



Spring '99: Breast and Colon Cancer: The Diet Connection

Nutritionist Note: The purpose of this session is to emphasize the significance of the WHI Dietary Study and provide an opportunity for women to develop a plan to enhance their commitment and participation.

Nutritionist Guidelines

Time: 95-115 minutes

WHILMA: Enter session in WHILMA as: *5SP*

Objectives: In this session, the participant will:

(Key Points)

- Identify personal risk factors for breast and colorectal cancer.
- Understand the WHI Dietary Study's role in making decisions about how best to prevent breast and colorectal cancer.
- Understand the potential role of dietary fat in breast and colorectal cancer.
- Be encouraged to develop a specific action plan to enhance their commitment and participation in WHI.

Session

Messages:

- Family history is associated with increased risk of cancer, but it does not mean that you will get the disease. Scientists have found that About 2/3's of all cancers are directly linked to environmental factors that you can control, such as diet, exercise and smoking.
- Controlled, clinical intervention trials, like the WHI Dietary Study, are important in reaching conclusions about how best to prevent and treat cancer.
- Meeting your WHI nutrition goals may help you reduce your risk for breast and colorectal cancer.

Materials:

- Optional overheads:
 - Spring 1: *Breast Cancer Incidence and %Fat for 21 Countries*
 - Spring 2: *Japanese Migrant Study*

Materials (continued):

- Optional skill building materials:
 - Sample worksheet for *Health Genealogy* (pg. 22)
 - Description and sample materials for *Leafing a Legacy* (pgs. 23-25)
- Self-monitoring tools

Other WHI Resources Related to Session:

- Fall '98 *Making WHIse Choices* (DM newsletter) - feature article *Health News: Help, Hope or Hype* (evaluating news reports) - Checklist for evaluating health news.
- Year 1 Participant Session Materials - Session 17, Worksheet 17-3 *Adding Flavor Without Fat*
- Year 1, Participant Manual – Resource Section:
 - *Using Herbs and Spices in Cooking* (pg. 19)
 - *Herb and Spice Chart* (pg. 20)
 - *Low-Fat Ways to Increase Flavor* (pg. 21)

Outside Cancer Resources: (Participants can order single copies free of charge)

American Institute for Cancer Research – Phone #: 1-800-843-8114

- Help Yourself to Better Health Pamphlet - *Reducing Your Risk of Breast Cancer*
- Help Yourself to Better Health Pamphlet - *Reducing Your Risk of Colon Cancer*

Nutritionist - WHI Background Reading

- *Vol. 1, Study Protocol and Policies*
 - *Sections 2.3.1.-2.3.2.* Potential Role of Diet: Breast and Colorectal Cancer
 - *Section 2.3.4.* Need for Controlled Trial of a Low-Fat Eating Pattern
 - *Appendix 1-A 9.2.* Selected Bibliography for Breast and Colorectal Cancer
- *Vol 4 Group Nutritionist Maintenance Manual* – Year 3, Fall session - *Making Sense Out of Health News* (importance of clinical intervention trials in addressing public health issues).
- *IRS 98-0047* – Nutritionist guidelines for responding to participant questions about 'health news' reports.

Upcoming Maintenance Session Topics:

Below is a list of the maintenance sessions planned for 1999/2000. This information will help Nutritionists plan ahead when responding to participant requests for 'additional information'.

- | | |
|---------------|---|
| • Summer 1999 | Phytosterols/Phytoestrogens |
| • Fall 1999 | Progress in WHI |
| • Winter 1999 | Life Transitions and Maintaining WHI (aging issues) |
| • Spring 2000 | Phytochemicals |


Spring '99: Breast and Colon Cancer: The Diet Connection (Facilitation Outline)

	GROUP SHARING/GOAL FOLLOW-UP (20-30 minutes)
(20-30 minutes)	<p>Objective: Participants share experiences and strategies with other group members about what they did to improve the mix of different types of fat in their food choices.</p> <p>Purpose: Build group cohesion and participant self-efficacy.</p> <p>Suggestions to reinforce skills: (Use the idea below or develop your own).</p> <p>A. Group Sharing: Relax participants by asking them to briefly share examples of different/unusual dishes that they tried during the last 3 months. Then ask group members to help each other identify two or more of the following pieces of information:</p> <ul style="list-style-type: none"> • The major type of fat in the dish (e.g., saturated or unsaturated). • Method(s) they might use to estimate the amount of fat in a specific serving. • Ways they could modify the dish to reduce the amount of fat (especially saturated fat). <p>B. Goal Follow-up: Ask participants to share examples of their success and challenges.</p> <p>Q/A (Potential questions):</p> <ul style="list-style-type: none"> ☛ What foods did you increase or decrease to modify the type or amount of fat that you eat? ☛ How did your changes influence the amount of fat in a typical day? (e.g., maintained, increased or decreased fat grams) ☛ Which of your changes worked the best for you, and why? <p>-----</p> <p>Peer Group Sharing (If peer groups):</p> <p>Purpose: Provide support and recognition of peer group activities and to promote interest:</p> <ul style="list-style-type: none"> ☛ What peer group activities did your group have during the last 3 months? ☛ How did these activities help you stay interested and motivated in WHI? <p>Note: Reintroduce peer group idea if a particular group has not been participating.</p>



Notes

	NEW MATERIAL (50-60 minutes)
(5 minutes)	<p>Overview/Introduction</p> <p>A. Introduce idea that a person's health beliefs may influence how well they make and maintain behavior changes. Point out that there is an old saying that states: To have a long life, you should choose your parents carefully. However, while this may be a good start, there are plenty of other factors that people can control that may have a greater impact on health and long life, such as eating well and staying fit.</p> <p>B. This session offers participants a chance to assess their own risk factors for breast and colorectal cancer. It emphasizes the key role that the WHI Dietary Study has in making future decisions about how best to prevent breast and colorectal cancer. In addition, the session briefly reviews the potential mechanisms by which dietary fat may promote breast and colorectal cancer. During the skills practice, WHI participants are encouraged to identify and develop specific actions that they can take to enhance their commitment and participation in WHI.</p>
(15 minutes)	<p>1. Self-Assessment</p> <p><u>Objective:</u> Identify personal risk factors for breast and colorectal cancer.</p> <p><u>Purpose:</u> Identify personal risk factors and discuss health beliefs about the importance of diet in reducing cancer risk.</p> <p>A. Mention that not so long ago, scientists debated whether it was genetic make-up (genes) or environment (diet, exercise, smoking, etc.) that was responsible for cancer. Ask the participants what they think.</p> <p>Q/A:</p> <p>☛ In your opinion, when you think about your own risk of developing cancer, what do you think is more important, your genes (family history) or the foods you eat and drink?</p> <p>B. Point out that scientists agree that cancer develops through a complex interaction of both gene and environmental influences. However, most experts estimate that only about 5-10% of all cancers can be explained by inheriting a 'cancer gene'. On the other hand, about 2/3's of all cancers are directly linked to the foods people eat, the exercise they get, and smoking. So, people have a lot of control over many of the environmental triggers that may cause cancer.</p>

<p>Spring 1 Worksheet</p> <p>Note:</p> <p>Additional risk factor information available, pgs.17-18</p>	<p>C. Have participants assess their own risk factors by completing the Spring 1 Worksheet.</p> <p>D. Point out that anyone can get cancer, but some risk factors appear to place people at higher risk for developing breast or colorectal cancer. Also mention that two of the risk factors (age and a higher fat diet) were eligibility criteria for the WHI Dietary Study. Ask volunteers to share their thoughts after completing the worksheet:</p> <p><u>Q/A:</u></p> <ul style="list-style-type: none">☛ What were some of the risk factors that you checked?☛ What thoughts did you have as you were completing your assessment? (e.g., surprise, concern, etc.) <p>E. Optional:</p> <p>If participants want to spend more time talking about specific risk factors, supplemental information is provided on pages 17-18.</p>
<p> Notes</p>	

(20-25
minutes)

Optional
Overheads
Spring 1
Spring 2

Note:

Group
Nutritionists
may use
different
overheads/
materials to
make
similar
points.

2. The Dietary Fat/Cancer Connection

- Objectives:**
- Understand the WHI Dietary Study's role in making decisions about how best to prevent breast and colorectal cancer.
 - Understand the potential role of dietary fat in breast and colorectal cancer.

Purpose: Provide information about how the WHI Dietary study is important in the dietary fat/cancer debate and the potential role of dietary fat in the promotion of breast and colorectal cancer.

Scientific Research

A. The WHI Dietary Study is Important. Suggested points to make:

1. Many different studies (population, animal, and laboratory studies) have looked at the relationship of dietary fat and breast and colorectal cancer, but there is still no scientific agreement about the exact role of dietary fat.
2. Scientists need controlled clinical intervention trials similar to the WHI Dietary Study (breast and colorectal cancer) or the Polyp Prevention Trial (colon cancer) to be able to determine the effectiveness of a low-fat diet in reducing the risk of breast and/or colorectal cancer.
3. The WHI Dietary Study provides an important step in the long process that medical science uses to reach conclusions on how best to prevent and treat disease. This is why your continued commitment and participation in WHI is so important.

B. Dietary Fat Intake is Related to Breast and Colorectal Cancer.

1. Use the overheads (or other materials) to highlight why scientists feel that there is a link between fat and increased risk of breast, and colon cancer.
2. Involve participants in the discussion by asking them to tell you what they see in the overheads.

a) **Overhead Spring 1 – Breast Cancer Incidence and % Calories from Fat for 21 Countries.**

- Point out that **Overhead Spring 1** shows information associating the percent calories from fat and the frequency of breast cancer in 21 countries. Ask participants to share what they think the overhead shows.

• **What do you think this overhead shows?**

- Point out that the frequency of breast cancer increases as the amount of fat increases. Studies of populations in countries consuming high-fat diets compared to countries consuming low-fat diets have consistently shown a higher incidence (frequency) and mortality (deaths) for breast and colon cancer. In addition, as fat intake increases, intake of fruits, vegetables and whole grains usually decreases.

b) Overhead Spring 2 – Japanese Migrant Study.

- Point out that many scientists felt that the differences in cancer were the result of genetic differences (Asian vs. Caucasian) and not diet. To address this question, they used migrant studies to look at population groups that moved from an area of lower cancer risk to an area with a higher risk. **Overhead Spring 2**, provides an example.
- It compares the frequency of breast cancer between Caucasian women in Hawaii, Japanese women born in Hawaii, Japanese women born in Japan, but moved to Hawaii, and Japanese women in Japan. Ask participants to share what they think the overhead shows.

☛ What do you think this overhead shows?

- Point out that the patterns of cancer among migrant groups as they move from country to country often change faster than those within any country. For example, women migrating from low-fat consumption (in Japan) to high-fat consumption areas (in Hawaii) tend to adopt the higher breast cancer rates of their new country. **Overhead Spring 2** shows that the breast cancer rate among the Westernized Japanese women approached that of the White women born in Hawaii. Similar patterns are seen with colon cancer and dietary fat.
 - Mention that scientists do not know exactly why these changes in cancer frequency occur. But, one of the biggest lifestyle changes that immigrants make is in their dietary intake.
3. Summarize the scientific review by pointing out that some participants might be tempted to believe that scientists already have all the answers about dietary fat and cancer risk cancer, but that's not true.
- a) True, there are numerous population-based studies that have pointed to a link between dietary fat and breast and colorectal cancer. There are also many studies stating that there is no link. However, population-based studies only establish associations between diet and disease -Dietary fat is associated with cancer risk. This type of study cannot make definite statements about cause and effect.
 - b) **ONLY** a randomized controlled, clinical intervention trial, like the WHI Dietary Study can make definite statements about cause and effect. It can help to answer the public health question – 'Can a low-fat diet, high in fruits, vegetables and grains reduce a woman's risk of breast and colorectal cancer?' With your continued commitment and participation, you have the opportunity to be part of the answer.

C. Fruit and Vegetables and Cancer Risk.

1. Point out that the fruit, vegetable and grain goals are also important. Several population-based studies have shown that diets high in fruits and vegetables and low in animal foods are protective against colon cancer.
2. Let participants know that upcoming maintenance sessions will focus on the potential benefits of fruits and vegetables in reducing the risk of cancer (Summer '99-phytoestrogens; Spring, 2000-phytochemicals).

D. Potential Role of Dietary Fat in the Promotion of Breast and Colorectal Cancer.

1. Briefly review how scientists think that dietary fat may promote breast and colorectal cancer. Suggested points to make:
 - a) Breast cancer:
 - Researchers don't understand the way in which fat promotes breast cancer. However, they think that a diet high in fat or high in calories that leads to increased body fat may affect the development of breast cancer by increasing the circulating levels of certain hormones, such as estrogen and prolactin. In addition, fat may affect the immune system in some way and make it less capable of fighting cancer cells wherever they arise.
 - There may be more than one mechanism working at a time, and different mechanisms may work in different groups of women. It will take much more detailed and concentrated research to distinguish clearly how fat promotes breast cancer.
 - b) Colorectal cancer:
 - There is some laboratory evidence that excess bile acids may cause cancerous changes in the cells lining the large bowel. Fat digestion requires bile acids, which help the body absorb and use fat. The more fat people eat, the more bile acids in the large bowel and the higher the potential for cancerous changes to the cells lining the large bowel.

E. Steps to Reduce Your Own Risk.

1. Ask participants to think about the scientific information presented in this session and about their own participation in WHI. Then use the following questions (or similar ones) to generate discussion:

Q/A:

- ☛ **In what way does knowing more about the link between dietary fat and breast and colorectal cancer help to rekindle your interest in the WHI Dietary Study?**
- 2. Point out that participants need to take charge of their own health. Maintaining dietary changes, as well as maintaining routine exams for early detection are both important. Ask participants to think back to the start of WHI, when they first joined:
 - ☛ **What health and/or food behaviors have you added, deleted, or modified since joining WHI?**
 - a. Provide examples of self-screening habits to get participants started: annual pap exams and physicals, do breast self-exams, walk more frequently, get mammograms, be more aware of changes in bowel habits, eat more fruits/vegetables, eat more whole grains, eat less red meat, drink more water, etc.
 - b. Point out that the sooner cancer is found the more successful the treatment. The chances of surviving five years after diagnosis is about 90% for patients with breast or colon cancer and 83% of patients with rectal cancer.
 - c. Mention that there are benefits for using self-screening behaviors and being more aware of your health. Today, when a woman is diagnosed with breast cancer, there are better drugs and treatments, so there are fewer deaths than in the past.

*Notes*

(10-15
minutes)

4. Skills Practice

Objective: Participants identify strategies they could use to enhance their commitment and participation in WHI.

Purpose: Develop new skills and review and enhance old skills. Promote self-management and self-efficacy.

A. Depending on clinic resources, give participants a list of activities to select from. Ask the group to decide on one (or more, if possible) activities that would provide the greatest benefit for their group. The choices could vary depending on the skills the Nutritionist feels that participants need to target.

Delivery Ideas: (Select any of the following ideas or develop your own).

1. **Understanding and Evaluating Health News/Research:** Look for articles that provide examples of different types of studies that are done to further knowledge about diet and cancer (see the Supplementary Group Nutritionist section for some potential articles, pg. 16).
2. **Hands-on Food Preparation:** If a CC has space and resources, let participants do their own food preparation (see the Food Tasting section for ideas, or create your own).
3. **Health Genealogy** (Idea from Memphis CC): Take time to think about and draft a health genealogy for yourself (parents, grandparents, and siblings). Identify the health screening measures that you are routinely doing (e.g., breast self-exam, mammograms, rectal exams, guaiac stool tests, etc.). A sample worksheet is included in the Supplementary Group Nutritionist section (pg.16).
4. **Leafing a Legacy** (Idea from Memphis CC): Create a 'legacy' tree with participants to reinforce personal contribution each woman is making to science and future generations (e.g., their daughters, granddaughters, other women, etc.). See the Supplementary Group Nutritionist section (pg. 16) for a description of the activity and some sample materials.




Notes

	GOAL SETTING/IMPLEMENTATION OF PLAN (15 minutes)
(15 minutes)	<p>Objective: Participants identify a specific action plan or activity to help them enhance their commitment and participation in WHI.</p> <p>Purpose: Goal setting, verbal contracting.</p> <p>A. Ask participants to think about the information they received in this session about the link between dietary fat and breast and colorectal cancer.</p> <p>B. Use the suggested question below or similar question(s) to help participants think about a specific action they could take to enhance their commitment and/participation in the WHI Dietary Study.</p> <p>Q/A:</p> <p>☛ Based on what you've heard today, what steps could you take to improve or maintain your commitment to and continued participation in WHI?</p> <p>Potential Suggestions:</p> <ol style="list-style-type: none"> Develop a plan to increase or maintain any of the following DM activities: <ul style="list-style-type: none"> Group attendance during 1999 (think ahead to the summertime meeting, if you are going to be out of town what steps can you take to attend another group). Self-monitoring (frequency and/or quality). Do participants only eat low-fat on the days they record? Are they recording only their best days? Increasing variety. To maintain a healthy low-fat eating pattern and to stay interested and motivated, it is important to eat a variety of foods. Be creative, consider increasing the variety of low-fat foods or cuisines you currently use (e.g. Mediterranean, Middle Eastern, Asia) or look for one or two new low-fat recipes to try. Develop a cancer screening plan. <ul style="list-style-type: none"> The best defense against breast and colorectal cancer is regular screening. Use the Spring Resource - <i>Cancer Tests Checklist for Women</i> located at the back of this session. Identify the screening test you already use and make plans to check with your physician for future screening plans. (Based on American Cancer Society guidelines.)



Notes

	FOOD TASTING (10 minutes)
(10 minutes)	<p><u>Objective:</u> Participants taste foods that emphasize lower-fat cuisine choices that are associated with reduced risk of breast and colorectal cancer.</p> <p><u>Purpose:</u> Develop new skills and/or review and enhance old skills.</p> <p>Clinic Choice: Food Tasting Suggestions: (Select an idea or develop your own ideas.)</p> <ul style="list-style-type: none">• Low-fat dishes from countries with a lower incidence of breast and/or colorectal cancer (e.g., Mediterranean – Greek, Italian, Middle Eastern; Asian – Japanese, Chinese)• Spring fruits and vegetables• Ways to use herbs and spices to flavor low-fat cooking
 Notes	