

## TAKING ACTION TO PREVENT CANCER IN NSW

### GUEST EDITORIAL

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This issue of the *NSW Public Health Bulletin* is the first in a five-part series that will examine cancer in NSW. This first issue focuses on the need and opportunity for prevention, and features the role of diet as a preventable risk factor and a priority for action.

Cancer is the most significant cause of premature death in NSW, yet a number of cancers are preventable. With the information we currently have available, we could do more to prevent cancer. We have good information about the role of specific risk factors and their distribution across the population, and generally sufficient information about effective interventions to guide action. If we are to realise the potential for prevention, we need to apply this information and pursue the concerted implementation of comprehensive policy and program initiatives. In general, NSW is in a strong position to take action, as there are sound, strategic policies and frameworks to guide public health action.

This issue begins with information describing the key behavioural risk factors that contribute to different cancers: smoking, diet, physical activity, sun exposure, alcohol. These risk factors can be modified through individual behaviours, and through creating environments that both reduce exposure to risk and support healthier choices. We have up-to-date information about the health of the people of NSW in relation to these risk factors, and the first article summarises data from *The Health of the People of NSW—Report of the Chief Health Officer, 2000*. Of particular concern is the unequal distribution of risk within the NSW population, with all reported modifiable risk factors found to be more prevalent in more socioeconomically disadvantaged groups.

The 'hot' topic in cancer prevention is diet. There is now an accumulating body of evidence describing the potential for reducing

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cancer incidence through dietary factors. In a compelling second article, Mitchell and Armstrong outline five guidelines for diet and exercise that will minimise cancer risk. Increasing consumption of vegetables and fruit is the most significant way this can be achieved, and thus cancer prevention alone is sufficient reason for renewed and substantial public health nutrition initiatives.

The third article, by Vita, Moxon and Macoun, argues that there is now a real opportunity for concerted action to promote vegetable and fruit consumption. To guide

effective public health action we have in place sound policy frameworks at a national level (*Eat Well Australia, 2000–2010*) and at a state level (*Eat Well NSW, 2001–2005*).

The imperatives for cancer prevention, and the additional salience this gives to nutrition messages, provides a strong rationale for collaborative action to improve nutrition across the population. In diet and cancer, as well as other areas of cancer prevention, the key challenge remains one of taking action—of applying what we know and putting it into practice. ❏

## MEASURING RISK FACTORS THAT CAN BE MODIFIED TO PREVENT CANCER

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Cancer is a diverse group of diseases characterised by the proliferation and spread of abnormal cells. Different forms of cancer can share common risk factors; however, often a unique set of risk factors are responsible for the onset of a particular cancer.<sup>1</sup> Risk factors for cancer are both inherent, such as the inherited APC gene that predisposes individuals to develop colorectal cancers; and environmental, such as excessive sun exposure, particularly in childhood, which increases the risk of developing melanoma. Some risk factors are, theoretically at least, easier to modify than others (for example, quitting smoking as compared with inheriting the APC gene). This article deals with measuring the population prevalence of risk factors for which exposure can be modified to prevent the development of cancers.

Health promotion interventions, designed to reduce exposure to these risk factors, can be targeted at:

- individuals, by encouraging healthy lifestyles;
- health services, by ensuring the availability and effectiveness of preventive services;
- healthy environments, by ensuring that the physical, economic, social and political environment supports health.<sup>2</sup>

The following information is summarised from *The Health of the People of New South Wales: Report of the Chief Health Officer, 2000*.<sup>3</sup> It represents the key population health indicators of modifiable cancer risk factors, including:

- physical activity
- nutrition
- sun exposure
- exposure to tobacco smoke
- alcohol consumption.

These indicators are intermediate measures of the effectiveness of a range of health promotion interventions aimed at encouraging healthy lifestyles, and establishing effective preventive health services and healthy environments. The details of the methods used to analyse and present data reported can be found in the Report.<sup>3</sup>

### PHYSICAL ACTIVITY

Physical inactivity has been estimated to contribute almost seven per cent to the total burden of disease in Australia, and in this regard it is second only to smoking.<sup>4</sup> There is substantial evidence that physical activity can protect the large bowel against the development of cancer of the colon and of precancerous polyps, and some evidence that physical activity has a protective effect against breast cancer, particularly in younger women.<sup>5</sup>

*Active Australia* recommends that every adult in NSW should accumulate at least 30 minutes of moderate-intensity physical activity on most days of the week to confer a general health benefit.<sup>6</sup> Whether this level of activity, or a greater level, is sufficient to prevent some cancers remains controversial (see article by Mitchell and Armstrong in this issue). The results of the 1997 NSW Health Survey indicated that in 1997, 67 per cent of men and 46 per cent of women expended enough energy on leisure time physical activity to gain a health benefit. This represents an apparent increase in physical activity levels from 1996, when 59 per cent of men and 42 per cent of women reported adequate levels of energy expenditure.