



THE ASSOCIATION OF EUROPEAN CANCER LEAGUES  
MEMBERS OF THE UICC  
ASSOCIATION EUROPEENNE DES LIGUES NATIONALES CONTRE LE CANCER  
MEMBRES DE L'UICC

Helsinki, June 13<sup>th</sup> 2002

## **DRAFT REPORT OF THE JOINT WHO/FAO EXPERT CONSULTATION ON DIET, NUTRITION AND THE PREVENTION OF CHRONIC DISEASES**

The Association of European Cancer Leagues (ECL) would like to make the following comments concerning the WHO/FAO report.

1. The comprehensive approach of the report and inclusion of all the major chronic diseases should be applauded. In this way it is more useful for policy setting purposes than reports and recommendations concentrating only on one of the entities. Since many of the diseases share both risk and protective factors, it is particularly useful to view them together. Especially section 3 with the life course approach, discussion of the interactions at different points in life, and intervention possibilities deserves attention. However, this approach could have been taken even further and either maintained through the document or returned to in section 5. As noted on page 14, the various health enhancing factors are not isolated choices, but rather form behavioural patterns interacting with even more factors.
2. The sections that focus (4.4 and annex 5) or are related (4.1 and annex 2) to cancer prevention are in general terms in agreement with earlier reports and recommendations by e.g. UICC. Review and a brief discussion of earlier international recommendations might have been warranted.
3. The estimated importance of dietary factors in cancer prevention is mainly based on a report published 20 years ago by Doll and Peto. It is important to remember that the impact end-point they used was cancer mortality. Although their "point-estimate" of the role of diet in cancer prevention was 30%, it is noteworthy that the range of uncertainty was wide. In the late 1970's the reported evidence supported the idea that dietary factors such as beta-carotene could prevent lung cancer, then and still the leading cause of cancer mortality in the developed world. In light of the current evidence, as discussed on page 8 of annex 5, the effect of diet on lung cancer remains controversial. Thus, it is probable that the original estimate of Doll and Peto on the importance of diet is an overestimation and should be re-evaluated. Also, the effect of diet on cancer *incidence* may be more relevant and interesting in relation to health policies and population strategies.

4. ECL notes with content that the report does not fail to mention tobacco use as the most important modifiable cause of cancer and rightly discusses the importance of taking it into account when studying the relationship between dietary factors and cancer.

5. The recommended action to *civil society* in section 5 on page 45 form a confusing selection of recommendations. Some are directed to individuals, some to a specific group of individuals (e.g. parents), some to activist/action groups, and some to non-governmental organisations (NGO's). It is apparent that the meaning of "civil society" in this context is not clear.

There appears to be no specific set of recommendations or role in implementing the recommendations for the NGO's, an integral and resourceful part of a society. ECL underlines that the role and importance of NGOs should be more emphasised in order to integrate their expertise and resources in the joint efforts to reach results in this field.

The recommendations to *national governments* include many very specific and in some areas of the world, strange modes of action. It might be useful to consider the different situations across the variety of countries and areas. Countries are also in a different position to implement (policy) recommendations. More practical guidance and a stepwise presentation of various possibilities might be useful.

6. The table 2 in annex 2 is an excellent summary presentation of the different potential nutrition intervention strategies to reduce overweight. The content and roles of the different parties can be viewed in a glance. Similar presentation for the strategies of cancer prevention would be very useful in the end of annex 5.

7. The scientific background of diet and cancer issues in annex 5 is for most parts very well written and a balanced presentation of the current totality of evidence. However, in some places the expert group proceeds to the verge of hypotheses and speculation. For example, the mention of folate intake in certain contexts is probably not warranted by the level of evidence. Pieces of information like this may lead to misinterpretation of the desirable mode of action.

8. The recommendations on page 16 of annex 5 appear to be very specific and some are related to only certain populations.

9. In light of the earlier results concerning the formation of potential carcinogens and the recent discovery of acrylamide in certain foodstuffs, food preparations methods would have deserved a separate and more detailed discussion

## **Description of the Association of European Cancer Leagues (ECL)**

The Association of European Cancer Leagues (ECL) is a non-profit, non-political and non-sectarian association. It is a proactive force with the intention to promote health, to improve prevention of malignant disease, to support cancer research, to provide information about current evidence-based treatment modalities and to be responsive to the needs of cancer patients and their families.

The purpose of ECL is to exchange ideas and experiences among its members, to carry out joint campaigns and to advocate for common aims in various fields of cancer control. The main fields of activity are:

- cancer prevention
- tobacco control
- public education
- professional education
- service and rehabilitation
- fundraising
- advocacy

Together with tobacco control, diet and nutrition are the most important issues that ECL underlines in cancer prevention. In 2000 a Europe-wide health promotion campaign on nutrition and cancer ("Tone up your life - fruits, vegetables and health") was co-ordinated by ECL and carried out by its member organisations on the national level. ECL looks very much forward to the final results of the WHO/FAO report. We also offer our networks, collaboration and expertise in promoting the results in Europe and in the implementation of the recommendations of the report.

ECL was founded in 1980. It has currently 39 member organisations in 27 European countries. ECL has a small Secretariat with one employee co-ordinating the activities of the organisation. The Secretariat is funded through membership fees.

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