

Re: Red Meat NO GOOD, Veggies no protection.... NOW WHAT?

Source: <http://sci.tech-archive.net/Archive/sci.med.cardiology/2005-01/1057.html>

From: BoB (biochem_at_biochemistryofbeauty.com)

Date: 01/19/05

Date: Wed, 19 Jan 2005 13:45:35 GMT

Juhana Harju wrote:

>><http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=468678>

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>

> *I would be delighted to announce that eating more vegetables and fruits*

> *would prevent breast cancer but look at this excerpt from the study*

> *above:*

>

> *"Inverse associations between intakes of fruits and vegetables and*
> *breast cancer risk have been reported in a notably large number of*
> *case-control studies [90]. However, in the pooled analysis of eight*
> *large prospective studies (7377 cases among 351,825 women), only weak*
> *and nonsignificant associations were seen with increasing consumption of*
> *fruit and vegetables [91]. Comparing highest with lowest quartiles, RRs*
> *were 0.93 (95% CI = 0.86-1.00) for total fruits, 0.96 (0.89-1.04) for*
> *total vegetables, and 0.93 (0.86-1.00) for total fruits plus vegetables.*
> *A thorough search among specific fruits and vegetables and botanical*
> *groups did not reveal any significant associations.*

The vegetables probably have to be raw. Many studies show a null effect for cooked vegetables, but protective effect for raw non-starchy vegetables.

Also I suspect that the consumption in the highest quartile or quintile in the null effect studies is not high enough.

Cancer Epidemiol Biomarkers Prev. 2004 Sep;13(9):1422-35.

Raw versus cooked vegetables and cancer risk.

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This review of the medical literature from 1994 to 2003 summarizes the relationship between raw and cooked vegetables and cancer risk and examines whether they may affect cancer risk differently. Twenty-eight studies examined

the relationship between raw and cooked vegetables and risk for various cancers.

Twenty-one studies assessed raw, but not cooked, vegetables and cancer risk. The

majority of these assessed risk of oral, pharyngeal, laryngeal, esophageal, lung, gastric, and colorectal cancers. Most showed that vegetables, raw or cooked, were inversely related to these cancers. However, more consistent results were found for oral, pharyngeal, laryngeal, esophageal, and gastric cancers. Nine of the 11 studies of raw and cooked vegetables showed statistically significant inverse relationships of these cancers with raw vegetables, but only 4 with cooked vegetables. The few studies of

breast, lung,

and colorectal cancers also suggested an inverse relationship with both raw and

cooked vegetables, but these results were less consistent. In the two studies of

prostate cancer, there was no association with either raw or cooked vegetables.

One of two bladder cancer studies found an inverse relationship with cooked, but

not raw, vegetables. Possible mechanisms by which cooking affects the relationship between vegetables and cancer risk include changes in availability

of some nutrients, destruction of digestive enzymes, and alteration of the structure and digestibility of food. Both raw and cooked vegetable consumption

are inversely related to epithelial cancers, particularly those of the upper gastrointestinal tract, and possibly breast cancer; however, these relationships

may be stronger for raw vegetables than cooked vegetables.

PMID: 15342442 [PubMed – in process]

Cancer Epidemiol Biomarkers Prev. 2004 Apr;13(4):567–72.

Dietary patterns and risk of breast cancer in the ORDET cohort.

Sieri S, Krogh V, Pala V, Muti P, Micheli A, Evangelista A, Tagliabue G, Berrino F.

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The aim of this study was to evaluate the association between dietary patterns and risk of developing breast cancer in an Italian cohort. Women volunteers were recruited from 1987 to 1992 from residents in Varese province, northern Italy, an area covered by a cancer registry. Participants completed a semiquantitative food frequency questionnaire, and anthropometric and other data were collected systematically. Using nutritional data from 8984 women with an average follow up of 9.5 years and 207 incident cases of breast cancer, we conducted an exploratory factor analysis to identify major dietary patterns. Four dietary patterns, which explained 30% of the variance, emerged: salad vegetables (mainly consisting of raw vegetables and olive oil); western (mainly consisting of potatoes, red meat, eggs and butter); canteen (pasta and tomato sauce); and prudent (cooked vegetables, pulses, and fish, with negative loading on wines and spirits). After adjustment for potential confounders, only the salad vegetables pattern was associated with significantly lower (34–35%) breast cancer incidence (RR = 0.66, CI(95%) = 0.47+/-0.95 comparing highest with lowest tertile) with a significant linear trend (P = 0.016). Women with body mass index <25 had an even greater risk reduction in the highest tertile of the salad vegetables pattern (>50% less risk than the lowest tertile, RR = 0.39, CI(95%) = 0.22–0.69) with a significant trend (P = 0.001); whereas women with body mass index > or =25 had no protective effect for the consumption of salad vegetables. These findings suggest that a diet rich in raw vegetables and olive oil protects against breast cancer.

PMID: 15066921 [PubMed – in process]

Nutr Cancer. 2003;46(2):131–7.

Raw and cooked vegetables, fruits, selected micronutrients, and breast cancer risk: a case–control study in Germany.

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In 1998–2000, a case–control study of breast cancer was conducted in Heidelberg, Germany. Three hundred ten consecutively recruited cases with primary breast cancer were matched according to 10–yr age groups to 353 controls with conditions unrelated to diet or endocrine disorders. Intake of raw vegetables, total vegetables, and whole–grain products was inversely associated with breast cancer risk (highest vs. lowest quartile adjusted odds ratio [OR] 0.51, 95% confidence interval [CI] 0.31–0.84; OR = 0.62, 95% CI = 0.38–1.02; and OR = 0.57; 95% CI = 0.34–0.95, respectively). Also, high intake of some selected vitamins and minerals possessing putative DNA–stabilizing properties displayed significant inverse risk associations. Adjusted ORs were as follows: vitamin C (OR = 0.49, 95% CI = 0.2–0.88), folate equivalents (OR = 0.47, 95% CI = 0.25–0.88), b–carotene (OR = 0.46, 95% CI = 0.27–0.80), zinc (OR = 0.35, 95% CI = 0.15–0.78), and copper (OR = 0.51, 95% CI = 0.31–1.03). In contrast, no significant association with risk was seen for an increased intake of fruits, cooked vegetables, fiber, calcium, manganese, or iron. In this population of German women, components of raw vegetables and some micronutrients appear to decrease breast cancer risk.

PMID: 14690788 [PubMed – indexed for MEDLINE]

Ann Oncol. 1999;10 Suppl 6:61–3.

The role of energy and fat in cancers of the breast and colon–rectum in a southern European population.

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BACKGROUND: Several uncertainties remain with respect to the role of intake of fat and/or total energy in the etiology of cancer of the breast and colon–rectum. **PATIENTS AND METHODS:** Between 1991 and 1996, 2569 women with incident breast cancer (median age: 55 years), 1953 subjects with cancer of the colon–rectum (median age = 62), and 5155 hospital controls were interviewed in six Italian areas. The validated food frequency questionnaire included questions on 78 foods and recipes and specific questions on individual fat intake pattern.

RESULTS: Significant trends of increasing breast and colorectal cancer risk with increasing intake emerged for bread and pasta, pork and processed meats and potatoes (breast cancer only), cakes and desserts (colon–rectum cancers only), and refined sugar. Most vegetables were inversely associated with cancer of the colon and rectum, whereas only carrots and raw vegetables seemed to lower breast cancer risk. High fruit intake was associated only with a reduction of rectal cancer. Total energy intake was directly associated with all cancer sites. Among macronutrients, high intake of starch and saturated fat seemed to lead to an increase of cancer risk. High intakes of polyunsaturated fatty acids (chiefly derived from olive oil and seed oils) were protective. Among micronutrients, beta–carotene, vitamin E, and calcium showed inverse associations with breast and colorectal cancer risk. CONCLUSIONS: An excess of energy intake, particularly from refined bread and pasta, can be an unfavourable feature of the Mediterranean diet, in the presence of a sedentary lifestyle.

PMID: 10676554 [PubMed – indexed for MEDLINE]

Biomed Pharmacother. 1998;52(3):109–15.

Diet and risk of breast cancer: major findings from an Italian case–control study.

Favero A, Parpinel M, Franceschi S.

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A large case–control study (2,569 women with breast cancer and 2,588 control women) carried out in Italy between 1991 and 1994 permits elucidation of breast cancer risk in relation to dietary patterns in a southern European population.

Major findings include direct associations with the intake of bread and cereal dishes, sugar, and pork meat, and inverse associations with the intake of vegetable oils, raw vegetables, fish, beta–carotene, vitamin E, and calcium.

PMID: 9755803 [PubMed – indexed for MEDLINE]

Epidemiology. 1998 May;9(3):338–41.

Role of different types of vegetables and fruit in the prevention of cancer of the colon, rectum, and breast.

Franceschi S, Parpinel M, La Vecchia C, Favero A, Talamini R, Negri E.

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We compared the effect of 26 types or groups of vegetables and fruit on the risk of cancer using data from two case-control studies that included 1,225 cases of cancer of the colon, 728 cases of cancer of the rectum, 2,569 cases of cancer of the breast, and 5,155 hospital controls interviewed between 1991 and 1996 in six Italian areas. Most vegetables were inversely associated with cancer of the colon and rectum, whereas only carrots and raw vegetables lowered breast cancer risk. High fruit intake was associated only with a reduction of rectal cancer. Different contents of sugar, fiber, carotenoids, and folic acid in fruits vs vegetables plus the concurrent consumption of oil with vegetables may partly explain these findings.

PMID: 9583427 [PubMed – indexed for MEDLINE]

Nutr Cancer. 1997;28(3):258-63.

Intake of selected foods and nutrients and breast cancer risk: an age- and menopause-specific analysis.

Braga C, La Vecchia C, Negri E, Franceschi S, Parpinel M.

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The relationship between selected foods and nutrients and breast cancer risk was investigated in strata of age and menopausal status using data from a case-control study on breast cancer conducted between June 1991 and April 1994 in six Italian areas. Cases were 2,569 women with histologically confirmed incident breast cancer admitted to the major teaching and general hospitals of the study areas; controls were 2,588 women with no history of cancer admitted to hospitals in the same catchment area as cases for acute, nonneoplastic, nongynecological conditions unrelated to hormonal or digestive tract diseases or to long-term modifications of diet. Dietary habits were investigated using a

validated food frequency questionnaire, including 78 foods or food groups. Among food groups, bread was directly and significantly related to breast cancer risk in older women and, consequently, in postmenopause, whereas the protection conferred by fish consumption was stronger in postmenopause and that exerted by raw vegetables was stronger in premenopause. Among nutrients, unsaturated fatty acids were inversely related to breast cancer risk, the association being stronger in postmenopausal and elderly women. The pattern was similar for total fats. For starch, available carbohydrates, and total proteins, no heterogeneity emerged across strata of age and menopausal status. Among micronutrients, protection diminished with increasing age for beta-carotene and calcium, whereas no heterogeneity emerged for vitamin E. Thus this age-specific analysis of the largest investigation to date on diet and breast cancer did not show any consistent pattern of breast cancer risk in relation to selected dietary factors across strata of age and menopausal status.

PMID: 9343834 [PubMed – indexed for MEDLINE]

Lancet. 1996 May 18;347(9012):1351–6.

Comment in:

Lancet. 1996 Jul 13;348(9020):137–8.

Lancet. 1996 Jul 13;348(9020):137; author reply 138.

Lancet. 1996 May 18;347(9012):1346.

Intake of macronutrients and risk of breast cancer.

Franceschi S, Favero A, Decarli A, Negri E, La Vecchia C, Ferraroni M, Russo A, Salvini S, Amadori D, Conti E, et al.

Servizio di Epidemiologia, Centro di Riferimento Oncologico, Aviano, Italy.

BACKGROUND: The association between risk of breast cancer and dietary fat and intakes of other energy sources remains controversial. The Italian population offers special opportunities to assess the influence of high intakes of unsaturated fat and starch and, because the population has low awareness of diet and cancer issues, there is less scope for recall bias. We have assessed the relations of various macronutrient intakes with risk of breast cancer.

METHODS:

In this case-control study, 2569 women with incident breast cancer (median age 55 years) and 2588 control women (median age 56 years) in hospital with acute, non-neoplastic diseases, were interviewed in six different areas of Italy between 1991 and 1994. A validated food-frequency questionnaire was used. It included questions on 78 foods and recipes grouped into six sections, as well as specific questions on individual fat intake pattern. FINDINGS: The risk of breast cancer decreased with increasing total fat intake (trend $p = 0.01$) whereas the risk increased with increasing intake of available carbohydrates (trend $p = 0.002$). The odds ratios for women in the highest compared with the lowest quintile of energy-adjusted intake were 0.81 for total fat and 1.30 for available carbohydrates. Starch was the chief contributor to the positive association with available carbohydrates. High intakes of polyunsaturated and unsaturated fatty acids (i.e., polyunsaturated fatty acids plus oleic acid) were associated with a decreased risk of breast cancer (odds ratios for highest vs lowest quintile 0.70 and 0.74, respectively). Conversely, the intakes of saturated fatty acids, protein, and fibre were not significantly associated with breast-cancer risk. INTERPRETATION: This case-controls study shows that unsaturated fatty acids protect against breast cancer, possibly because intake of these nutrients is closely correlated with a high intake of raw vegetables. The findings also suggest a possible risk in southern European populations, of reliance on a diet largely based on starch.

Publication Types:
Multicenter Study

PMID: 8637339 [PubMed – indexed for MEDLINE]

Int J Cancer. 1995 Dec 11;63(6):785-9.

Influence of food groups and food diversity on breast cancer risk in Italy.

Franceschi S, Favero A, La Vecchia C, Negri E, Dal Maso L, Salvini S, Decarli A, Giacosa A.

Servizio di Epidemiologia, Centro di Riferimento Oncologico, Aviano, Italy.

Although debate on breast cancer and diet has been concentrated on nutrients,

assessment of the role of specific foods and food groups and variety of food intake retains a considerable importance. To further elucidate the role of dietary habits, 2,569 women with incident breast cancer (median age 55 years) and 2,588 control women (median age 56 years), hospitalised with acute non-neoplastic diseases, were interviewed between 1991 and 1994 in 6 different Italian areas. The validated food frequency questionnaire included 79 food items and recipes, which were grouped into 18 food groups (5 for "diversity" analyses purpose). After allowance for non-dietary confounding factors and total energy intake, significant trends of increasing breast cancer risk with increasing intake emerged for the following food groups: bread and cereal dishes, pork and processed meats, and sugar and candies. Conversely, high intake of milk, poultry, fish, raw vegetables, potatoes and coffee and tea seemed to exert a protection against the development of breast cancer. Intake of soups, eggs, other meats, cheese, cooked vegetables, citrus fruits, other fruits and cake and desserts were not significantly related to breast cancer risk. The variety of vegetable types consumed weekly seemed to have a beneficial effect beyond the advantage of high vegetable intake per se.

Publication Types:

Multicenter Study

PMID: 8847134 [PubMed – indexed for MEDLINE]

Cancer Detect Prev. 1990;14(5):567-72.

Nutrition and lifestyle factors in fibrocystic disease and cancer of the breast.

Simard A, Vobecky J, Vobecky JS.

Departement de Medecine du Travail et d'Hygiene du Milieu, Faculte de Medecine, Universite de Montreal, Quebec, Canada.

Within a study on diet as a risk factor for fibrocystic disease and breast cancer, 68 patients with breast cancer, aged from 40 to 59, participating in the National Breast Screening Study in Montreal, were compared to 340 patients with fibrocystic disease and to 343 controls. The personal and family history was collected from medical records and completed by an interview. The nutritional

assessment was done by a food frequency questionnaire with a special attention to the quantity and quality of fat, vitamins A, C, E, as well as life style habits. The cancer patients were significantly heavier (64.9 vs. 60.8 kg), had higher body mass index (24.9 vs. 23.4), menstrual cycle more often irregular, later menopause (47.5 vs. 44.5 years), and shorter school attendance (10.3 vs. 12.6 years). No significant differences were found in the use of contraceptives, menopausal hormones, analgesics and tobacco, marital status, number of pregnancies and children, age at menarche, duration of menstrual cycle, and the age at the first pregnancy. The cancer patients consumed significantly more poultry, fish, pastry, margarine, and alcohol and less milk, raw vegetables, pastas, sugar, butter, and coffee.

PMID: 2224921 [PubMed – indexed for MEDLINE]