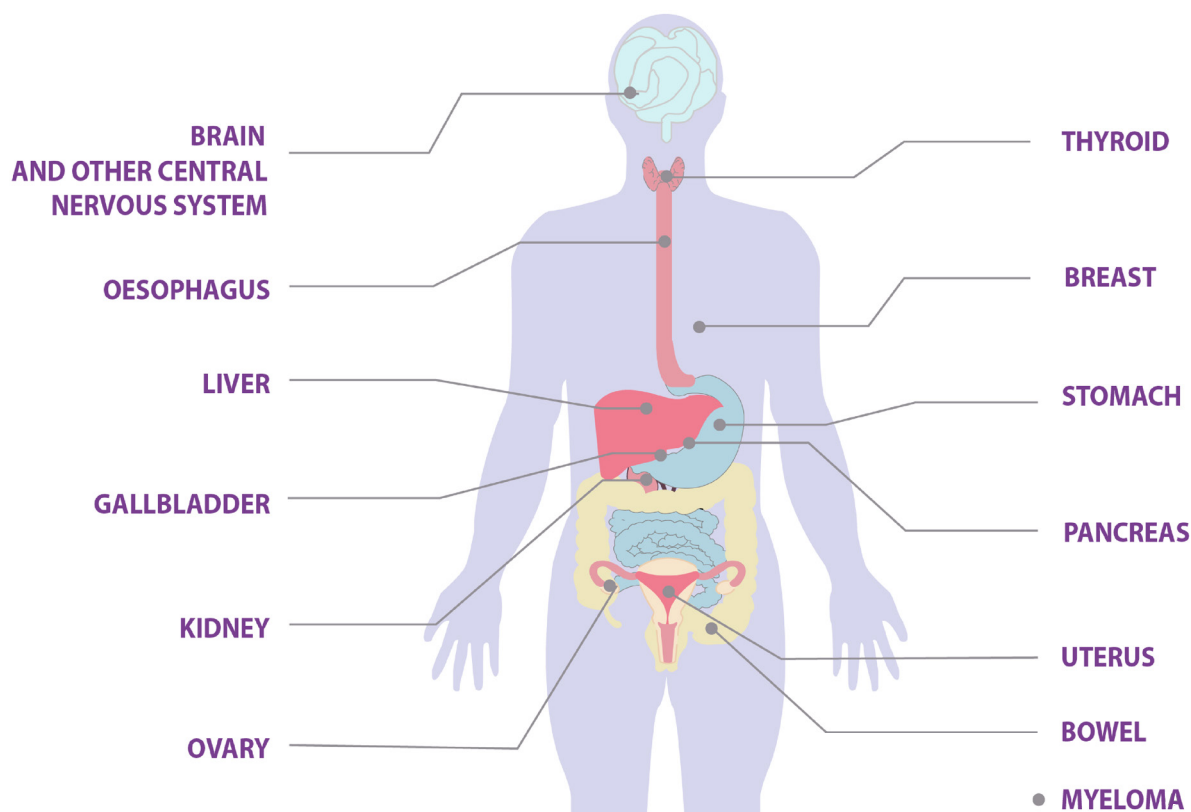


# LET'S TALK ABOUT WEIGHT & CANCER

A fact sheet for health advocates and workers

## Weight and cancer are inextricably linked.

Helping people to reach and maintain a healthier weight contributes to reducing their risk of developing at least **13 types of cancer**.



### Why talk to your patients about the link between weight and cancer?

It's important to:

- ▶ Promote **health literacy**
- ▶ Support **healthy choices**
- ▶ Raise attention to the **structural determinants of weight**
- ▶ Help **reduce weight stigma**

### What are the end goals?

Your contribution is key to:

- ▶ Improve **cancer prevention** and **control**
- ▶ Prompt **behavioural change**
- ▶ Foster **policy change**
- ▶ Gain **public support** for measures promoting healthy diets and physical activity

# Quick facts on weight and obesity

Weight is a spectrum determined by a complex web of factors, including genetic, environmental, social, commercial and policy determinants that are beyond the control of individuals. Obesity is a complex chronic disease that shares the same set of determinants (1, 2).

Inequalities exist in the possibility of individuals and groups to reach and maintain their own healthy body weight. These inequalities are largely determined by the availability, affordability, awareness and acceptability of healthy diets and physical activity (3, 4, 5).

Although increasingly debated, body mass index (BMI) and waist circumferences remain the most widely used weight indicators for adults. BMI is read in ranges whereas a cut-off point is used to calculate a healthy waist circumference. Indicators are flexible, to account for individual and group-related differences that relate to age, sex, ethnicity, and other factors (6, 7, 8). Specific indicators are available for children (9).

Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. An adult, Caucasian man or woman is living with overweight if their BMI scores between 25.0 and 29.9, and with obesity if their BMI is equal to or higher than 30 (1).

The prevalence of overweight and obesity in Europe is high and has been consistently increasing. In the WHO Europe Region, 8% of children younger than five years, 33% of school-aged children, and almost 60% of adults are living with overweight or obesity (1).

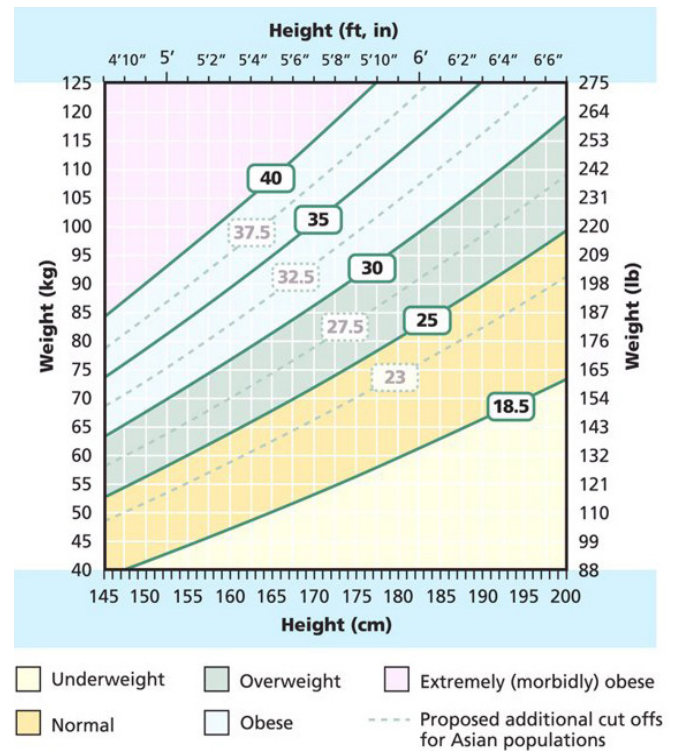


Figure 1 - BMI cut off points are indicated in green. From ECAC webpage, reproduced from World Cancer Research Fund/American Institute for Cancer Research (2007). Food, Nutrition, Physical Activity and the Prevention of Cancer: A Global Perspective. Washington, DC: American Institute for Cancer Research.

## What are the implications for developing cancer?

There is **strong evidence** of a **causal relationship** between **obesity** and **cancer** for **13 cancer types**, and **moderate evidence** for **3 others** (5).

In Europe, **obesity** is estimated to cause at least **200,000 new cancer cases** every year (5).

- Higher scores on weight indicators are associated with higher disease risk, including the risk of developing some cancers, cardiovascular diseases, and diabetes (1, 10, 11). Emerging evidence also points towards a correlation between weight, metabolic health and cancer risk, that should be further investigated (12, 13).
- People living with overweight and obesity are at an increased risk of developing cancer. While the biology behind this link is not yet entirely clear, it is now recognised that accumulations of body fat are likely to promote inflammation, increase levels of several growth factors and hormones, promoting in turn the growth of cancer cells. The strength of the causal link varies among population subgroups (1, 11, 14).

## What about weight during and after cancer?

- ✔ **Supporting people living with overweight and obesity in reaching and maintaining a healthier weight can also be beneficial to people living with or who have survived cancer** (1). To different degrees according to cancer types, this can contribute to:
  - ▶ Improving (pre)cancer detection, prognosis and treatment outcomes (15, 16, 17)
  - ▶ A lower probability of dying from cancer (18, 19) and of cancer relapse (20), including relapse of breast cancer (21)

## Communicating with your patients: dos and don'ts

### ✔ Be respectful, inclusive and empathetic.

- ▶ **Pay attention to yourself.** If you have internalized negative bias related to body weight, you should take action to address this and shift your attitude before engaging in communication on this subject.
- ▶ **Be mindful of your language,** the images you use and the way you deliver messages about weight and its link with cancer. Use people-first language (e.g., 'person living with overweight' or 'person with a higher weight') and supportive language (e.g., 'supporting people living with obesity'). Make sure the images you use are not perpetuating common stereotypes.
- ▶ **Target different societal groups** with your message and material.
- ▶ If you are a healthcare worker, **take your patient and their concerns seriously**, and adopt a holistic approach to health, weight and its determinants.

### ✔ Offer practical support.

- ▶ When addressing the topic, **provide patients with solution-oriented positive messages** on healthy living and take a comprehensive approach to weight that includes mental health considerations.
- ▶ **Acknowledge the challenges** that exist in attaining a healthy and active lifestyle, offering guidance and feasible solutions.

### ✔ Empower Individuals and communities.

- ▶ **Encourage people to learn more** about their BMI and to measure their waist circumference themselves (22), and also get curious about the nutritional profiles of different foods and about ways to attain metabolic health.
- ▶ Promote and support individuals and communities in **taking action to prompt structural shifts** in their food and built environment, promoting healthy patterns in diet and physical activity (23).

### ✘ Avoid reinforcing myths, harmful stereotypes and approaches to weight.

- ▶ **Do not make health assumptions** merely based on a person's weight, especially if you are a healthcare professional.
- ▶ **Do not reinforce narratives that overlook structural factors** and are centred around individual responsibility (23).
- ▶ **Do not assume** that weight loss is the primary goal of the individual and the epitome of a healthy life.
- ▶ **Do not promote approaches that focus on restrictive eating behaviours** to attain weight loss, as these may harm physical and psychological health.
- ▶ Remember that **people living with overweight and obesity are not lazy** nor lack willpower or abilities, and gear your communication accordingly.



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