

Like smoking, obesity puts millions of adults at greater risk of cancer



As a GP, you'll be aware of the strong link between obesity and cancer. But did you know after smoking, overweight and obesity is the biggest preventable cause of cancer in the UK? In fact being overweight or obese trumps smoking as the leading cause of four different types of the disease.² Public awareness of the link is low. That's why we continue to run national advertising campaigns.

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.³

Download your free infographic of the 13 types of cancer at [b.link/obesityinfographic](https://www.b.nhs.uk/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 hormones. 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.^{3,4,5}



Watch Dr Dawn Harper's video at [b.link/dr-dawn](https://www.b.nhs.uk/dr-dawn)

3 Does losing weight reduce cancer risk?

Keeping a healthy 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.^{6,7}

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, advice and help to access weight management services.



1 In the UK there are around 13.4 million non-smoking adults who are obese (body mass index 30+), 6.3 million adult smokers who are not obese, and 1.5 million adults who smoke and are obese – so among UK adults, people who smoke outnumber people who are obese 2.1, based on calculations by the Cancer Intelligence Team at Cancer Research UK

2 Brown K et al. The fraction of cancer attributable to modifiable risk factors. *British Journal of Cancer*. 2018

3 IARC. Body fatness and Cancer. *New England Journal of Medicine*. 2016

4 World Cancer Research Fund. Body fatness and weight gain and the risk of cancer. *WCRF*. 2018

5 Renehan A et al. Adiposity and cancer risk. *Nature Reviews Cancer*. 2015

6 Schauer DP et al. Bariatric surgery and the risk of cancer in a large multisite cohort. *Annals of surgery*. 2017

7 Birks S et al. A systematic review of the impact of weight loss on cancer incidence and mortality. *Obesity Reviews*. 2012

8 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

9 Aveyard, P et al. Screening and brief intervention for obesity in primary care. *The Lancet*. 2016

Patients value your advice when discussing weight

A 2017 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.⁸

GPs have reported a fear of damaging relationships as one of the main barriers. However, evidence shows that patients trust and value your advice, and find it appropriate even if weight was not the original reason for their visit.

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. There is also emerging evidence that having conversations with your patients about their weight could make a significant impact.⁹

"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

It can be challenging to talk about weight with your patients, but it should be viewed as a normal part of a routine consultation. There are opportunities that might make it easier to raise the issue; if the

patient presents with a condition related to weight or indirectly through health checks and the patient might be more receptive to your advice and support if you use open questions.

PHE have put together a toolkit that provides practical advice and tools to support effective conversations.



Ask to weigh and measure your patient, as a normal part of your consultation.

"While you're here, can I check your weight?"

"Do you mind if I weigh you?"

Once you've weighed and measured your patient, determine their weight status.



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

"One of the best ways to lose weight is with support. [Insert local weight management service] is available for free and I can refer you now if you're keen."

It's important for your practice 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 then assist them by

making a referral to the service you've agreed on or offering your continued support.

"Great, I'll make a referral now. You'll get an appointment through the post. I'd like to see how you get on so next time you come in we can chat some more."

For patients who don't want to engage in conversation about weight management, show acceptance of their wishes but re-offer support should they change their mind.

"Okay, that's fine. I understand that maybe now is not the right time. If this is something you want to talk about in the future, I'm keen to support you in doing this."

"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

Complete our CPD education on our health professional website [cruk.org/weightandcancer](https://www.cruk.org/weightandcancer), to help you have more effective conversations.

No single action alone will solve the overweight and obesity epidemic

Obesity is a complex issue with many causes¹⁰, but one of the biggest influences is the obesogenic environment we live in makes being healthy difficult¹¹ – from junk food adverts and price promotions on unhealthy foods to the number of unhealthy takeaway outlets. Energy-dense food is easily available, often cheaper and more heavily marketed than healthy options and there are fewer opportunities to move in our everyday lives than ever before.

All these things nudge us towards eating unhealthily and make it very hard for most people to

keep a healthy weight. Around one-in-three children are overweight or obese and unless action is taken this will only get worse.

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. Bold initiatives to change our environment are needed fast if the Government is to meet its ambition to reduce childhood obesity by half by 2030, and to close the inequality gap.

We welcomed publication of Chapter Two of the UK Government's Childhood Obesity Plan and the ensuing consultations on restricting children's exposure to junk food advertising on TV and online, and to restricting price and location-based promotions for less healthy food and drink. The Government must now ensure that tackling overweight and obesity remains a key policy priority; and swiftly introduce the strongest proposed measures.

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

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



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The world around us affects how healthy we are

