary patterns and the occurrence of ovarian cancer using a population-based case-control study design.¹ The study asked 683 women with epithelial ovarian cancer (case group) and 777 other women (control group) to fill in a validated, semi-quantitative food-frequency questionnaire that categorized foods into 40 food groups. Results showed that a "meat and fat" dietary pattern was associated with an increased risk of ovarian cancer ($p < 0.0001$), a "fruit and vegetable" dietary pattern was not associated with risk, and a "snacks and alcohol" dietary pattern was inversely associated with ovarian cancer risk ($p = 0.001$).

Although snacks and alcohol appear to reduce ovarian cancer risk in this study, other pooled analyses found total alcohol consumption is not associated with the risk of ovarian cancer.²⁻³ Also, considering that the WCRF/AICR *Second Expert Report* has concluded that the evidence on alcohol as a cause of a number of cancers over the past decade has been strengthened⁴, it is not advisable to consider the use of alcohol to prevent ovarian cancer.

Apart from the "meat and fat" dietary pattern being a potential risk factor for ovarian cancer, WCRF HK would like to share with you other factors that are associated with various women's cancers at our Health Professional Conference in October.

Reference:

1. Fariba K et al. Dietary patterns and ovarian cancer risk. *Am J Clin Nutr* 2009; 89(1):297-304
2. Kurian AW et al. Histologic types of epithelial ovarian cancer: have they different risk factors? *Gynecol Oncol* 2005;96:520-30.
3. Genkinger JM et al. Alcohol intake and ovarian cancer risk: a pooled analysis of 10 cohort studies. *Br J Cancer* 2006;94:757-62.
4. World Cancer Research Fund / American Institute for Cancer Research. *Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective*. 2007 (<http://www.dietandcancerreport.org>)

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- ❖ Prof. Hilary J Powers, Professor in Nutritional Biochemistry, University of Sheffield, UK
Expert Panel Member
- ❖ Prof. Suzanne C Ho, Director, Centre of Research and Promotion of Women's Health, The Chinese University of Hong Kong
- ❖ Dr. Ting Hung Leung, Consultant, Community Medicine (Non-Communicable Disease), Department of Health, HKSAR
- ❖ Dr. Michelle Siu, Research Assistant Professor, Department of Pathology, The University of Hong Kong

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