French National Cancer Institute report 2015 “Nutrition and primary cancer prevention: updating scientific data”
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French National Cancer Institute report (2015)
“Nutrition and primary cancer prevention: updating the evidence”


RF3-8
Track 1
Abstract presented before to the international community: No
Disclosure of interest: none
Process and deliverables

- New studies => reassessment of the level of evidence (3rd Cancer Plan 2014-2019)
- Coordination by the French National Cancer Institute (INCa)
- Experts from the NACRe network (cf. EPP45-4)
- 10 nutritional factors considered as relevant for France (developed countries)
- Search for meta-analyses, pooled analyses and intervention trials, published between January 2006 and February 2014, after the most recent WCRF/AICR reports
Results: Levels of evidence between nutritional factors and cancer risk

- More than 150 relationships evaluated
- In most cases, previous WCRF/AICR evaluations are confirmed
- New levels of evidence
  * Newly evaluated:
    - example: excess bodyweight and hematological malignancies
  ** Revised:
    - example: fiber and breast cancer

\*Supplements containing high doses of beta-carotene, notably for smokers and asbestos-exposed subjects
From nutritional factors to priority objectives

**Convincing or probable level of evidence, as updated by the INCa expert group**

<table>
<thead>
<tr>
<th>Nutritional factors increasing cancer risk</th>
<th>Cancer sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholic beverages</td>
<td>Mouth, Pharynx, Larynx, Esophagus, Colon and rectum, Liver, Breast</td>
</tr>
<tr>
<td>Overweight and obesity</td>
<td>Mouth, Pharynx, Larynx, Esophagus, Colon and rectum, Breast (postmenopause), Kidney, Gallbladder, Endometrium, Ovary, Liver, Prostate (advanced cancer), Hematological malignancies</td>
</tr>
<tr>
<td>Red meat and processed meat</td>
<td>Colon and rectum</td>
</tr>
<tr>
<td>Salt and salted foods</td>
<td>Stomach</td>
</tr>
<tr>
<td>Beta-carotene supplements*</td>
<td>Lung, Stomach</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nutritional factors reducing cancer risk</th>
<th>Cancer sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical activity</td>
<td>Colon, Lung, Breast, Endometrium</td>
</tr>
<tr>
<td>Fruits and vegetables</td>
<td>Mouth, Pharynx, Larynx, Esophagus, Stomach, Lung (fruits)</td>
</tr>
<tr>
<td>Dietary fiber</td>
<td>Colon and rectum, Breast</td>
</tr>
<tr>
<td>Dairy products</td>
<td>Colon and rectum</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>Breast</td>
</tr>
</tbody>
</table>

*Notably for smokers or asbestos-exposed subjects, and a dose >20 mg/d of beta-carotene*
Conclusion
Addressing these priority objectives based on nutritional factors might help populations of developed countries to reduce the burden of cancer and avoid about 30% of the most frequent cancers (WCRF/AICR, 2009-2016)


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