

Statements from the President's Cancer Panel

*President's Cancer Panel
Promoting Healthy Lifestyles to Reduce the Risk of Cancer
September 11, 2006*

The President's Cancer Panel held a 1-day meeting in Minneapolis, Minnesota on September 11, 2006 to address *Promoting Healthy Lifestyles to Reduce the Risk of Cancer*. This was the first of the Panel's 2006-2007 series of meetings focusing on ways to reduce cancer incidence and mortality through the promotion of healthy lifestyles. Panelists presented testimony linking obesity, physical activity, and nutrition to cancer risk and described community-based programs in these areas. Future meetings will address tobacco use and environmental tobacco smoke.

Statistics presented on obesity rates are striking—a dramatic increase has occurred since 1980 across every age group and among all populations. Approximately 70 percent of the US population are overweight and 30 percent are obese. Some consider obesity the next epidemic facing the developed world. Contributing factors addressed by panelists included physical inactivity, food supply, marketing, public education, legislative policies, and biological (i.e., genetic and/or metabolic). A call was made to mandate a healthier, leaner, more active America.

Research, including clinical trials, has been done on diet and cancer, but less research exists on the links between weight control, physical activity, and cancer risk. The evidence base linking nutrition and physical activity to cancer risk is strongest for breast and colon cancer. A clear need for additional research was expressed. For example, early physical activity patterns appear predictive of adult patterns, yet it is unclear if this is due to lifestyle or perhaps genetic factors (a fitness gene). Observational studies among cancer survivors indicate that physical activity may reduce functional decline and improve coping mechanisms. However, questions of who will benefit from such interventions, which activities maximize function, and when activity should be initiated remain unanswered.

Panelists addressed limitations in collecting and analyzing data in this research area. There is variability in quantifying items such as physical activity levels and duration and complexity in collecting objective, self-reported data. Some initiatives to improve data collection include developing technology to capture real-time data, bioengineering methods, and cross-cultural equivalence in survey questions.

The Panel heard it is difficult to develop programs (informational, behavioral, social, and environmental) that are effective across populations in the absence of a strong scientific evidence base. This raised the question of what action can and should be taken now,

while research is ongoing. Programs to encourage physical activity and address nutrition were presented. However, the effectiveness of these programs is not always clear and funding for evaluation is limited.

Cancer is expensive in dollars and human cost; one panelist testified that addressing it in a comprehensive manner is cost-effective. An initiative aimed at executives of major American corporations to promote comprehensive cancer risk prevention could yield net cost savings and provide a powerful economic argument for expanded cancer prevention. Many lifestyle factors relevant to cancer risk are germane to heart disease and diabetes; there are connections on the causal side that could be linked and leveraged as part of broader public health campaigns. Thinking across disease disciplines may well result in development of agency-level partnerships, comprehensive guidelines, and collaborative public service messaging.

The Panel will be summarizing findings and recommendations from this series of meetings in its 2007 annual report to the President.

The President's Cancer Panel, an advisory group established by Congress to monitor the Nation's efforts to reduce the burden of cancer, reports directly to the President on delays or blockages in that effort. For more information, visit the Panel's web site at <http://deainfo.nci.nih.gov/ADVISORY/pcp/pcp.htm>, call 301-451-9399, or e-mail to pcp-r@mail.nih.gov.