

Welcome to the fourth annual issue of the DietCompLyf study newsletter.

The DietCompLyf study is now based at the **University of Westminster** within the Against Breast Cancer research group. Our research has continued as normal and the data that you have consented to is held here.



Thank you for taking part in our study again this year and helping us to investigate the effects of dietary factors and lifestyle habits on breast cancer. DietCompLyf is the largest study of its kind within the UK and among the largest in the world. Now that recruitment is complete, our main focus will be on obtaining follow up information for all remaining participants. We are delighted to have reached this stage and we are grateful for your contribution to the study.

Study Update:

2,800 women have joined DietCompLyf since 2004

56 collaborating NHS hospitals nationwide are involved in the study

Almost 20,000 blood & urine samples have been collected for analysis

All participants have reached at least their year 2 visit

Almost half the participants have finished the study

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 in the news

You may recently have read in the media reports suggesting that drinking a small amount of alcohol is linked to a slight increase in the risk of breast cancer? News reports followed publication of a study conducted by researchers at Harvard University and Brigham and Women's Hospital in Boston, which explored the association between low-level alcohol consumption (traditionally publicised as having a protective effect on health, particularly the heart) and lifetime drinking patterns on breast cancer. Previous studies have associated high alcohol consumption with an increased risk, but this study aimed to identify what risks there were, if any, to women consuming low levels of alcohol.



The researchers used data collected from 105,986 women enrolled in the Nurses' Health Study. Average alcohol consumption was assessed over the previous year in 1980, then again seven times until 2008. These data were combined to estimate average alcohol intake over this period. A cohort study like this (and DietCompLyf) looks at the effects of diet and lifestyle on health outcomes in a large group of people over a long period of time. Researchers always try to control for any features which may influence the associations being studied to ensure results are trustworthy, however they cannot prove cause and effect.

The exact mechanism for the reported link is unknown, but it may be due to alcohol's effects on oestrogen levels. Alcohol reduces the liver's ability to remove oestrogen from the body, therefore leading to rises in the body's oestrogen levels, stimulating a rapid increase of mammary cells, which raises the risk of breast cancer. Other mechanisms include the production of compounds formed through the breakdown of alcohol in the liver, which are known to cause cancer mutations in cells which usually protect and repair DNA.

This was a very large study from a much respected source; however interpretation of the included results must be made with caution. Asking participants to complete a questionnaire reporting their alcohol consumption from the previous year is not easy. People can mis-



report their alcohol use dependent on when they completed their questionnaires and whether they are reporting actual intakes or what they think they should report.

The sample demographic, which in this case was predominately white, exposed to shift work (a known risk factor for breast cancer), and other factors which are potentially associated with both alcohol intake and risk of breast cancer (such as use of hormone therapy, family history of breast cancer, age at first period and menopause) may also influence results, if sufficient information was not collected to enable full control (the authors do note an attempt at this). Despite this, the link between breast cancer and alcohol is not a new one, and the findings back up the results of several previous studies.

The headlines have missed one important message however; risk from cardiovascular diseases - which benefit from a protective association linked with moderate alcohol intakes - is a considerably greater risk to women than breast cancer is. And for those already diagnosed with breast cancer, survival rates are on the rise. The increase in breast cancer risk for women who drank low levels of alcohol was modest, and the results are not definitive. This new evidence advising moderate intake should therefore be considered alongside eating a balanced, low fat diet and taking regular exercise to maintain a healthy weight, all of which will help to reduce the risk of breast cancer.



Units of alcohol in different alcoholic drinks (1 unit = 8g alcohol).
Source: www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx

In the UK, women are currently advised to drink no more than 2-3 units (16-24g) of alcohol a day. Units of alcohol in different alcoholic drinks (1 unit = 8g alcohol). Information on alcohol and how to work out your units can be found at: www.drinkaware.co.uk/tips-and-tools/drink-diary and www.nhs.uk/LiveWell/Alcohol/Pages/Alcoholhome.aspx

Article Reference:

Chen et al., (2011) Moderate alcohol consumption during adult life, drinking patterns, and breast cancer risk. *Journal of the American Medical Association*; 306:1920-1921.

Patients' Questions & Comments

Q: I didn't have time to fill in the questionnaires when I first received them and now a few months have passed. I know it's quite late, but should I still send them in?

Absolutely! Our analysis of the diet and lifestyle data is being conducted on an on-going basis and we are grateful to receive your questionnaires no matter how much time has passed. Even though ideally we would like food diaries to be completed in the weeks prior to your appointment, information filled in at a later date is still useful to us.

Q: What will happen to all my data after the study has finished?

We have already begun to analyse your blood and urine samples as well as the information that you have provided in your questionnaires and food diaries. However, due to the wealth of inform-

ation available to us, there are many different aspects to our investigation and we will continue with this analysis after you have finished taking part in the study. As always, your data will continue to be stored securely and will only be identified by your study number and initials when handled.

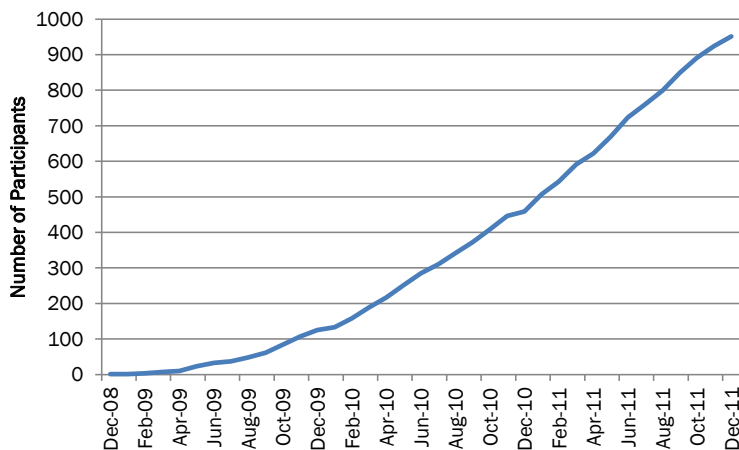
Q: I missed my hospital appointment this year. Should I fill out the questionnaires anyway? Will this information still be useful to you?

Although your blood and urine samples are very important to our analysis of the nutrients in your diet, the information that you provide in your questionnaires is equally valuable by itself. It is important that we know how a patient's diet and lifestyle change over the course of the study and the more information that we receive, the more accurate and relevant our final results will be.

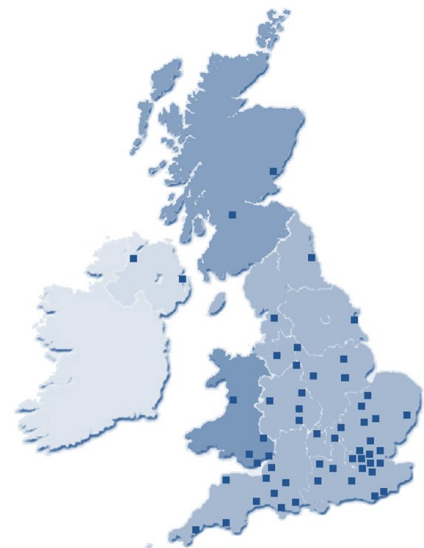
If you have reached year 5 on the study and would like to receive further annual newsletters with the study results, please provide us with your address on the form included in the year 5 questionnaire pack and return this with your questionnaires. Alternatively you can request this via email at dietcomplyf@westminster.ac.uk or by phone on 020 911 5000 x64196.

The current newsletter and earlier issues are available on the DietComplyf website under 'patient newsletters' www.westminster.ac.uk/research/a-z/against-breast-cancer/projects/diet-and-lifestyle

Participants that have finished the DietComplyf study



Cumulative number of participants that have finished the DietComplyf study over 3 years.



Map showing the location of the 56 hospitals on the study

Results so far.....

We expect to complete the preparation of our baseline dataset in early 2012. This is very exciting as it means that this year we plan to publish a series of papers about the full DietComplyf cohort of nearly 3400 patients, based on the information we have collected so far. Now that we have finished recruitment we are able to report on the demographics of the participants. We have recruited women from a wide variety of backgrounds. Over 80% of our participants came from England, which reflects the relative incidence of breast cancer in the UK, 4% are from Scotland, 6% from Wales and 1.5% are from Northern Ireland. The participants were aged 25 to 75 at diagnosis, the average age being 54, with two thirds of the women were aged over 50. Participants came from white, African/Afro, Caribbean, Asian, Chinese and other ethnic communities. Nearly three quarters were married or living in a partnership. The occupations of the participants included 150 teachers, nearly 200 nurses, over 200 managers, 300 or more housewives; several doctors and several publicans. We know that three quarters of the women drink alcohol, but only 10% smoke. All this information will be invaluable in carrying out our analysis into the effects of diet and lifestyle on surviving breast cancer. Thank you everyone who has contributed.

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Against Breast Cancer

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