

Study finds obesity and alcohol are contributing to increases in bowel cancer rates among young adults

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Overweight and obesity are contributing to rising death rates from bowel cancer among people aged 25–49 years in the European Union (EU) and

the UK, although death rates from this type of cancer are decreasing overall across Europe.

These findings are from a new study published in *Annals of Oncology*, which predicts death rates from cancer in the EU and UK for 2024. It is the first time that an increase in [bowel cancer](#) death rates among [young adults](#) has been predicted for the EU, and it confirms a trend in the UK that the researchers first noted in 2021.

Researchers led by Carlo La Vecchia (MD), Professor of Medical Statistics and Epidemiology at the University of Milan (Italy), predict that the greatest increase in bowel cancer death rates among younger people will be seen in the UK where they will rise by 26% in men and nearly 39% in women in 2024 as compared to 2018. Increases will also be seen in Italy (up 1.5% in men and 2.6% in women), among Spanish and Polish men (up 5.5% and 5.9% respectively) and German women (up 7.2%).

"Key factors that contribute to the rise in bowel cancer rates among young people include overweight, obesity and related health conditions, such as high blood sugar levels and diabetes," said Prof. La Vecchia.

"Additional reasons are increases in heavier alcohol drinking over time in central and northern Europe and the UK, and reductions in physical activity. Alcohol consumption has been linked to early onset bowel cancer, and countries where there has been a reduction in [alcohol consumption](#), such as France and Italy, have not experienced such marked rises in death rates from this cancer. Early onset bowel cancer tends to be more aggressive, with lower survival rates, compared to bowel cancer that is diagnosed in older people.

"National governments should consider strengthening policies to encourage increased [physical activity](#), a reduction in the number of

people who are overweight or obese, and a reduction in alcohol consumption.

"In terms of prevention, governments should consider the extension of screening for bowel cancer to younger ages, starting at ages 45 years. Screening programs vary across Europe, but an increase in the incidence of bowel cancer among young people in the US has prompted the US Preventive Service Task Force to recommend lowering the age at which screening starts to 45 years."

The researchers analyzed cancer death rates in the EU 27 Member States as a whole and separately in the UK. They looked at the five most populous EU countries (France, Germany, Italy, Poland and Spain) and, individually, for stomach, intestines, pancreas, lung, breast, uterus (including cervix), ovary, prostate, bladder and leukemias for men and women.

Prof La Vecchia and his colleagues collected data on deaths from the World Health Organization and Eurostat databases from 1970 to 2018 for most of the EU-27 and the UK. This is the fourteenth consecutive year the researchers have published these predictions.

In the EU-27 countries, they predict there will be a 6.5% fall in the age-standardized death rates for all cancers from 132 per 100,000 of the population in 2018 to 123 per 100,000 in 2024 for men, and a 4% fall from 82.5 to 79 per 100,000 among women. A total of approximately 1,270,800 people will die from the disease in the EU.

In the UK, the age-standardized death rate for all cancers in men will fall by nearly 14% from 120 to 104 per 100,000, and by 10% from 92.5 to 83 per 100,000 among women in 2024.

However, due to the increasing numbers of elderly people in the

population, the actual number of deaths from cancer will rise from 675,265 in 2018 to over 705,100 in men in the EU in 2024, and from 535,291 to over 565,700 in women. In the UK, the number of deaths will rise from 91,059 to 92,000 in men and from 79,631 to 80,900 in women—a total of approximately 172,900.

Over 36 years between 1989 and 2024, the researchers calculated the number of cancer deaths avoided, assuming that rates remained constant at the 1988 rates. They estimate that a total of 6,183,000 deaths from all cancers have been avoided in the EU (4,244,000 in men and 1,939,000 in women), and a total of 1,325,000 in the UK (899,000 in men and 426,000 in women).

Lung cancer

Although death rates from lung cancer are falling in men, it remains the cancer with highest rates for men and women in both the EU and the UK. The researchers predict death rates in 2024 of 28 men and 13.6 women per 100,000 in the EU.

This represents a 15% reduction among men since 2018, but no reduction among women. In the UK, death rates will be 19 men and 16 women per 100,000 from lung cancer, representing a 22% and 17% reduction among men and women, respectively.

Bowel cancer

In both the EU and the UK, bowel cancer is now the second biggest killer after lung cancer among men, and the third biggest killer after breast and lung cancer in women although death rates are falling, except among UK women. Among non-smokers it is the leading cause of cancer death in both sexes combined in the EU and UK.

Compared to 2018, overall death rates from bowel cancer in the EU are predicted to fall by 5% to 15 men per 100,000 in 2024, and by 9% to eight women per 100,000. In the UK, they are predicted to fall by 3% to 14 men per 100,000 but will remain stable in women at about 10 per 100,000.

Prof. La Vecchia said, "These overall favorable trends can be explained by improved diagnosis and treatment of bowel cancer. Death rates tended to decrease in countries with better access to screening and early diagnosis. However, the increased mortality among young people is a concern."

Breast cancer

Death rates continue to improve in Europe and the UK for breast cancer. In 2024, the researchers predict a fall of 6% from 14 per 100,000 women in the EU in 2018 to 13 per 100,000 in 2024, and an 11% fall from 15 to 13 per 100,000 in the UK.

Prof. Eva Negri from the University of Bologna (Italy), co-leader of the research, said, "Advances in the diagnosis of breast cancer contribute to these substantial declines in death rates, but improvements in the treatment and management of the disease are the main reasons for more people surviving."

Pancreatic cancer

Pancreatic cancer, which is very difficult to detect or to treat successfully, is the only major cancer where no improvements in death rates are predicted for both sexes in the EU (but not the UK). It accounts for over 3% of new cancer diagnoses in Europe, but for approximately 7% of cancer deaths, and it is the fourth leading cause of death from any

cancer.

Death rates are predicted to rise by 1.6% and 4% among men and women respectively in the EU. Trends are better in the UK where they are predicted to fall by 7% among men and 2% among women.

Prof. Negri said, "Smoking is the main risk factor for pancreatic cancer, but it only partly explains the increased [death rates](#) over time. Overweight, obesity, diabetes and heavy alcohol consumption may also play a role."

Prof. La Vecchia concluded, "These predictions underline the importance of controlling and, ultimately, eliminating tobacco use. Tobacco remains responsible for 25% of all cancer deaths among men and 15% among women in the EU. Not only is it the main risk factor for deaths from [lung cancer](#), but also several other cancers, including [pancreatic cancer](#). Controlling the rise in heavy alcohol drinking in central and northern Europe is an additional issue.

"Our predictions also highlight the importance of closing the gaps between countries across Europe in relation to cancer diagnosis and treatment. Death rates continue to be higher in Poland and other central and eastern European countries, and this is due partly to inadequate screening programs to detect cancers such as breast, cervical and colorectal cancers, as well as lack of access to the most modern therapies."

More information: European cancer mortality predictions for the year 2024 with focus on colorectal cancer, *Annals of Oncology* (2024). [DOI: 10.1016/j.annonc.2023.12.003](https://doi.org/10.1016/j.annonc.2023.12.003)

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