Study Newsletter

Issue 1, 2009

Welcome to the first annual issue of the DietCompLyf study newsletter. We aim to use the newsletter as a means of updating you on study progress, to answer frequent questions and discuss the validity of claims made by the media in relation to scientific evidence. By participating in the DietCompLyf study you are helping us to investigate the diet (particularly a group of plant compounds called phytoestrogens) and lifestyle of women over the 5 year period following primary breast cancer treatment. Thank you for agreeing to participate, your contribution is greatly valued.

Study Update:

1,905 women are already participating in the DietCompLyf study.

52 collaborating NHS hospitals nationwide are currently involved in the study.

Over 6,500 blood & urine samples have been collected for analysis.

2 years before patient recruitment is complete and 7years before results are known.

How we protect your data:

We want to assure you that we adhere to the highest standards in the safekeeping and use of your data:

Only authorised study personnel are granted access to your personal information.

All files are stored in locked cupboards, located in a secured room.

All patients are identified solely by their unique study number and initials when data is handled.

Furthermore, all the data we receive is transferred onto a protected computer drive that only study staff have access to.

Breast cancer recurrence, current knowledge:

With the multitude of media messages, advertising and internet sites we are bombarded with, it is often difficult to recognize a reliable source of information. What is the evidence for a relationship between breast cancer progression and diet and lifestyle?

The majority of research has focused on the risk of getting breast cancer and unfortunately little is known about the ways diet and lifestyle can affect cancer recurrence and prognosis. DietCompLyf is studying the diets and lifestyles of women with breast cancer in order to generate more reliable advice that can be given to patients after diagnosis, with the potential to improve prognosis and quality of life.

Herbal remedies and dietary supplements: No herbal remedy, dietary supplement or alternative therapy has been scientifically proven to treat breast cancer. More research is needed before these remedies can be recommended as some may interfere with breast cancer medicines or cause their own side effects.

Dairy: Despite some media messages, no evidence exists to support a harmful role for milk and dairy products in relation to breast cancer risk or prognosis[1,2,3]. As milk is a complex mixture of substances, dairy is a difficult food group to study. Some animal studies have suggested an increase in cancer cell growth with very high intakes of the milk protein IGF-1, but it is not known if this protein has the same action in humans. In contrast, high intakes of dairy products have been linked with reduced risk of pre menopausal breast cancer[3]. As dairy products are an important source of calcium, which is essential for bone health, moderate consumption of low-fat dairy produce is advised.

Green tea, black tea, and coffee: Teas and coffee are also difficult to study as they vary so much. There have been promising animal studies which suggest that green tea extracts work in combination with breast cancer drugs (such as tamoxifen) and have the potential to reduce treatment time and drug side effects. Further research is required to confirm these results in humans and also to establish the effects of black tea and coffee. Animal studies suggest that coffee may help with hormonal balance, but large population studies have failed to show any consistent connection between breast cancer risk (or recurrence) and coffee consumption[4,5].

Fat: Fat in the diet has been studied but it is still not clear if the total amount of fat eaten is a cause of postmenopausal breast cancer[6]. The type of fat however, may play a role and is a focus of current research. Consuming less saturated fats (found in butter, lard, ghee, and meat) and trans-fats (found in stick margarine, vegetable shortening and most store bought cakes and biscuits) is generally advised for a healthier lifestyle.

Alcohol: There is convincing evidence that alcoholic drinks can increase the risk of both pre and post menopausal breast cancer[6]. Epidemiological studies investigating the role of alcoholic drinks on prognosis, however, have been conflicting. Some studies have shown a link between reduced survival following breast cancer with increasing amounts of total alcohol intake[6,7] while others have either shown improved prognosis[8] or no effect[9]. Until a scientific consensus has been reached it is advisable that any alcohol consumption should be low or moderate.

Physical activity and weight: There is ample evidence that physical activity reduces the risk of post-menopausal breast cancer, but the link is less clear for pre menopausal breast cancer[10]. Being overweight, and having excess weight around the stomach is related to post menopausal but not pre menopausal breast cancer[10].

Keeping active, eating a balanced and low fat diet to maintain a healthy weight and limiting alcohol intake, are all important for general health and wellbeing, and may also reduce the risk of breast cancer recurrence. Please contact your health professional if you would like advice on diet and lifestyle. Or see: http://www.cancerhelp.org.uk/

Article References:
1: J National Cancer Inst 2002;94:17:p78. **2:** J Natl Cancer Inst. 2002;94:17:p1301 **3:** Arch Intern Med 2007; 167:p1050 **4:** Ann Epidemiol 2001;12: p21. **5:** Ann Epidemiol 2006; 16:p503. 6: Cancer Causes Control 2002;13:p543. 7.Cancer Causes Control. 2001;12:p895. 8. J Clin Oncol. 2008 ;26:p3310. 9. Int J Cancer. 2008 Nov 1;123(9):2188-94.**10:** World Cancer Research Fund, AICR. Food, nutrition, physical activity, and the prevention of cancer: a global perspective. Washington DC:AICR, 2007.

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% of women recruited in:
England: 86.2
N. Ireland: 1.1
Scotland: 5.6
Wales: 7.1

% of women that are married: 80.6

% of women that are in full or part-time employment: 50.5

Patient age range at diagnosis: 27-75

Average number of children: 2

STUDY STATS

Patients' Questions

Q: I am having trouble filling in my food diary, how important is this information? Does it matter that I have not eaten a 'typical' diet that week?

A: The food diary gives us a very accurate account of your dietary intake which we can then compare to the urine sample that is produced at the end of that week. It does not matter to us that you may not have eaten a typical diet that week, as we get an overview of what you normally eat throughout the year from the information in the Food Frequency Questionnaire. The food diary has the advantage of giving us a much more detailed snapshot. Some food diary tips:

- It is helpful if you include brand names of foods.
- Please use the food portion size photos in the front of the diary when possible.
- Please write any supplements you take in the back of the diary (even if you have already recorded these in the Food Frequency Questionnaire).

Q: Some of the questions asked in the lifestyle questionnaire are rather personal. How is information relating to my annual household income and past education relevant?

A: The vast majority of well designed epidemiological studies take into account socioeconomic variables such as these, in order to 'adjust' for them when looking at other factors that may influence prognosis or quality of life. This way we can tell which factors are really causing the patterns we see.

Q: When will results from the study be available? Can I find out what my own individual results were?

A: Each participant is followed-up for four years from the time they are recruited. As recruitment will continue until December 2010, it will be a number of years until a full set of patient data and samples are available for analysis. In order for statistical calculations to pick up genuine patterns in the results, it is vital that a large enough patient group is analysed. As we obtain the necessary number of data sets for the type of analysis we plan to do, we will analyse and publish the results. Individual sets of results will not be available as comparisons will be done on large numbers of participants. You may of course compare your own diet and lifestyle to the results that are published from the data sets we collect.

As articles on the DietCompLyf study are published we will summarise the findings in this newsletter which you will be receiving in your study questionnaire pack each year. Each newsletter will also be available on the DietCompLyf website. For those of you finishing the study, if you would like to receive the final newsletter with the study results, please provide us with your address by returning the attached slip in the enclosed envelope. Alternatively, copies of newsletters will also be available from research staff at your hospital and on the following website address under patient newsletters:

www.ucl.ac.uk/abc-research-group

Study Structure

(UCL) University College London DietCompLyf Coordinating Centre

Research team responsible for: Study equipment and questionnaires, data entry, sample storage, interpretation of results, making study findings available to patients and public.

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Against Breast Cancer
Registered charity number 1121258

Funding for the DietCompLyf study

52 collaborating hospitals around the UK
Recruitment and patient follow-up: collecting samples, giving questionnaires to patients, liaising with UCL coordinating centre.

Ethics Committee: study review and approval

Statisticians: data analysis

Biochemists: sample analysis

Participants