Why are young people getting cancer at unprecedented rates?

The statistics are alarming. According to Cancer Australia, between 2000 and 2024, the rates of at least 10 different cancers have risen significantly in people under 50, especially those in their thirties. In that age group for example, pancreatic cancer has gone up by 500%, prostate cancer 200%, bowel cancer 173%, liver cancer (hepatocellular carcinoma) 150% and kidney cancer by 85%. 20% of breast cancers are now diagnosed in women under 50. And although not included in the 10, it's likely that lung cancer in young women who've never smoked is also rising.

With some of these cancers like pancreatic, the actual numbers are still low. In others like thyroid, the reason, could be that changes in testing are over diagnosing. But that still leaves most unexplained, and when you look at US data, the range of what are called early onset cancers is even wider.

What's even more troubling is that there seems to be a generational change affecting Gen X and Millennials (It's too early to say whether Gen Z are affected). It's called a cohort effect and if true, it means that these higher cancer rates will follow them through life and while the numbers may be low now, they won't stay that way. People in these generations could end up with double the lifetime risk of cancer compared to their parents.

This is happening in people who have young families; they are still on their career ladder; money is tight, and they have everything to look forward to. In addition, the cancers are often diagnosed late which can mean extended and complex treatment and poorer outcomes.

When you talk to people with early onset cancer, as I did for a recent Four Corners story, they are confused and often blame themselves. Was it eating too much red meat from the BBQ? Should I have done more exercise? Did I allow myself to become too stressed?

When you're looking for the causes of cancer there are two places to go: genes and the environment. With genes, the fact is that most of the people experiencing these cancers do not have a family history, nor do they have one of the recognised cancer genes. So that leaves the environment. They have been exposed to something or some things which have triggered their cancer. But it wasn't a BBQ five years ago. The development of cancer is a process which can take 20 or 30 years. That's one reason why cancer is still largely a disease of ageing because it takes time to develop. So, if you're diagnosed with cancer in your 30s, the cause is likely to have

been in an exposure in childhood or maybe even to your mother. hat makes finding the cause even harder since you have to go back in time.

Lots of things were changing 20 or 30 years ago. Caesarean section rates were soaring and when a baby is delivered by section, it takes time for them to acquire a normal microbiome. The global food industry was really getting going with manufactured, synthetic, high calorie foods which also affect the microbiome and cause weight gain and obesity, well known to increase cancer risk. We were also exposed to more and more plastic products and the 'forever' chemicals they can contain. And in Australia, we were still being exposed to chemicals that were known to be carcinogenic.

Australian research into early onset bowel cancer is suggesting that changes to children's microbiomes might have exposed them to germs which produce cancer causing toxins.

What can we do?

A lot of this is up to government to be more proactive when it comes to regulation of chemicals.

The current approach is to assume they're safe until a problem arises. They should be making sure they're safe first. We should try to reduce our consumption of ultra processed foods which can be hard for families where both parents have full time jobs and it's hard to cook fresh meals all the time. The evidence though is strong for a diet high in vegetables, low in red meat and cooked at a moderate heat. And then there are changes with no evidence to support them but it's what I've done. Plastic containers have been chucked out and replaced with glass. All non-stick cookware also thrown out and replaced with stainless steel or cast iron. It's not cheap.

But even more importantly, new symptoms in a previously well person should never be assumed by that person or their health professionals that it can't be cancer because you're "too young". They need to be taken seriously.

Cancer screening is expanding to save lives

Cancer screening is available for a limited range of cancers. Bowel cancer screening now starts at age 45 as a response to the rise in early onset cancers. Women can opt in to breast screening from the age of 40, and cervical cancer screening with new technologies alongside HPV immunisation for boys and girls could eliminate the disease in Australia.

And now, since July, lung cancer screening has been introduced specifically for current and past heavy smokers. Lung cancer is deadly largely because it is almost always diagnosed when it's too late for surgery, which can be curative when done early. The idea behind lung cancer screening using CT scanning is to find tumours before it's too late and before they're causing symptoms. 65% of lung cancers found this way can be successfully treated.

The people eligible for the free lung cancer programme (which your GP can refer you to) are aged between 50 and 70 who are either current or past smokers (in the last ten years) with no lung symptoms and a smoking history of a pack a day for 30 years. Anyone with symptoms such as a cough, breathlessness or blood in their sputum needs to be sent for diagnostic testing which is more intensive than screening.

New MBS menopause and perimenopause health assessment items

New MBS health assessment items have been introduced to support patients experiencing menopause or perimenopause to receive appropriate care and symptom management.

The 2 new items (695, 19000) will support general practitioners and prescribed medical practitioners to deliver targeted health assessment services to patients experiencing premature ovarian insufficiency, early menopause, perimenopause and menopause.

The health assessment must last at least 20 minutes. They will be available annually and must include (but are not limited to) the following clinical activities:

- collection of relevant information, including taking a patient history to determine pre-, peri- or post-menopausal status, patient wellbeing and contraindications for management; and
- a basic physical examination, including recording blood pressure, and review of height and weight; and
- initiating investigations and referrals as clinically indicated, with consideration given to the need for cervical screening, mammography and bone densitometry; and
- discussion of management options including non-pharmacological and pharmacological strategies including risks and benefits; and
- implementing a management plan which includes patient centred symptoms management; and
- providing the patient with preventative health care advice and information as clinically indicated, including advice on physical activity, smoking cessation, alcohol consumption, nutritional intake and weight management.

The changes will provide greater access for patients, leading to improved health outcomes.

For more information see Menopause and perimenopause health assessment services: Fact Sheet

Use your Tonic TV to remind patients about health assessments

If your practice has a Tonic TV, we can help you promote health assessments and other services. You have access to 3 minutes every hour to promote your practice using either static slides or supplying us with videos of a 30 or 60 second duration.

A slide appears on screen for 15 seconds and can promote important information such as:

- Operating hours
- Services offered such as screening
- Local health updates
- Seasonal vaccination reminders
- New staff
- Special events and clinics

We can create the slides for you. Simply contact us with the information you'd like to share on screens, and we will design slides to promote your practice.

What exactly is ‘junk food’?

Junk food is not the same as ultra processed food since not all ultra processed foods are harmful. For example, while infant milk formulas are ultra processed, they’re designed to match a baby’s nutritional needs in the absence of breast feeding. Protein supplements for the elderly are also ultra processed but probably lifesaving in some circumstances.

The definition of junk food is straightforward.

It’s the nutritional equivalent of garbage. It’s rubbish in a packet. Empty calories.

Junk food is factory-made and marketed to look good but is highly dense in calories, salt, sugar and synthetic chemicals (just look at the chemistry set described on the back of the packet). It is also low in the things that make food nutritious: fibre and natural micronutrients such as vitamins, minerals and bioactive compounds embedded in whole foods. The reason for emphasising whole foods is that micronutrients and minerals need the help of the other substances in whole foods to make them active and available. Calcium is a good example. Calcium supplements may sometimes do more harm than good rather than as calcium in foods like dairy.

Junk foods turn the rich diversity of the bugs in your bowel – your microbiome, to a monotonous, inflammatory landscape. It's easy to get fat on junk food. Much harder with real food which makes you feel full, with fewer calories.

Junk food isn’t food. You’re swallowing a large company’s sales pitch. Good for them. Bad for you!

*Dr Norman Swan AM and Dr John Aloizos AM