AUCKLAND WOMEN'S HEALTH COUNCIL

NEWSLETTER

AUGUST 2015

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CALCIUM AND VITAMIN D SUPPLEMENTS

It is nearly 15 years since Gill Sanson first published her ground breaking book, *The Osteoporosis 'Epidemic:' Well Women and the Marketing of Fear*, in which she pointed out that "the large body of clinical trials shows no relationship between supplemental calcium intake and bone density." (1) Despite the lack of evidence of any benefit, calcium and vitamin D supplements have continued to be recommended and heavily promoted for the prevention and treatment of osteoporosis with the result that a significant proportion of older adults currently take calcium and vitamin D supplements. Over half of older Americans take them, for example. (2)

To understand why this is so you need to follow the money. In a paper recently published in the *British Medical Journal*, Auckland University Associate Professors Andrew Grey and Mark Bolland have done just that. (2)

The two professors describe how "enthusiasm for calcium and vitamin D supplementation was fuelled by a small randomised trial that reported a reduced incidence of fracture and studies that defined adequate levels of vitamin D using the level of parathyroid hormone." The issue of who decided what an adequate level of vitamin D is and what is too low and what is too high is also an interesting one but there is not the space to address that in this article. Suffice it to say that "the ideal intake is not known." (3)

By the early 2000s, routine calcium and vitamin D supplementation to prevent osteoporosis – and the risk of bone fractures – in older adults was embedded in clinical practice.

Professors Grey and Bolland describe how from 2002 evidence from randomised controlled trials began to challenge the notion that calcium or vitamin D supplements alone or in combination safely reduce fracture risk. A recent trial analysis that was published last year stated that additional trials are unlikely to alter the finding that vitamin D with or without calcium is ineffective in reducing the risk of fracture. Unsurprisingly, randomised controlled trials of the effect of food sources of calcium have not been conducted. However, observational evidence does not suggest that increasing dietary calcium intake reduces fracture risk.

Safety

The risks of taking nutritional supplements is often overlooked or ignored by the supplement industry as well as the general public. The evidence that has been documented over the past decade has also revealed the harms that calcium and vitamin D supplementation can cause, including hospital admission for gastrointestinal symptoms, kidney stones, falls, hip fracture, heart attack and stroke. "Among the older adults living independently, the number needed to harm for vascular events is less than the number needed to treat to prevent a fracture," the authors state in the BMJ paper, and "we conclude that increased calcium and vitamin D intake should not have been recommended for older adults living independently after 2007, a view consistent with the conclusion of the 2009 Cochrane review." (2)

This raises the question, if the evidence against these supplements is so strong, why are calcium and vitamin D supplements still widely recommended?

The money trail

Nutritional supplements such as calcium and vitamin D are extremely profitable. "Global annual sales of calcium supplements in 2013 were about $6 billion and those of vitamin D in the US in 2012 were $748 million. Companies that market foods rich in calcium or vitamin D also profit from the notion that these nutrients prevent osteoporosis. Notable examples include Fonterra, whose $NZ4 billion annual sales in Asia include those of its calcium enriched milk products marketed for optimal bone health." (2)

Vitamin D testing is also very profitable, and benefits both the manufacturers of the test kits and the laboratories that do the tests. The annual cost of vitamin D testing in Australia increased from $A1 million in 2001 to $A96 million in 2010.

Industry & advocacy organisations

The unhealthy relationship between various national osteoporosis groups and their commercial sponsors is part of the problem. Organisations such as the US National Osteoporosis Foundation (NOF) and the International Osteoporosis Foundation (IOF) which is based in Europe rely heavily on corporate sponsorship and actively promote their academic and scientific strengths and global influence. The NOF website describes its corporate advisory roundtable as a "high-level corporate advisory body to NOF's Board of Trustees" whose "current programs are focused on the importance of calcium and vitamin D in prevention and treatment of osteoporosis." Members include supplements manufacturers, companies that produce vitamin D test kits, and the Council for Responsible Nutrition. The latter organisation describes itself as the "leading trade association representing dietary supplement manufacturers and ingredient suppliers." (2)

Fonterra became the IOF Asia Pacific Regional Nutrition Partner in 2010 and has aligned itself with and financially supported osteoporosis groups throughout Asia.

When disease advocacy groups become financially dependent on health industry sponsors they risk losing all credibility when money becomes more important than evidence-based studies which show there is no basis to the claims made by supplements manufacturers. Neither the NOF nor the IOF changed their positions in response to the evidence of lack of benefit of calcium and vitamin D for osteoporosis. The Council for Responsible Nutrition even went as far as issuing a press release urging consumers not to doubt the value of calcium supplements for maintaining bone health in response to the 2010 meta-analysis that reported adverse cardiovascular outcomes with calcium supplements.

A number of other industry sponsored advocacy organisations have also failed to report on or even acknowledge the unfavourable evidence for calcium and vitamin D supplementation.

Academics

Academics are also not immune to the influence of the health industry.

Professors Grey and Bolland note: "Setting aside finances, academic leaders may also have academic conflicts of interest. For example, their career development may be enhanced by the persistence of beliefs that nutritional supplements benefit the skeleton. Such conflicts of interest may have influenced the Endocrine Society's endorsement of widespread moderate dose vitamin D supplementation in contrast with the Institute of Medicine (IOM), which recommended low level supplementation for older adults, and the Preventative Task Force, which advised against vitamin D supplementation." (2)

The losers

The paper concludes by pointing out the winners and losers in the present situation:

"The interactions among the nutrition industry, advocacy organisations, and academia are complex. Each party benefits. Industry gains scientific credibility, which protects or enhances sales of its products, and indirect marketing through advocacy groups. Advocacy organisations and specialist societies gain funds to support their existence. Academics gain by maintenance of their status and by obtaining access to research funds and career enhancing publications and presentations. The party that may lose, and be harmed, is the public. Failure to reverse inappropriate practice leads to overtreatment, systematic waste of healthcare resources, unnecessary costs for patients, and missed opportunities for application of interventions with proven efficacy. Ultimately, the cost is erosion of trust in the medical system.

Improving transparency of the interactions between the industry, academia, and advocacy organisations is desirable, but reducing those interactions is more so. The emerging requirements that drug companies declare payments to health practitioners should be broadened to include supplements and food manufacturers. Advocacy organisations and specialist societies should eschew corporate sponsorship, and academics should not engage with advocacy organisations until it is clear that such commercial ties have been severed."

Following the publication of the paper Andrew Grey was interviewed on National Radio's *Nine to Noon* on 13 August. When asked if there was something different about calcium and vitamin D supplements in comparison with other nutritional supplements, Dr Grey commented that few other supplements had the kind of support from the medical establishment that these two had, and said that while prescriptions for calcium had declined following the publication of research results, those for vitamin D had not done so to the same extent. (4)

References

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Treating DCIS as breast cancer does not improve outcomes

Newly published research has revealed that diagnosing and treating ductal carcinoma in situ (DCIS) as if it were breast cancer does not improve the outcome for women 10 and 20 years after the diagnosis. The August issue of *JAMA Oncology* contains a paper and an editorial on breast cancer mortality following a diagnosis of DCIS. (1)

Ductal carcinoma in situ involves the presence of abnormal cells that are confined to the milk ducts in the breast. Clusters of abnormal cells like DCIS can disappear, stop growing or simply remain but never cause a problem. Abnormal cells may therefore not require treatment. In his book on Mammography Screening, published in 2012 Peter Gotzsche wrote: "It has received little attention that the detection and treatment of carcinoma in situ leads to a lot of harm in healthy women, including a lot of mastectomies." (2)

Diagnoses of DCIS have soared in recent decades and now account for as much as a quarter of cancer diagnoses made with mammography, as radiologists find smaller and smaller lesions. This raises the question, is DCIS a precursor to the disease or just a risk factor for some women, eg those of black ethnicity and a young age at diagnosis?

The *JAMA Oncology* study analysed data on over 100,000 women diagnosed with DCIS over a period of 20 years and is one of the most extensive analyses of breast cancer mortality in women with DCIS ever undertaken. The vast majority of women who are diagnosed with DCIS have a lumpectomy or a mastectomy. Many have a double mastectomy. Despite aggressive treatment the women with DCIS had much the same risk of dying from breast cancer as women in the general population. In other words the treatment made no difference to the outcome for these women, and the few who died did so despite treatment.

This means that thousands of women are undergoing unnecessary and disfiguring treatment for pre-malignant conditions that are unlikely to develop into life-threatening cancer.

Women are currently not given accurate information about DCIS or the full range of options. This was highlighted in a recent *3D* programme that was aired on TV3 on 2 August in which a woman diagnosed with DCIS was urged to have a mastectomy. After getting a second and third opinion and researching her options, she decided on a watch-and-wait approach. When she returned to the specialist who recommended a mastectomy and confronted him with the evidence, only then did he admit that her choice was a reasonable one. (3)

Women are too often unaware of the harms of overtreatment and tend to overestimate their risk of dying of cancer. (4) They need good information to make informed choices.

References

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4. http://www.nytimes.com/2015/08/21/health/breast-cancer-ductal-carcinoma-in-situ-study.html?emc=eta1&_r=0

AUGUST 5th CEREMONY

Wednesday August 5th 2015 marked the 27th anniversary of the release of the Cartwright Report on the Inquiry into the treatment of cervical cancer at National Women's Hospital.

As usual members of the Auckland Women's Health Council made their annual pilgrimage to the Spirit of Peace statue which still graces the entrance of the former National Women's Hospital. The statue has become a symbol of "the unfortunate experiment" and on August 5th each year AWHC members gather there to remember both the women who died as a result of the "unfortunate experiment" at the hospital, as well as the women of Gisborne who died when the cervical screening programme that was established in the wake of the Cartwright Inquiry failed them. This year we missed the presence of Judi Strid who died in February and who always visited the statue at this time of the year.

Since 1994 the ceremonial pilgrimage to the statue has been followed by a visit to the pohutukawa tree at the back of the former hospital. In September 1993 a plaque was unveiled beside a newly planted tree in memory of Dr Bill McIndoe, and Dr Malcolm McLean. Dr McIndoe was the cytologist and colposcopist at National Women's Hospital from 1963 -1983, and Dr McLean was the pathologist from 1961 - 1988. The tree was planted outside the clinic where the doctors used to work.

What the ceremony represents

For many of us the ceremony at the statue serves a number of purposes. It is a reminder of what happened in an era when the medical profession were able to experiment and practise on the bodies of women with seeming impunity, when whistle-blowers were nearly always effectively silenced, and some women died needlessly without ever knowing they had been part of a research trial into the development of cervical cancer. It also provides us with the opportunity to dedicate ourselves anew to the wide range of work all of us are involved in on women's health issues. Remembering the events of the past and the cost to those who tried to stop the "unfortunate experiment" enables us to see the current battles more clearly and to find the energy and enthusiasm to continue.

Melanoma Summit 2015

6-7 November 2015
Langham Hotel, Auckland

This 4th national Melanoma Summit will be a two-day multidisciplinary meeting featuring:

- **Professor Charles Balch**, University of Texas Southwestern – a surgical oncologist and one of the leading melanoma experts in the world
- **Professor Antoni Ribas,** UCLA's Jobsson Comprehensive Cancer Center – a medical oncologist and leading melanoma physician-scientist
- **Assoc Professor Cliff Rosendahl,** University of Queensland – a primary care practitioner with expertise in skin cancer and dermatoscopy
- **Professor David Whiteman**, QIMR Berghofer Medical Research Institute – a medical epidemiologist and pioneer of molecular approaches to melanoma
- New Zealand authorities on melanoma prevention, diagnosis, treatment, care and research
- Discipline-specific breakout sessions and workshops.

The Melanoma Research Institute of New Zealand (MRINZ) and the Australian and New Zealand Melanoma Trials Group (ANZMTG) are holding an Inaugural Research Symposium prior to the Melanoma Summit.

Further information is available at – http://melnet.org.nz/news/melanoma-summit-2015

AWHC GENERAL MEETING 30 July 2015

Detailed minutes of this meeting are available on request. Matters discussed included:

- Financial reports
- Grant applications
- Ethics committees
- ECART appointments
- August 5th ceremony
- 2015 Cartwright conference
- Symposium for Judi Strid

Further information on some of the topics listed above is contained in this issue of the AWHC newsletter.

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UP AND COMING EVENTS

DISTRICT HEALTH BOARD meetings for September 2015:

Waitemata DHB (Website address: www.waitematadhb.govt.nz)
The Waitemata Hospital Advisory Committee meeting starts at 11am on Wednesday 23 September 2015 and will be followed by the DHB Full Board meeting which starts at 1.30pm. Both meetings will be held in the DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna.

The **combined Waitemata DHB and Auckland DHB** Community & Public Health Advisory Committee meeting starts at 2pm on Wednesday 2 September 2015.

Auckland DHB (Website address: www.adhb.govt.nz)
The Hospital Advisory Committee meeting will be held at 9.30am on Wednesday 16 September 2015 followed by the Full Board meeting at 2pm. Both meetings will be held in the A+ Trust Room in the Clinical Education Centre, Level 5, Auckland City Hospital.

Counties Manukau DHB (Website address: www.cmdhb.org.nz)
The Hospital Advisory Committee meeting will be held at 9am on Wednesday 9 September 2015 at Ko Awatea and will be followed by the Full Board meeting at 1.30pm.

The Community & Public Health Advisory Committee meeting will be held at 1.30pm on 30 September 2015 at 19 Lambie Drive, Manukau.

ETHICS COMMITTEE meetings – dates for the four MOH ethics committees are at: http://www.ethics.health.govt.nz/about-committees/meeting-dates-venues-minutes

Women's Health Action will commemorate 122 years of women's suffrage with reflections by Professor Ngahuia Te Awekotuku on 45 years since the growth of Second Wave feminism.

Date: Wednesday 16 September 2015
Venue: GridAKL, 132 Halsey Street, Auckland Central.

Tickets can be purchased online at http://suffrage-2015.eventbrite.co.nz

For more information, contact Women's Health Action on 09 520 5295 or info@womens-health.org.nz