



Coffee consumption and risk of rare cancers in Scandinavian countries.

<https://arctichealth.org/en/permalink/ahliterature297621>

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Keywords: Aged
Caffeine - administration & dosage
Coffee - adverse effects
Female
Humans
Male
Middle Aged
Neoplasms - epidemiology
Norway - epidemiology
Proportional Hazards Models
Prospective Studies
Registries - statistics & numerical data
Risk Assessment - methods - statistics & numerical data
Risk factors
Smoking - adverse effects
Sweden - epidemiology

Abstract:

Studies on the association between heavy coffee consumption and risk of less frequently diagnosed cancers are scarce. We aimed to quantify the association between filtered, boiled, and total coffee consumption and the risk of bladder, esophageal, kidney, pancreatic, and stomach cancers. We used data from the Norwegian Women and Cancer Study and the Northern Sweden Health and Disease Study. Information on coffee consumption was available for 193,439 participants. We used multivariable Cox proportional hazards models to calculate hazard ratios (HR) with 95% confidence intervals (CI) for the investigated cancer sites by category of total, filtered, and boiled coffee consumption. Heavy filtered coffee consumers (= 4 cups/day) had a multivariable adjusted HR of 0.74 of being diagnosed with pancreatic cancer (95% CI 0.57-0.95) when compared with light filtered coffee consumers (= 1 cup/day). We did not observe significant associations between total or boiled coffee consumption and any of the investigated cancer sites, neither in the entire study sample nor in analyses stratified by sex. We found an increased risk of bladder cancer among never smokers who were heavy filtered or total coffee consumers, and an increased risk of stomach cancer in never smokers who were heavy boiled coffee consumers. Our data suggest that increased filtered coffee consumption might reduce the risk of pancreatic cancer. We did not find evidence of an association between coffee consumption and the risk of esophageal or kidney cancer. The increased risk of bladder and stomach cancer was confined to never smokers.

PubMed ID:

29476356 [View in PubMed](#) 

Consumption of filtered and boiled coffee and the risk of incident cancer: a prospective cohort study.

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Source: Cancer Causes Control. 2010 Oct;21(10):1533-44

Date: Oct-2010

Language: English


Publication Type: Article

Keywords: Coffee
Cohort Studies
Confidence Intervals
Cooking
Drinking
Female
Humans
Incidence
Life Style
Male
Middle Aged
Neoplasms - epidemiology
Prospective Studies
Questionnaires
Regression Analysis
Risk assessment
Risk factors
Sweden - epidemiology

Abstract: Despite potentially relevant chemical differences between filtered and boiled coffee, this study is the first to investigate consumption in relation to the risk of incident cancer.

Subjects were from the Västerbotten Intervention Project (64,603 participants, including 3,034 cases), with up to 15 years of follow-up. Hazard ratios (HR) were calculated by multivariate Cox regression.

No associations were found for all cancer sites combined, or for prostate or colorectal cancer. For breast cancer, boiled coffee =4 versus

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Low-carbohydrate, high-protein diet score and risk of incident cancer; a prospective cohort study.

<https://arctichealth.org/en/permalink/ahliterature261486>

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Source: Nutr J. 2013;12:58

Date: 2013

Language: English

Publication Type: Article

Keywords: Adult
Diet, Carbohydrate-Restricted
Dietary Fats - administration & dosage
Dietary Proteins - administration & dosage
Energy intake
Fatty Acids - administration & dosage - adverse effects
Female
Follow-Up Studies
Food Habits
Humans
Incidence
Male
Middle Aged
Neoplasms - epidemiology
Proportional Hazards Models
Prospective Studies
Questionnaires
Risk factors
Sweden - epidemiology

Abstract:

Although carbohydrate reduction of varying degrees is a popular and controversial dietary trend, potential long-term effects for health, and cancer in specific, are largely unknown.

We studied a previously established low-carbohydrate, high-protein (LCHP) score in relation to the incidence of cancer and specific cancer types in a population-based cohort in northern Sweden. Participants were 62,582 men and women with up to 17.8 years of follow-up (median 9.7), including 3,059 prospective cancer cases. Cox regression analyses were performed for a LCHP score based on the sum of energy-adjusted deciles of carbohydrate (descending) and protein (ascending) intake labeled 1 to 10, with higher scores representing a diet lower in carbohydrates and higher in protein. Important potential confounders were accounted for, and the role of metabolic risk profile, macronutrient quality including saturated fat intake, and adequacy of energy intake reporting was explored.

For the lowest to highest LCHP scores, 2 to 20, carbohydrate intakes ranged from median 60.9 to 38.9% of total energy intake. Both protein (primarily animal sources) and particularly fat (both saturated and unsaturated) intakes increased with increasing LCHP scores. LCHP score was not related to cancer risk, except for a non-dose-dependent, positive association for respiratory tract cancer that was statistically significant in men. The multivariate hazard ratio for medium (9-13) versus low (2-8) LCHP scores was 1.84 (95% confidence interval: 1.05-3.23; p-trend=0.38). Other analyses were largely consistent with the main results, although LCHP score was associated with colorectal cancer risk inversely in women with high saturated fat intakes, and positively in men with higher LCHP scores based on vegetable protein.

These largely null results provide important information concerning the long-term safety of moderate carbohydrate reduction and consequent increases in protein and, in this cohort, especially fat intakes. In order to determine the effects of stricter carbohydrate restriction, further studies encompassing a wider range of macronutrient intakes are warranted.

Notes:

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Whole grain intake and survival among Scandinavian colorectal cancer patients.

<https://arctichealth.org/en/permalink/ahliterature105978>

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Publication Type: Article

Keywords: Aged
Cereals
Colorectal Neoplasms - diet therapy
Diet
Dietary Fiber - administration & dosage
Female
Food Habits
Humans
Life Style
Male
Middle Aged
Proportional Hazards Models
Prospective Studies
Risk factors
Scandinavia

Abstract: To our knowledge, no studies of associations between intake of whole grain (WHG) and survival of colorectal cancer have been published, despite evidence that dietary fiber, and to some extent WHG, are associated with lower risk of colorectal cancer. Scandinavia is an area where the WHG consumption traditionally is high. We performed a case-only (N = 1119) study in the Scandinavian HELGA cohort of pre-diagnosis WHG intake (total WHG, WHG wheat, WHG rye, and WHG oats) and survival of colorectal cancer. Cox regression analyses were used to study the associations, both in categorical and continuous models, stratified by location (proximal, distal, rectum) and country. No evidence of an association was found, neither for total WHG intake (hazard ratio = 1.32, 95% confidence interval: 0.88-1.97 lowest vs. highest tertile, adjusted for age at diagnosis, metastasis status, smoking, folate, margarine, and energy), nor for specific grains. Prediagnosis consumption of WHG does not seem to improve survival of colorectal cancer in subjects diagnosed within this prospective population-based Scandinavian cohort.

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[Longitudinal 10-year changes in dietary intake and associations with cardio-metabolic risk factors in](#)

the Northern Sweden Health and Disease Study.

<https://arctichealth.org/en/permalink/ahliterature286527>

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Publication Type: Article

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Blood pressure
Body mass index
Cardiovascular Diseases - epidemiology - prevention & control
Cholesterol - blood
Exercise
Female
Follow-Up Studies
Healthy Diet
Humans
Life Style
Longitudinal Studies
Male
Metabolic Syndrome X - epidemiology - prevention & control
Middle Aged
Risk factors
Socioeconomic Factors
Surveys and Questionnaires
Sweden - epidemiology
Triglycerides - blood

Abstract: Dietary risks today constitute the largest proportion of disability-adjusted life years (DALYs) globally and in Sweden. An increasing number of people today consume highly processed foods high in saturated fat, refined sugar and salt and low in dietary fiber, vitamins and minerals. It is important that dietary trends over time are monitored to predict changes in disease risk.

In total, 15,995 individuals with two visits 10 (±1) years apart in the population-based Västerbotten Intervention Programme 1996-2014 were included. Dietary intake was captured with a 64-item food frequency questionnaire. Percent changes in intake of dietary components, Healthy Diet Score and Dietary Inflammatory Index were calculated and related to body mass index (BMI), serum cholesterol and triglyceride levels and blood pressure at the second visit in multivariable regression analyses.

For both sexes, on group level, proportion of energy intake (E%) from carbohydrates and sucrose decreased (largest carbohydrate decrease among 40-year-olds) and E% protein and total fat as well as saturated and polyunsaturated fatty acids (PUFA) increased (highest protein increase among 30-year-olds and highest fat increase among 60-year-olds) over the 10-year period. Also, E% trans-fatty acids decreased. On individual basis, for both sexes decreases in intake of cholesterol and trans-fatty acids were associated with lower BMI and serum cholesterol at second visit (all P?

Notes: Cites: Scand J Prim Health Care. 1998 Sep;16(3):171-69800231
Cites: Scand J Public Health Suppl. 2001;56:13-2011681559
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PubMed ID: 28351404 [View in PubMed](#) 

[Dietary inflammatory index and risk of first myocardial infarction; a prospective population-based study.](#)

<https://arctichealth.org/en/permalink/ahliterature286526>

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Body mass index
C-Reactive Protein - metabolism
Case-Control Studies
Diet
Exercise
Female
Follow-Up Studies
Humans
Inflammation - blood - epidemiology
Interleukin-6 - blood
Logistic Models
Male
Middle Aged
Myocardial Infarction - blood - epidemiology
Nutrition Assessment
Prospective Studies
Risk factors
Surveys and Questionnaires
Sweden - epidemiology

Abstract: Chronic, low-grade inflammation is an established risk factor for cardiovascular disease. The inflammatory impact of diet can be reflected by concentrations of inflammatory markers in the bloodstream and the inflammatory potential of diet can be estimated by the dietary inflammatory index (DII(TM)), which has been associated with cardiovascular disease risk in some previous studies. We aimed to examine the association between the DII and the risk of first myocardial infarction (MI) in a population-based study with long follow-up. We conducted a prospective case-control study of 1389 verified cases of first MI and 5555 matched controls nested within the population-based cohorts of the Northern Sweden Health and Disease Study (NSHDS), of which the largest is the ongoing Västerbotten Intervention Programme (VIP) with nearly 100 000 participants during the study period. Median follow-up from recruitment to MI diagnosis was 6.4 years (6.2 for men and 7.2 for women). DII scores were derived from a validated food frequency questionnaire (FFQ) administered in 1986-2006. Multivariable conditional logistic regression models were used to estimate odds ratios (OR) and 95% confidence intervals (CI), using quartile 1 (most anti-inflammatory diet) as the reference category. For validation, general linear models were used to estimate the association between the DII scores and two inflammatory markers, high-sensitivity C-reactive protein (hsCRP) and interleukin 6 (IL-6) in a subset (n=2605) of the study population. Male participants with the most pro-inflammatory DII scores had an increased risk of MI [ORQ4vsQ1=1.57 (95% CI 1.21-2.02) P trend=0.02], which was essentially unchanged after adjustment for potential confounders, including cardiovascular risk factors [ORQ4vsQ1=1.50 (95% CI 1.14-1.99), P trend=0.10]. No association was found between DII and MI in women. An increase of one DII score unit was associated with 9% higher hsCRP (95% CI 0.03-0.14) and 6% higher IL-6 (95% CI 0.02-0.11) in 605 controls with biomarker data available. A pro-inflammatory diet was associated with an elevated risk of first myocardial infarction in men; whereas for women the relationship was null. Consideration of the inflammatory impact of diet could improve prevention of cardiovascular disease.

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Intake of whole grains and incidence of oesophageal cancer in the HELGA Cohort.

<https://arctichealth.org/en/permalink/ahliterature285601>

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Keywords: Adenocarcinoma - epidemiology - prevention & control
Adult
Aged
Aged, 80 and over
Carcinoma, Squamous Cell - epidemiology - prevention & control
Denmark - epidemiology
Diet
Dietary Fiber - administration & dosage
Esophageal Neoplasms - epidemiology - prevention & control
Feeding Behavior
Female
Humans
Incidence
Male
Middle Aged
Norway - epidemiology
Proportional Hazards Models
Prospective Studies
Risk factors
Sweden
Whole Grains

Abstract: Few prospective studies have investigated the association between whole-grain consumption and incidence of oesophageal cancer. In the Scandinavian countries, consumption of whole grains is high and the incidence of oesophageal cancer comparably low. The aim of this paper was to study the associations between consumption of whole grains, whole-grain products and oesophageal cancer, including its two major histological subtypes. The HELGA cohort is a prospective cohort study consisting of three sub-cohorts in Norway, Sweden and Denmark. Information regarding whole-grain consumption was collected through country-specific food frequency questionnaires. Cancer cases were identified through national cancer registries. Cox proportional hazards ratios were calculated in order to assess the associations between whole grains and oesophageal cancer risk. The analytical cohort had 113,993 members, including 112 cases, and median follow-up time was 11 years. When comparing the highest tertile of intake with the lowest, the oesophageal cancer risk was approximately 45 % lower (adjusted HR 0.55, 95 % CI 0.31-0.97 for whole grains, HR 0.51, 95 % CI 0.30-0.88 for whole-grain products). Inverse associations were also found in continuous analyses. Whole-grain wheat was the only grain associated with lower risk (HR 0.32, 95 % CI 0.16-0.63 highest vs. lowest tertile). Among whole-grain products, the results were less clear, but protective associations were seen for the sum of whole-grain products, and whole-grain bread. Lower risk was seen in both histological subtypes, but particularly for squamous cell carcinomas. In this study, whole-grain consumption, particularly whole-grain wheat, was inversely associated with risk of oesophageal cancer.

PubMed ID: 26092139 [View in PubMed](#) 