

# Increased risk of large bowel cancer for each one cm rise in waist circumference

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**DIET AND GI DISEASES** UNITED EUROPEAN GASTROENTEROLOGY **ueg**

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**EATING FRUIT AND VEG PROVEN TO REDUCE RISK OF OESOPHAGEAL AND STOMACH CANCERS**  RESEARCH SUGGESTS EATING LARGE AMOUNTS OF FRUIT AND VEG CAN REDUCE THE CHANCES OF CONTRACTING OESOPHAGEAL AND STOMACH CANCER. FIBROUS FOODS ALSO REDUCE CRC RISK.

**10G FIBRE REDUCES RISK BY 10%**  EATING 10 GRAMS OF FIBRE A DAY CAN REDUCE THE RISK OF BOWEL CANCER BY AROUND 10%.

**GI CANCER RISK INCREASED BY UNHEALTHY DIET**  EXPERTS ACROSS MANY STUDIES AGREE THAT DIETARY HABITS CAN AFFECT OUR RISK OF DEVELOPING GI CANCERS.

**LINK BETWEEN EATING FISH AND A REDUCED RISK OF CRC**  FINDINGS HAVE SHOWN THAT PEOPLE WHO ATE 80G OF FISH A DAY WERE 33% LESS LIKELY TO GET COLORECTAL CANCER THAN THOSE WHO ATE LESS THAN 80G IN A WEEK.

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**SUPER-FOODS**  WHILST MORE RESEARCH IS REQUIRED, STUDIES SUGGEST THAT INGREDIENTS SUCH AS CURCUMIN, GREEN TEA, LYCOPENE, SELENIUM AND VITAMINS D & E MAY HELP REDUCE THE RISK OF GI DISEASES.

**A WESTERN DIET**  ONE HIGH IN REFINED GRAINS, SUGAR, HIGH FAT DAIRY PRODUCTS, PROCESSED AND HIGH FAT MEATS - IS ESTIMATED TO INCREASE OUR RISK OF CANCER BY UP TO 29%.

**MEDITERRANEAN**  A MEDITERRANEAN DIET HIGH IN FISH, FRUIT, VEG, HERBS AND NUTS IS ESTIMATED TO REDUCE THE RISK OF COLORECTAL CANCER BY UP TO 51%.

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**RED MEAT**  COLORECTAL CANCER RISK INCREASES BY 28% FOR EVERY 120g OF RED MEAT EATEN PER DAY.

**SALT AND STOMACH CANCER**  A HIGH CONSUMPTION OF SALT HAS BEEN LINKED WITH STOMACH CANCER, OF WHICH THERE ARE APPROXIMATELY 80,000 DIAGNOSED CASES WITHIN THE EU EVERY YEAR.

**OBESITY**  OBESITY INCREASES THE RISK OF COLORECTAL CANCER BY NEARLY 3 TIMES IN BOTH MEN AND WOMEN.

**ALCOHOL**  THE EU HAS THE HIGHEST ALCOHOL CONSUMPTION IN THE WORLD, DOUBLING THE WORLD AVERAGE. HEAVY CONSUMPTION INCREASES RISK OF STOMACH, COLORECTAL, PANCREATIC AND LIVER CANCER. IT ALSO ACCELERATES CHRONIC LIVER CIRRHOSIS IN HEPATITIS C SUFFERERS.

Data from United European Gastroenterology Journal: (1) Farthing M, Roberts S, Samuel D, Williams D, et al, Survey of digestive health across Europe: Final report. Part 1: The burden of gastrointestinal diseases and the organisation and delivery of gastroenterology services across Europe, December 2014 2: 539-543 and (2) Anderson P, et al, Survey of digestive health across Europe: Final report. Part 2: The economic impact and burden of digestive disorders, December 2014 2: 544-546

Cancer Research UK, 2015: <http://www.cancerresearchuk.org/about-cancer/causes-of-cancer/diet-and-cancer/diet-facts-and-evidence>

Credit: UEG

Experts speaking at the 23rd United European Gastroenterology Week (UEG Week 2015) in Barcelona, Spain today revealed compelling

evidence of the link between excess body weight and risk of colorectal cancer (CRC). John Mathers, Professor of Human Nutrition from the Institute of Cellular Medicine at Newcastle University in the UK presented data showing an overall increase of 18% in relative risk of CRC per 5 unit increase in BMI.

"In addition, in men, there is now evidence that increasing waist circumference in middle age is associated with increased bowel cancer risk", says Prof. Mathers. CRC risk was increased by nearly 60% in men who gained at least 10 cm in waist circumference over 10 years. "This increased cancer risk may be due to persistent inflammation in people with obesity".

Patients with Lynch Syndrome (LS) have a higher than normal risk of CRC because of an inherited defect in one of the genes responsible for repairing DNA. Prof. Mathers presented new data showing that, in people with Lynch Syndrome, CRC risk increases with higher [body weight](#) and for those who are obese the risk of CRC is doubled. Quite surprisingly, the increase in CRC risk with higher body weight in people with Lynch Syndrome was about twice as great as that seen in the general population.

Prof. Mathers said "There is now compelling evidence that improved lifestyle, particularly better dietary choices and being more physically active, can help to prevent obesity and this will lower bowel cancer risk". In addition, for those people who are already too heavy, losing weight may reduce their CRC risk but this is an area which requires further study. In his studies with Lynch Syndrome patients, Prof. Mathers observed that aspirin lowered the excess CRC risk seen in patients with obesity, perhaps through its anti-inflammatory effects. "This is a very intriguing finding" said Prof Mathers "which suggests that dietary and other anti-inflammatory agents might be beneficial in reducing CRC risk in people with obesity".

"Bowel cancer is strongly associated with age, obesity and diet - and is driven by inflammation", explains Prof. Mathers. "We can now give the public clear advice on the benefits of staying physically active, eating a healthy diet and avoiding weight gain to lower CRC risk as we get older".

**More information: References:**

1. Ning Y et al. (2012) *Obesity Reviews* 11, 19-30
2. Song M et al. (2015) *Int. J. Epidemiol.* PMID: 26403814
3. Movahedi M et al. (2015) *J. Clin. Oncol.* PMID: 26282643

Provided by United European Gastroenterology

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