Policy Group

New Zealand Food Safety Authority

P O Box 2835

Wellington

Submission to New Zealand Food Safety Authority on the Proposed Amendment to the New Zealand Folic Acid Standard

SUBMISSION

This submission is from:

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The Cancer Society of New Zealand Supports **Option 5.2 Amendment to Commencement date** on the grounds that: We acknowledge the proven benefits of adequate intake of folate on health and in particular the importance of adequate intake for pregnant women to reduce the likelihood of neural tube defects. We are, however, concerned that there is doubt as to the benefit, in fact there may be an increased risk, for those with cancer precursors or cancer.

The Cancer Society of New Zealand supports a healthy diet that includes food containing folate and would like to see more emphasis put on food security to ensure all New Zealanders have access to nutritious food at an affordable cost.

The evidence of our submission is best summarised in the Summary and Recommendations section of the paper by **Cornelia C Ulrich** entitled **Folate and Cancer Prevention – Where to Next? Counterpoint'** published in the September 2008 edition of *Cancer Epidemiol Biomarkers Prev 2008;17(9)*.

I have attached a full copy of the article for your information.

Summary and Recommendations

In summary, the recently completed Aspirin/Folate Polyp Prevention Trial has added an important chapter to the story of folate and cancer: the results raise concerns about the use of folic acid in older individuals who may harbor cancer precursors, as well as cancer patients. The exposure of the public to synthetic folic acid is high, particularly among consumers of supplements and fortified health foods. Thus, it is critical that we continue research on the effects of folate on carcinogenesis in the context of our knowledge of cancer biology. A dual role of folate in carcinogenesis is the most likely explanation for the somewhat contradictory research findings from epidemiology and the cancer prevention trial. Yet, we still need better quantitative experimental data on the growth-promoting effects of folate in carcinogenesis of the colon and other tissues to clarify the potential of adverse effects of folate at varied doses. A research agenda on folate and cancer should aim to fill gaps in understanding the biological mechanisms (especially effects of folate status on epigenetics) and cancer etiology (dose response, genetic variability, and noncolon cancers). Yet, particularly important from a public health perspective are studies on the effects of high or excessive folate intakes in patients with cancer precursors or cancer, and the effects of these high intakes on their prognosis. In the absence of these important data to inform our decision making, what should be the current public health recommendations? First, as a safeguard, clinicians should inquire about the use of supplements among cancer patients and caution them against high intakes of folic acid from supplements, particularly when their nutritional intake in general is adequate or good. Second, countries that are currently considering mandatory fortification with folic acid (such as Australia and several European countries) may be best advised to defer decisions until more is known about the potential cancer-promoting effects of added folic acid.

Dr Jan Pearson

11 August 2009