

Meeting Report

Suggestions for the revision and updating of the WCRF Expert Panel Report's goals and recommendations for cancer prevention: Summary of Working Group 3

Jesus Bulúx, Lesley Bourne and Marga Ocké

Summary of Group 3

Working group 3 discussed suggestions for the revising and updating of the goals and recommendations of the World Cancer Research Fund (WCRF) expert report. It consisted of about 15 individuals from various countries on almost all continents. The WCRF summary report of the full 1997 publication, *Food, nutrition and the prevention of cancer: a global perspective*¹ was distributed among the participants. Former WCRF representatives who participated in the workshop, provided additional background information and insight into the previous process as well as the imminent revision of the WCRF report.

The participants fully appreciated the comprehensive work done by WCRF in producing the 1997 publication. The quantitative formulation of the goals and recommendations was considered to be particularly valuable and essential. Furthermore, the restriction of recommendations for food groups (as opposed to nutrients) for which sufficient evidence on diet–cancer relationships was available, was viewed positively.

The Working Group identified several steps that are needed for an update of the present WCRF recommendations. Firstly, a committee of experts needs to be identified and set up. This committee needs to set out criteria for evaluating the results of all diet–cancer studies; to apply these to all available materials and to translate the results of the meta-analyses/review into recommendations. With regard to the committee it was acknowledged that in practice, individuals can influence the final results substantially. Consequently, a transparent procedure in the selection of the experts was considered important.

The participants did not feel they had sufficient expertise to comment on criteria for the process of review or meta-analyses. The difficulty of weighting the results of different types of studies was briefly discussed. In particular the strengths and weaknesses of animal studies versus observational, epidemiological studies were discussed. Also, the working group did not have an overview of results of recent diet–cancer studies, so it refrained from discussions as to how WCRF recommendations should be changed with respect to amounts of various foods.

In the subsequent discussions, considerations were put forward with regard to the procedures for deriving dietary and lifestyle recommendations.

One of the participants mentioned the general steps that are taken in risk analyses: (i) risk assessment; (ii) risk management; and (iii) risk communication.²

Applying these steps to the 1997 WCRF report, risk assessment is what the main part of the report is about, that is a review and weighting of all available evidence according to strict criteria. Such a process can result in the formulation of the optimal diet for cancer prevention of populations in the light of current knowledge.

In risk management, the next step, goals including a timeframe should be set, based on the identified optimal diet, priorities and feasibility. The goals may thus differ from the optimal diet, for example when the difference between actual diet and optimal diet is large, or when the actual diet is already consistent with the optimal diet. The availability of information on the level of concordance with the dietary guidelines is thus important in this respect. Respected scientists who have backgrounds in health-seeking behaviours, and means to achieve the goals, should also be identified in this step. During the discussions it was suggested that in the WCRF update procedure, a systematic distinction would be made between the derivation of the optimal diet/lifestyle and the risk management recommendations. For example, the 1997 WCRF recommendation on tobacco use gives indications as to how to achieve the optimal situation: 'Discourage production, promotion and use of tobacco in any form'. By contrast the recommendation for salt refers to the optimal intake only: 'Salt from all sources should amount to less than 6 g/day for adults'.

In the third step of risk communications, goals are translated into messages for individuals. Consumer testing of the understanding relating to the practical application of guidelines is an important aspect in the formulation of messages to individuals. An example of this, is the process of consumer testing of 'food-based dietary guidelines'

Correspondence address: Marga Ocké, PhD, Centre for Nutrition and Health, National Institute for Public Health and the Environment, PO Box 1, 3720 BA Bilthoven, The Netherlands.
Tel: +31 30 2743814
Fax: +31 30 2744407
Email: mc.ocke@rivm.nl

recommended by a joint FAO/WHO consultation which has been undertaken at a national level in certain countries.³

Several members of the working group wondered whether the second and third steps could be taken at the global level. Arguments against this are the differences in priorities and feasibilities of recommendations between continents, nations and regions. Also, it might be considered that different groups of experts have to be involved in the three steps. The importance of transparency in all steps, decisions and considerations was generally acknowledged.

Apart from transparency and clarity of all steps in the process of drawing up recommendations, the group suggested the inclusion of an explicit indication of the strength of evidence for each recommendation. Moreover, there should be clarity in terminology (for example, explanation of the term 'variety' in the vegetable and fruit guideline) and the interpretation of guidelines (i.e. 'do population goals refer to population averages or to the complete distribution?') was considered important.

In the 1997 WCRF report, the consistency of cancer recommendations with prevention of other diseases was

considered in drawing up the recommendations. This was a great achievement. The group took the view that for individuals and policy makers, it would be even more relevant to have recommendations for optimal health rather than for one specific disease. Therefore the working group urges organizations like WCRF and WHO to work closely together and stimulate the drawing up of general healthy lifestyle recommendations.

References

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