

Cancer Insight

for Pharmacists | September 2018



Obesity and cancer

What this means for you and your patients

Inside:
Campaign
poster to
display in your
pharmacy



Together we will beat cancer

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Obesity is the biggest preventable cause of cancer after smoking

Around 22,800 cases of cancer in the UK are caused by excess body weight every year



As a pharmacist, you'll be aware of the strong link between obesity and cancer.

But did you know that after smoking, obesity is the biggest preventable cause of cancer in the UK? Public awareness of the link is low. That's why we're running another national advertising campaign from 24 September. You might find some of your patients come to you with questions.

Common FAQs

1. What cancer types does obesity cause?

Being overweight or obese increases the risk of 13 types of cancer including kidney, multiple myeloma, thyroid and gallbladder. It also causes two of the most common types of cancer, breast (post-menopausal) and bowel and two of the hardest to treat, pancreatic and oesophageal.²

Download your free infographic of the 13

types of cancer at po.st/obesityinfographic

2. How can obesity cause cancer?

Extra body fat doesn't just sit in the body, it's active, and can affect growth, metabolism and reproductive cycles. Researchers have identified three main ways obesity is linked to cancer. Extra body fat can lead to greater levels of:

- growth hormones such as insulin and insulin-like growth factor
- sex hormones like oestrogen
- and chronic inflammation.

And all of these factors can signal to our cells to divide more often, increasing the chance of cancer cells developing. But because extra body fat can affect so many different biological processes, and affects different people in different ways, untangling all the ways obesity is linked to cancer is an ongoing area of research.^{2,3,4}

Watch Dr Dawn Harper's video at po.st/weightandcancer

3. Does losing weight reduce cancer risk?

Never gaining excess weight is the best thing people can do. But since many people will already be overweight or obese, you might have questions about the benefits of weight loss on cancer risk for these groups. It's difficult to study, but research so far suggests that losing weight can help reduce cancer risk.^{5,6}

Plus, the steps most people take to lose weight, like eating and drinking healthily, can also reduce cancer risk on their own. But losing weight and keeping it off isn't easy, which is why many of your patients would benefit from your support and help to access weight management services.^{5,6}

Read on for tips on how you can talk to your patients about weight.

1. Brown K et al. The fraction of cancer attributable to modifiable risk factors. *British Journal of Cancer*. 2018
2. IARC. Body fatness and Cancer. *New England Journal of Medicine*. 2016
3. World Cancer Research Fund. Body fatness and weight gain and the risk of cancer. WCRF. 2018
4. Renehan A et al. Adiposity and cancer risk. *Nature Reviews Cancer*. 2015
5. Schauer DP et al. Bariatric surgery and the risk of cancer in a large multisite cohort. *Annals of surgery*. 2017
6. Birks S et al. A systematic review of the impact of weight loss on cancer incidence and mortality. *Obesity Reviews*. 2012
7. Hooper L et al. Public awareness and health professional advice for obesity as a risk factor for cancer in the UK. *Journal of public health*. 2017
8. Aveyard, P et al. Screening and brief intervention for obesity in primary care. *The Lancet*. 2016

Patients value your advice when discussing weight

A recent survey found that only 38% of UK adults who were obese and 12% who were overweight had been given any advice about weight loss by a health professional in the last year.⁷

Pharmacists reported a fear of damaging relationships as one of the main barriers.

But in a 2016 study, 8 in 10 people who are overweight or obese thought it was appropriate and helpful for their GP to suggest that losing weight would be good for their health.⁸ There is also emerging evidence that having conversations with patients about their weight could make a significant impact.⁸

While the study focused on GP intervention, application of the principles can also be considered in the pharmacy setting.

“At my heaviest of 16st 12lbs, I struggled with my job as an electrician and I’d get home tired and in pain. At a routine new patient health check my nurse told me that I was medically obese and that my size was putting my health at risk. It was a real eye opener. They were understanding and supportive though, and I was referred to a 12-week’s free Slimming World membership. In less than a year I lost 5st 2lb. I feel fantastic, more confident at work and have more energy to play with my children.”

Dann, Solihull

“While you’re here...”

As a pharmacist, you’re in a unique position to talk to customers about weight management to prevent ill-health. It can be challenging, which is why PHE have put together a toolkit that provides practical advice and tools to help you discuss weight management.



ASK patients if they would like to talk about their weight. It could be helpful to take the opportunity to talk about weight when a patient uses the pharmacy’s scales or during a medicines use review or NHS Health Checks in England.



ADVISE your patient on what support and services are available to them, based on their weight status.

It’s important for your pharmacy to become familiar with the availability of local services and referral criteria, as free services aren’t available in all areas. If the patient is not eligible or the service isn’t available, you could discuss online resources such as the NHS weight loss plan or self-referral to a local weight scheme, cookery classes and exercise groups.



ASSIST once you’ve discussed options with your patient, you should assist them by signposting them to their GP who can make a referral to a weight management service or provide other support. It can be helpful to add notes to a patient’s dispensing record

to track conversations and intervention history.

Go to po.st/phetoolkit for more details on talking about weight.

“The issue with bringing up weight is that it depends on so many different factors; how well you know the patient, what it is they’ve come in for, other co-morbidities they may have, psychological and social circumstances etc. In my experience, I find lower limb osteoarthritis and depression are appropriate cues for advising about weight.

For example, a patient of mine with depression has made excellent progress following referrals to a dietician and local exercise scheme run at a council leisure centre.”

Dr Ben Noble, GP Partner,
Loughborough

For more information and resources, head to our health professional website: po.st/weightandcancer

No single action alone will solve the overweight and obesity epidemic

Obesity is a complex issue with many causes⁹ but one of the most important influences is the obesogenic environment we live in¹⁰ – we’re bombarded with junk food marketing, we have far greater and easier access to cheap and energy-dense food and drinks and fewer opportunities to move in our everyday lives than ever before.

Obesogenic environments make it very hard for most people to keep a healthy weight.

That’s why, although personal choices are important, weight loss is not the sole

responsibility of the individual. Governments can introduce policies that create supportive environments where healthy choices are easier for everyone.

The Childhood Obesity plan is a great start and the upcoming consultation on junk food marketing and price promotions needs to become a reality to help tackle the obesity epidemic.

9. Government Office for Science. Reducing obesity: future choices. 2007

10. Swinburn et al. The global obesity pandemic: shaped by global drivers and local environments. 2011



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OB_S_Y
is a cause of cancer

**Guess what is the biggest preventable
cause of cancer after smoking.**

Together we will beat cancer

