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CONTACT:  
**Local:** Colleen Boyce, Berman Center  
612-347-7759 cboyce@bermancenter.org

**National:** NHLBI Communications Office  
(301) 496- 4236  
nhlbi\_news@nhlbi.nih.gov

**News from the Women's Health Initiative:  
Reducing Total Fat Intake May Have Small Effect on Risk of Breast Cancer,  
No Effect on Risk of Colorectal Cancer, Heart Disease, or Stroke**

Following an eating pattern lower in total fat did not significantly reduce the incidence of breast cancer, heart disease, or stroke, and did not reduce the risk of colorectal cancer in healthy postmenopausal women, according to the latest clinical trial results from the National Institutes of Health's Women's Health Initiative (WHI).

The study was designed to evaluate a low-fat dietary pattern's effect on the risk of cancer. However, investigators also evaluated the data to review the effect on cardiovascular disease. The results from the largest ever clinical trial of low-fat diet are reported in three papers in the February 8 edition of the *Journal of the American Medical Association*.

1,251 women completed the trial here at the Berman Center, and 48,835 participated nationally. There were no significant differences in the rates of colorectal cancer, heart disease, or stroke between the group who followed a low-fat dietary plan and the comparison group who followed their normal dietary patterns. Although the women in the study who reduced their total fat intake had a 9 percent lower risk of breast cancer than did women who made no dietary changes, the difference was not large enough to be statistically significant -- meaning it could have been due to chance.

By the end of the first year, the low-fat diet group reduced average total fat intakes to 24 percent of calories from fat, but did not meet the study's goal of 20 percent. At year six, the low-fat diet group was consuming 29 percent of calories from fat. The comparison group averaged 35 percent of calories from fat at year one and 37 percent at year six. Women in both groups started at 35-38 percent of calories from fat. The low fat diet group also increased their consumption of vegetables, fruits, and grains.

Women were aged 50-79 at trial enrollment in 1993-98 and were followed for an average of 8.1 years. The study diet focused on reducing total fat, and unlike diets used to reduce heart disease risk, did not differentiate between "good fats" found in fish, nuts, and vegetable oils, and "bad" fats like saturated fat and *trans* fat found in processed foods, meats, and some dairy products. The study design reflected a widely believed but untested theory that reduction of total fat would reduce risks of breast or colorectal

cancers. For heart disease, it was anticipated that reduction in total fat would be accompanied by a reduction in saturated fats, which are known to contribute to heart disease risk.

“The results of this study do not change established recommendations on disease prevention. Women should continue to get regular mammograms and screenings for colorectal cancer, and work with their doctors to reduce their risks for heart disease including following a diet low in saturated fat, *trans* fat and cholesterol,” said National Heart, Lung, and Blood Institute Director Elizabeth G. Nabel, M.D.

“This study shows that just reducing total fat intake does not go far enough to have an impact on heart disease risk. While the participants’ overall change in LDL “bad” cholesterol was small, we saw trends towards greater reductions in cholesterol and heart disease risk in women eating less saturated and *trans* fat,” said Jacques Rossouw, M.D., WHI project officer.

The study also found that following a high-carbohydrate, low-fat eating pattern does not increase body weight, triglycerides or indicators of increased risk of diabetes such as blood glucose or insulin levels in women.

“Study data indicate that women who started with the highest fat intake and who had greater changes in fat intake, show stronger evidence for reduction in their risk of breast cancer. Longer follow-up may be needed to show the effects of diet on cancer risk over time,” said Leslie G. Ford, M.D., National Cancer Institute.

The WHI is the most comprehensive study to date of the causes and prevention of the major diseases affecting the health of older women. Over 15 years, the study’s findings on heart disease, breast and colorectal cancer, and osteoporosis have stimulated many changes in clinical practice. The WHI is also one of the largest studies of its kind ever undertaken in the United States and is considered a model for future studies of women’s health.

This study of low-fat dietary pattern is one of the three randomized clinical trials that make up the WHI. The others included trials of hormone therapy— estrogen plus progestin and estrogen alone. Both trials were stopped early, estrogen plus progestin in 2002 and estrogen alone in 2004 because of increased risk of diseases like stroke, blood clots, and breast cancer. Results of a third clinical trial studying the effects of calcium and Vitamin D supplementation on osteoporosis-related bone fractures and on colorectal cancer will be published in February 2006.

To interview local participants in the WHI dietary modification study please contact  
Colleen Boyce  
Director of Communications  
Berman Center for Clinical Research  
612-347-7759

To interview Dr. Nabel, WHI project officer Dr. Rossouw, or Dr. Obarzanek of NHLBI, contact the NHLBI Communications Office at 301-496-4236. To interview Dr. Leslie Ford, contact the NCI Press Office at 301-496-6641; to interview Dr. Howard, call 301- 602-0125; to interview Dr. Prentice, call (206) 667-4264; to interview Dr. Chlebowski, contact the UCLA Press Office at 310-215-0234 x 105.

*NHLBI is part of the National Institutes of Health (NIH), the Federal Government’s primary agency for biomedical and behavioral research. NIH is a component of the U.S. Department of Health and Human Services. NHLBI press releases and other materials including information about the WHI and eating for heart health are available online at [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov).*