

Study Update:

2,333 women have joined DietCompLyf in the past 5 years

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

Over 8,000 blood & urine samples have been collected for analysis.

1 year until patient recruitment is complete and 6 years 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.

Article References:

European Health Survey (2006) available at http://ec.europa.eu/health/ph_information/dissemination/reporting/ehss_04_en.htm

Petersen, A. and Lupton, D. (1996) London:Sage.

Whiteman MK, et al (2001) J Women's Health Gen'd Based Med 10, pages 571-7

Welcome to the second 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, run by University College London, you are helping us to investigate the effects of dietary factors, (particularly a group of plant compounds called phytoestrogens), and lifestyle habits on breast cancer survival. DietCompLyf is the largest study of its kind within the UK and among the largest in the world. Thank you for being part of it; your contribution is extremely valuable!

You can't believe everything you hear.....or read:

The media is often the most readily available and referred to source of information on health topics such as breast cancer (BC). Journalists will pick up on current areas of interest and recent research and report them in such a way as to attract an audience, sometimes overemphasising a finding for effect. Although the media is a useful platform in presenting information to the general public, reports can cause confusion and alarm when not treated with awareness of media sensationalism.

Everyday we are bombarded with headlines in newspapers, on the TV, radio and magazines offering us



'new' information on lifestyle factors that can influence our health. In particular, a survey conducted in 2006 found that 61% of adults from the UK used magazines as a source of health knowledge which ranked second following medical professionals (European Health Survey 2006).

It is hard to know what to believe and what to treat with 'a pinch of salt'. Often, journalists will pick up on a new finding in scientific research and make a statement while ignoring the context and previous research in the area. In looking into this, Peterson & Lupton (1996) discovered that media reports of research often present 'facts' and 'truth' whereas the scientists who have conducted the research report their findings in an objective manner, and in the context in which it was studied. When findings are presented it is not always clear where they have been drawn from and may be exaggerated. Whiteman and colleagues (2001) compared scientific reporting of a possible link between BC risk and hormone replacement therapy with magazine reporting of the same topic. They found that 82% of magazine articles reported a dangerous link whereas only 62% of papers suggested such, indicating over-reporting of a link in the media for sensationalist purposes.

Breast cancer is a popular topic for media coverage because the high number of people diagnosed with this type of cancer generates subsequent interest into diet and lifestyle factors that may be implicated. Below are examples of findings taken from articles (newspaper/internet) linking lifestyle factors and BC, presented from a "media perspective" :

City lifestyle causes BC – It has been reported that urban women are more likely to get BC than country-dwellers. In reality this could be due to numerous different factors irrespective of where you choose to live.

Cannabis can halt BC - Studies were carried out on a cannabis compound that would not be found in

sufficient quantities when smoking the cannabis leaf. This may be misleading for readers.

Eating mushrooms daily could slash BC risk by two thirds - The actual research was carried out in a Chinese population and may not be applicable to the general population as other factors could be involved.

One glass of wine a night can increase BC risk by 60% - This is confusing as previous research has found that the polyphenols in wine (drank in moderation) may be beneficial for prevention of cancer. In relation to other studies this finding seems to be quite extreme so further research in the area is needed before findings are presented to the public.

Deodorants/Anti-perspirants cause BC - There has been extensive coverage of this hypothesis in recent years. There is no convincing evidence that this is the case from human studies.

Loneliness fuels BC - Recent reports attribute living alone to causing BC and reducing survival. This could be more related to stress or mental health factors than whether you live with others. Also, this has been drawn from studies on rats and not humans.

How to read research presented in media

Phrases such as 'Research has found...' may be used to support an article on a particular topic. When research is referred to in such general terms it is important to remember that this may be used to back-up only one side of the argument.

A particular factor may be claimed to 'cause' or 'reduce' BC. Studies may have found a convincing link but this should not be treated as a definite fact.



Many other factors may be involved or results may only apply to a particular group of people.

For a reliable and unbiased source of information relating to BC, you can refer to websites such as the department of health (www.dh.gov.uk) or the NHS website, which also provides an expert analysis of health topics covered in the media (www.nhs.uk/news). Alternatively the actual research can usually be found on journal search engines such as PubMed (www.ncbi.nlm.nih.gov/pubmed/).

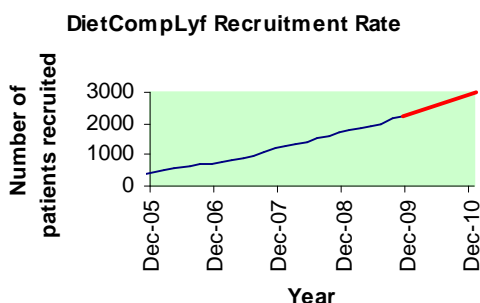
The current newsletter and earlier issues are available on the DietComPLYf website under 'patient newsletters'.

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

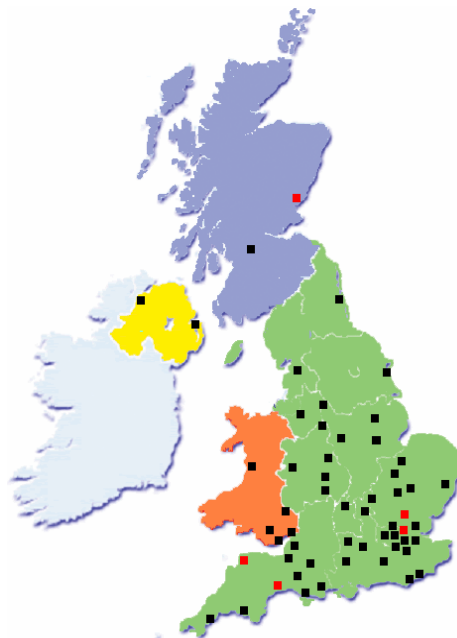
If you are finishing the study and would like to receive the final newsletter with the study results, please provide us with your address by returning the attached form with your questionnaires.

Centre distribution and Recruitment Rate for DietComPLYf

Recruitment figures increased rapidly since the study expanded from University College Hospital in London in December 2004 to many hospitals nationwide. We are aiming to reach our recruitment target of 3000 participants by December 2010.



Pictured to the right is a map of the UK showing the distribution of hospitals taking part in DietComPLYf. The red dots represent centres with over 100 participants.



Patients' Questions & Comments

Q: I don't feel comfortable writing about all the 'bad' things I've eaten in my **food diary**....and all the glasses of wine I've had! It's just been such a stressful year and my diet is normally much healthier, does this make much difference?

A: The DietComPLYf study uses the information you provide in the food diary simply as a reference and comparison to the substances that are analysed in your urine sample. We do not analyse and judge your diet as either 'healthy' or 'unhealthy', as we are only interested in how well it corresponds to chemicals measured in your sample. So the more accurate and in-depth information you provide us with, the better.

Q: I have just joined the study and am about to fill out my year 1 Lifestyle questionnaire. I'm confused by question 39; 'How many days does/did your average menstrual cycle last?', does this mean how long my period normally lasts for?

A: In this

question we are asking for the number of days between the start of one period and the start of the next one. For the majority of women this is approximately 28 days.

16 Have you taken any vitamins, minerals, fish oils, fibre or other food supplements during the past year? Yes No Don't know

If yes, please complete the table below. If you have taken more than 5 types of supplement please put the most frequently consumed brands first.

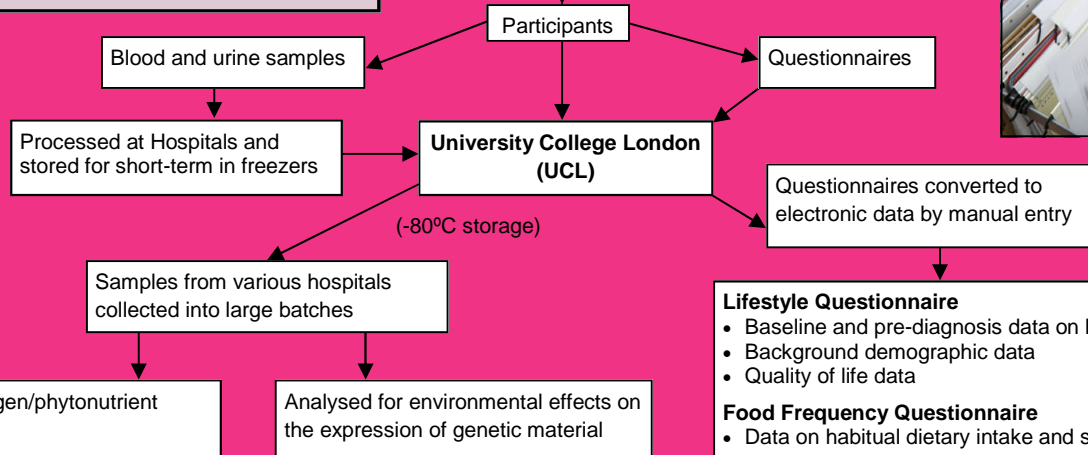
Vitamin supplements Name and brand Please list full name, brand and strength	Average frequency DOSE Please state number of pills, capsules or teaspoon	Average frequency (Tick one box per line to show how often on average you consumed supplements)							
		Never, less than once/ month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day
<i>Biotin Naga EPA, 1000 mg</i>	0 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Nature's Best Vitamin C, 1000 mg</i>	0 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Holland and Barrett Garlic capsules 300 mg</i>	0 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q: When filling in the last page of the Food Frequency Questionnaire I was surprised by the amount of information you require about the vitamin supplements I take. **A:** Vitamin and other dietary supplements can differ widely in their composition and strength depending on their brand and the actual amount of active ingredients contained. This is why we would like you provide as much information as possible about your supplements.

A good example of a well completed form is pictured; where brand names and amounts of active ingredients have been provided. This information can normally be found printed on the packaging or container your supplements come in.

What happens to my samples and Questionnaires?

NHS Collaborating Hospitals



All samples and questionnaires are kept anonymous

- Lifestyle Questionnaire**
 - Baseline and pre-diagnosis data on health behaviours
 - Background demographic data
 - Quality of life data
- Food Frequency Questionnaire**
 - Data on habitual dietary intake and supplement use
- Food Diary**
 - Detailed food and dietary supplement intake: data on nutrients e.g. vitamins, minerals, fats, fibre, protein etc
- General Health Questionnaire**
 - Quality of life data