Diabetes Discourse

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Quarterly Newsletter of the Bovell Cancer Diabetes Foundation (BCDF)

This Newsletter is a Vital Resource for Diabetes & Cancer Prevention and for anyone Living with Diabetes/Cancer

Our Vision

- Enriching lives, one person at a time

Our Mission

- To enrich the lives of people living with or at risk for cancer and diabetes by providing financial resources, support, preventive and management education.

BCDF Activities Include:

- Modest grants to individuals/families affected by cancer or diabetes to enhance their quality of life
- Prevention and management education, and small-group workshops
- Advocacy and referrals to resources for individuals/families affected by cancer or diabetes
- Writing grant proposals and fundraising

BCDF relies on donations to carry out its mission. We are an incorporated, charitable Foundation in the Republic of Trinidad and Tobago. BCDF functions with volunteers only and no paid staff. To contact us with comments, questions or articles, phone 868) 667-2576 or e-mail: adelia@bovellcancerdiabetesfoundation.org; http://www.bovellcancerdiabetesfoundation.org

Disclaimer: *This newsletter is meant to educate and inform. It is not to be used as medical advice. Please consult your doctor for medical advice.*

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February is Fibre Month at BCDF



Fibre is a very important but often overlooked nutrient. It plays a key role in supporting digestive health by helping to keep our bowels moving and functioning well! It also supports heart health, blood sugar control, and the feeling of fullness after meals. Even though fiber plays so many important roles, most of us do not eat enough of it. *Go to page 3*

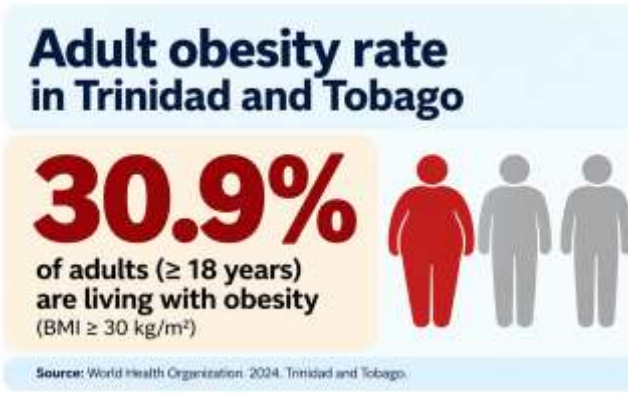
CANCER CORNER WITH…

Dr. Liselle Bovell

Obesity, Weight Loss, and Cancer: What We Know So Far



Obesity influences cancer risk and prognosis, but is weight loss the key to improving outcomes? **Obesity** is a chronic disease arising from difficult dealings among genetics, neurobiology, eating behaviors, and the environment. It is described as an unhealthy amount or distribution of body fat and defined by body mass index (BMI), a measure of how a person's weight relates to their height. The World Health Organization has reported that more than 1 billion people are living with obesity, and its prevalence is rising across the globe. **In Trinidad and Tobago, one in three adults is living with obesity.**



Having obesity is also associated with a greater risk of developing at least 13 types of cancer, with the risk of cancer increasing the longer an individual is overweight and with the amount of excess weight they have. Many ways have been proposed to link obesity with increased cancer risk, including higher blood insulin levels, chronic inflammation, **impaired tumor immune responses** and increased **estrogen** and **adipokines** produced by fat cells. Research suggests that obesity may also worsen cancer return, progression, prognosis, and the risk of secondary primary cancers. While data-based studies have found that cancer risk is lowered among people with obesity who have lost weight, more research is needed to confirm this and understand whether weight loss improves cancer outcomes. In 2026, *Technology Networks* interviewed Dr. Jennifer Ligibel of Harvard Medical School and Dana-Farber Cancer Institute. The discussion explored the relationship between obesity and cancer risk and outcomes. Below is a snapshot of the interview.

Question: What do you see as the biggest misconceptions - among clinicians or the public - about the relationship between obesity and cancer?

Answer: I think there is still a lack of awareness that obesity is linked to an increased risk of many cancers, including common cancers like breast and colon cancer. Although the International Agency for Research on Cancer published a definitive report 10 years ago in the New England Journal of Medicine, there is still a lack of awareness that obesity (as well as other lifestyle factors, such as lack of exercise) is linked to increased cancer risk.

Question: Can you outline what we currently know about the link between obesity to increased cancer risk and poorer outcomes?

Answer: There is still a lot that is not known about the link between obesity and cancer risk. We know that obesity can affect the body in many ways by causing inflammation in the body, weaken the body's ability to fight illness, and make it harder to control blood sugar and use energy properly. Obesity also has a direct effect on many tissues where cancers form, like the adipose tissue in the breast and surrounding the colon, as well as affect the healthy bacteria in our gut, which help with digestion and keeping us healthy. Cancer likely arises due to the back-and-forth of the effects of obesity on overlapping pathways favourable to cancer. ***Go to Page 5***

February is Fiber… Cont'd from page 1

Fibre is a type of carbohydrate; a nutrient found in plants. Unlike protein or fat, it is not broken down or absorbed in our small intestine but gets transported to our large intestine, where it helps feed the healthy bacteria in the gut through fermentation processes. Fibre supports our health in three main ways.

1.



2.



3.

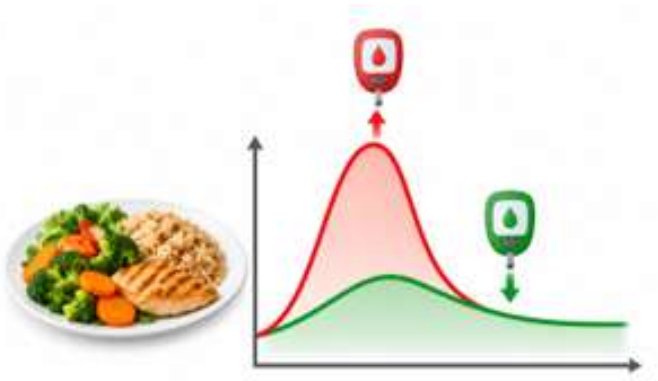


There are many different types of fibre. Some absorb water and form a gel-like texture in the digestive system. This can help with:

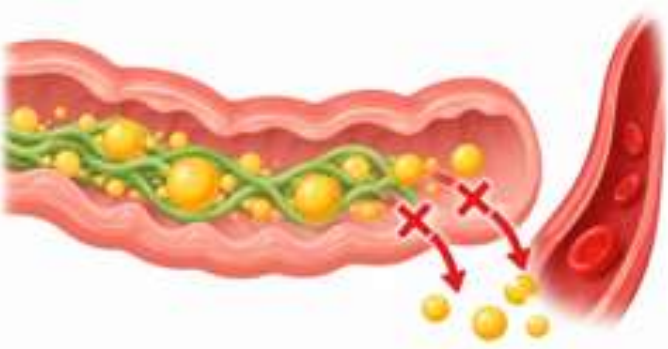
1. **Slowing down the absorption of sugar**



2. **Reducing blood sugar spikes after meals**



3. **Lowering cholesterol absorption**



Other types of bacteria are fermented by gut bacteria in the large intestine. This process makes useful substances known as **short chain fatty acids**, which support gut and overall health.

How much fiber should I have?

For Trinidad and Tobago, a recommendation for adults is 25 - 30 g dietary fibre per day based on:



Soluble Vs Insoluble Fibre

There are two main types of fibre:

1. Soluble fibre and 2. Insoluble fibre

Soluble fibre is used by the gut bacteria to produce short chain fatty acids for health.



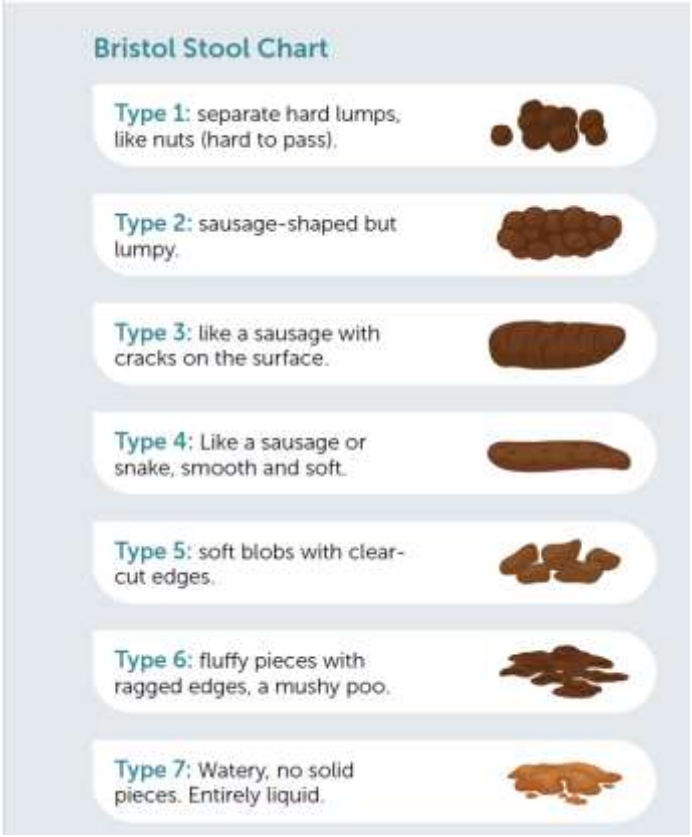
Insoluble fibre does not dissolve in water but adds bulk to stools and helps food move along the digestive tract.



Most plant-based foods have both soluble and insoluble fibre, so eat a variety of plant foods.

How Do We Know Our Bowels Are Working Well?

The Bristol Stool Chart tells us the shape, colour, smell and consistency of our stool. Adequate fibre intake can help us. Fibre (mainly insoluble) can absorb water and add bulk to the stool making it softer and helping it to pass through the gut.



- Types 1–2: Hard stools, suggesting constipation
- **Types 3–4: Generally considered healthy, well-formed stools**
- Types 5–7: Progressively softer or watery stools, which may indicate diarrhoea



Article reprinted from: MyNutriweb
www.mynutriweb.com

Obesity, Weight Loss, Cancer... *From Page 2*

Question: What have your studies revealed about the ways physical activity and body weight influence Qcancer risk, treatment outcomes, and quality of life for people living with or beyond cancer?

Answer: Studies show that obesity and inactivity increase an individual's risk of developing more than a dozen cancers. Observational evidence also shows that these factors are linked to poor outcomes in some cancers, especially breast, colon, and prostate cancers. Weight-loss surgery research show that patients with obesity who undergo surgery are at much lower risk of cancer as compared with matched patients (by age, gender, BMI, and number of other medical problems) who do not undergo surgery. Our ongoing work will test whether a structured, lifestyle-based weight loss program can reduce the risk of cancer return and mortality in 3,180 women with breast cancer and overweight or obesity, to determine whether obesity is a modifiable risk factor for breast cancer return and mortality.

Question: As new metabolic therapies (including GLP-1s) become more widely used, how do you see them fitting into the broader landscape of obesity management in oncology?

Answer: GLP-1s lead to significant and sustained weight loss. These drugs have made weight loss more achievable for a much larger segment of the population with obesity. Although data are very early, a number of observational studies have started to show a decreased risk of cancer in patients treated with GLP-1s for diabetes or obesity, as has been seen with weight-loss surgery. Much more evidence is needed, but these data offer the possibility that use of these drugs could be an important part of a cancer prevention strategy for patients with obesity.

Question: Looking ahead, what are the most urgent research questions that need answering to better understand—and potentially intervene on—the obesity–cancer connection?

Answer: the most important question is whether losing weight will reduce an individual's risk of developing cancer and, for individuals who have already developed cancer, will weight loss after diagnosis reduce the risk of cancer return and improve survival? If the answer to those questions is yes, how much weight do you need to lose, and does it matter how the weight is lost (through surgery, medication, or lifestyle)? Does a "healthy lifestyle" matter, or is weight loss the key to reduced cancer risk and improved survival?

Modified from:
https://www.technologynetworks.com/cancer-research/articles/obesity-weight-loss-and-cancer-what-we-know-so-far-411788

Glucagon-Like Peptide-1 (GLP-1)

It is a natural hormone in the body that helps control blood sugar, slows digestion, and reduces hunger, helping us feel full longer.

Can GLP-1 medications help prevent cancer?

Medicines such as Ozempic and Wegovy help control blood sugar and support weight loss. Scientists are now studying whether they may also lower the risk of some types of cancer linked to obesity. Early findings are promising, but more research is needed. These medicines are not approved to prevent or treat cancer.

GLP-1 medications are drugs that help control blood sugar and reduce appetite, leading to weight loss.



Ozempic: Uses and Challenges

Ozempic is a medicine used to help people with type 2 diabetes control their blood sugar. It can also reduce hunger and help with weight loss. However, it can cause side effects such as nausea, vomiting, diarrhoea, and constipation. It can also be expensive, and some people regain weight after stopping treatment. Ozempic is not suitable for everyone and should only be used under a doctor's care. It is not a replacement for healthy eating and regular physical activity.

SORREL UNDER PRESSURE

BUSTING BLOOD PRESSURE MYTHS, SHARING THE SCIENCE IN TRINIDAD AND TOBAGO



Sorrel (*Hibiscus sabdariffa* L.), also known globally as roselle, has deep historical and cultural roots in the Republic of Trinidad and Tobago (RTnT). The plant is believed to have originated in West Africa and was brought to the Caribbean during the trans-Atlantic period through enslaved Africans and later via Indian indentured laborers. Over time, sorrel became firmly embedded in local foodways. In RTnT, sorrel is most famously associated with Christmas. The bright red drink, prepared from the fleshy calyces infused with spices such as ginger, clove, cinnamon and bay leaf is considered essential to the Christmas season. Beyond its festive role, sorrel has long been valued in traditional medicine as a cooling beverage, mild diuretic, digestive aid, and remedy for colds and high blood pressure. Agriculturally, sorrel fits well into smallholder and backyard farming systems. It is typically planted toward the end of the rainy season and harvested around November/December, to meet the Christmas demand.

Main sorrel varieties found in RTnT

Although sorrel is often referred to generically, several local types and farmer-recognized varieties exist, distinguished mainly by calyx color, size, acidity, and yield.

1. Red sorrel (common/traditional type)

- **Description**: Deep red calyces; medium to large size
- **Flavor**: Tart, acidic, richly flavored
- **Uses**: Primary variety for Christmas drink, jams, jellies, wines, and sauces
- **Notes**: Most widely grown and preferred for its intense color and flavor

2. Dark wine / deep crimson sorrel

- **Description:** Very dark red to purplish calyces
- **Flavor:** Strong acidity, high pigment concentration
- **Uses:** Premium drinks, natural food coloring, etc.
- **Notes:** Often selected by farmers for richer color and higher market value

3. Light red / pink sorrel

- **Description:** Paler red or pink calyces
- **Flavor:** Milder acidity
- **Uses:** Lighter beverages, blends, fresh use
- **Notes:** Less common commercially but valued for lower tartness

4. Green or white sorrel

- **Description:** Greenish calyces with little red pigmentation
- **Flavor:** Mild, less acidic
- **Uses:** Culinary dishes, chutneys, experimental beverages
- **Notes:** Rare in Trinidad and Tobago; more common in parts of Asia and Africa

5. Large-calyx ("improved" or farmer-selected) types

- **Description:** Bigger, fleshier calyces; often red
- **Flavor:** Similar to red sorrel but with higher juice yield
- **Uses:** Commercial processing
- **Notes:** Informally selected and saved by farmers rather than formally released cultivars

Cultural and economic significance

Sorrel is more than a crop - it is a cultural marker in RTnT. Seasonal sorrel sales supportlivelihoods, small agro-processors, and micro-enterprises producing drinks, wines, jams, candies, and syrups. The growing interest in health foods has renewed attention to sorrel's anthocyanins, vitamins A and C, as well as potassium, and its anti-microbial properties and polyphenols, positioning it as both a nutritious food and a modern functional ingredient.

Please Donate to BCDF

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Sorrel Varieties, Key Nutrients and Bioactives

Variety	Anthocyanins	Vit. C	Acidity	Antioxidant Potential
Red (traditional)	High	Moderate	High	High
Dark wine	Very high	Moderate	High	Very high
Light red/pink	Low–Mod	Moderate	Moderate	Moderate
Green/white	Very low	Moderate	Low	Low–Mod
Large-calyx red	Mod–High	Moderate	Moderate	Mod–High

Variety	Best Health Angle
Red (traditional)	BP & heart health
Dark wine	Functional foods
Light red/pink	Mild, consumer-friendly
Green/white	Vitamin C source
Large-calyx red	Processing efficiency

Sorrel Type	Hypertension	Diabetes	Key Message
Dark wine	★★★★	★★★	Strong heart support
Red (traditional)	★★★	★★★	Proven BP benefits
Large-calyx red	★★★	★★★	Affordable, scalable
Light red/pink	★★☆	★★☆	Less sugar needed
Green/white	★☆☆	★☆☆	General nutrition only

Takeaway

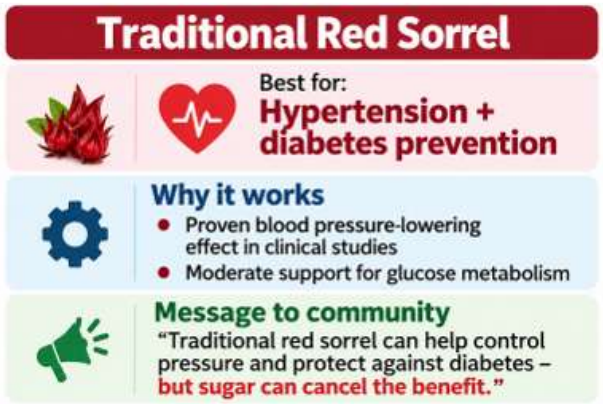
Research indicates that sorrel does not increase blood pressure; instead, clinical studies have shown that drinking sorrel tea may help lower blood pressure, especially in people with mildly elevated blood pressure (McKay et al., 2010).

Linking sorrel (*Hibiscus sabdariffa*) varieties to hypertension and diabetes messaging for Trinidad and Tobago

Core evidence (plain language)

- ✓ Red sorrel contains anthocyanins and organic acids that help lower blood pressure (vasodilation, ACE-inhibition-like effects)
- ✓ Sorrel drinks can support glycemic control when unsweetened by improving insulin sensitivity and reducing oxidative stress
- ✓ Color intensity matters: darker calyces → higher anthocyanins → stronger cardiometabolic benefit





Key Takeaway

- ✓ Traditional red and dark wine types best support cardiovascular and metabolic health
- ✓ Traditional red sorrel can help control pressure and protect against diabetes - but sugar can cancel the benefit.

LEND A HAND, TOUCH A LIFE: VOLUNTEER WITH THE BOVELL CANCER DIABETES FOUNDATION



In every community, there are quiet heroes working tirelessly to uplift others - and you have the chance to become one of them. The Bovell Cancer Diabetes Foundation (BCDF) is a beacon of hope for individuals and families facing the challenges of cancer and diabetes in Trinidad and Tobago. With a strong focus on education, early detection, advocacy, and support, BCDF is transforming lives one person at a time. But this vital work cannot happen without the energy and compassion of dedicated volunteers.

Why Volunteer?

Volunteering is not just about giving your time; it is about making a difference. Whether you have a few hours a month or a few days a year, your contribution matters. When you volunteer with BCDF, you become part of a movement that brings comfort, knowledge, and care to those who need it most.

Your involvement can help achieve:

- Community Outreach: Support our Jamboree, screenings, and public education sessions that raise awareness and promote early detection
- Support: Help offer emotional encouragement, practical guidance, and a listening ear to individuals and families coping with cancer and/or diabetes
- Encouragement: Assist with programmes that educate people about healthy living, prevention, and managing chronic illness
- Fundraising and Events: Join the team behind impactful events that fund our education programme and services.

Communication: Use your skills in writing for our newsletter, organizing, or tech to support BCDF's behind-the-scenes efforts.

What You will Gain

Volunteering is a two-way street. Along with the satisfaction of helping others, you will gain:

A sense of purpose and belonging

- New skills and experiences
- Connections with like-minded individuals
- A deeper understanding of health and wellness in your community

How to Get Involved

It starts with a simple step: reaching out. Whether you are a student looking to give back, a professional eager to share your skills, or a retiree with time and wisdom to offer, the Bovell Cancer Diabetes Foundation welcomes you. Your time can make a lasting difference in someone's journey toward prevention, management, health and wellbeing

To learn more, visit us on:

Facebook, Twitter and WhatsApp [334)590-3073] www.bovellcancerdiabetesfoundation.org bovellcancerdiabetesfoundation@gmail.com

Together, we can stamp out cancer and diabetes in our country. Join us today and help turn hope into action.



