

Advancing surgical oncology for the benefit of cancer patients



Diet, lifestyle and preventing cancer

Practitioner viewpoints

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Evidence behind lifestyle and cancer



• Adopting the healthiest lifestyle was associated with a 29 and 52% lower risk of incident cancer

nd Cancereitemortal	udies	omparticipants wi	th having th	e least health/%fifes	tyle	1 ² , %
Bladder	2	862,751	5726	101	0.83 (0.76–0.91)	0.0
Breast	16	1,015,184	45,160	-	0.77 (0.72–0.82)	55.5
dopting healthy l	ifest	yleg wasass	ociateebwitl	n lower risks of seve	rafsites-speci	ficeance
	17	1,545,157	20,908	H H I	0.66 (0.58–0.75)	72.7
Endometrium	5	597,047	4548	 -	0.54 (0.40–0.73)	86.1
€sop#@@St	з	912,796	1409	— •—	0.42 (0.24–0.75)	84.1
• Colon	2	862,751	2787	H B-1	0.62 (0.55–0.70)	0.0
LIVEI	2	862,751	1085	•• •	0.68 (0.48–0.97)	62.2
LungColorectal	8	1,127,480	14,409	H e -1	0.76 (0.62–0.93)	85.5
	2	987,500	3106	H H	0.90 (0.75–1.09)	42.0
Ovary	6	659,031	3024	H e H	1.00 (0.84–1.19)	42.0
Pancessophageal	з	982,758	3304	H 0 4	0.88 (0.75–1.04)	34.3
Prostetelney	6	749,900	30,368	H e H	0.93 (0.81–1.07)	74.5
Bectum	6	1,003,682	4377	1 ●1	0.61 (0.51–0.73)	48.4
• _{skin} Liver	2	541,128	5434	I⊕ (1.25 (1.08–1.46)	39.1
Stomadh g	5	1,178,777	2974	H++	0.60 (0.48–0.74)	62.1
Thyraid Rectal	2	541,128	832	⊢€ -1	0.98 (0.76-1.25)	0.0

Gastric cancer

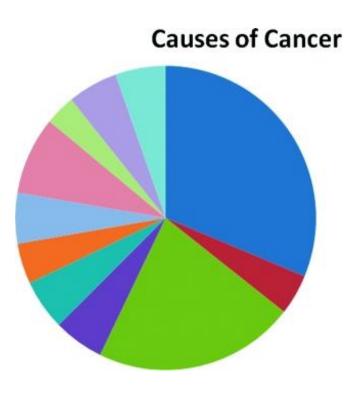


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ARTICLE Epidemiology

Combined lifestyle factors, incident cancer, and cancer mortality: a systematic review and meta-analysis of prospective cohort studies

Cancer site	Overall classification of evidence	Magnitude of relative risk increase for BMI ≥ 25 versus BMI < 25	Evidence for dose–response effect	Biologic plausibility
Colorectal	Strong	10-30%	Yes	Yes
Gastric cardia	Strong	20-80%	Yes	Yes
Esophagus	Strong	15-480%	Yes	Yes
Liver	Strong	50-80%	Yes	Yes
Postmenopausal breast	Strong	10–12%	Yes	Yes
Gallbladder	Strong	20-60%	Yes	Yes
Endometrial	Strong	50-710%	Yes	Yes
Renal/kidney	Strong	30-80%	Yes	Yes
Meningioma	Strong/Moderate	40-213%	Limited	Limited
Pancreatic	Strong	20-50%	Yes	Yes
Multiple myeloma	Strong/Moderate	15-52%	Limited	Limited
Ovarian	Moderate	10-20%	Yes	Yes
Thyroid	Moderate	4–17%	Yes	Yes





Tobacco
Alcohol
Overweight
Physical Inactivity
Diet
Environment
Medication
Infection
Sun & radiation
Reproductive factors
Family history

Physical activity, obesity and sedentary behavior in cancer etiology: epidemiologic evidence and biologic mechanisms

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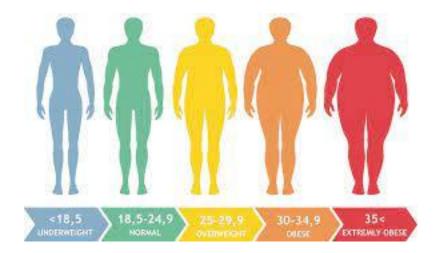
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• Body weight: each five-unit increase in body mass index is associated with 5–50% higher risks of

- Postmenopausal breast
- Colon and rectal
- Endometrial
- Oesophageal
- Gallbladder
- Kidney
- Liver
- Ovarian
- Pancreas
- Stomach cardia
- Thyroid cancer
- Meningioma
- Multiple myeloma







• Obese men and women have 6 and 10% higher risks of cancer mortality



- For physical activity and diet, individuals in the highest group had
 - 9%-42% (physical activity) and 10% (diet) lower risks of cancer
 - 20 (physical activity) and 22% (diet) lower risks of cancer mortality





- There is a doseresponse association between alcohol consumption and cancer risk:
 - Drinking 50 and 100 g of ethanol per day → 22 and 91% higher risks of incident cancer compared with abstainers
 - Heavy drinkers were associated with a 31% higher risk of cancer mortality compared with non-drinkers

• **Tobacco** smoking is the most important risk factor for cancer morbidity and

mortality





• In conclusion...



- Adopting healthy lifestyles is associated with lower risks of cancer morbidity and mortality
- Creating an environment for better facilitating behaviour modifications should be a public health priority worldwide
- The proportion of individuals having the healthiest lifestyles is low in many countries
- Adopting the healthiest lifestyles was associated with a 30% lower risk of cancer mortality among cancer survivors
- No randomised controlled trials have provided evidence for the effects of multiple lifestyle interventions on cancer prevention and prognosis
- More studies are still needed for site specific cancers, and more evidence among cancer survivors and from populations in low- and middle-income countries is warranted



european cancer organisation

Primary Prevention Meeting



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