### SUMMARY OF STRONG EVIDENCE ON DIET, NUTRITION, PHYSICAL ACTIVITY AND THE PREVENTION OF CANCER

To reference this matrix please use the following citation:


Abbreviation: SLR, systematic literature review.

|----------------|-----------------------------|------------------------|-------------------------------|-------------------------------------|-----------|-------------|--------------|----------------|--------|----------------|-----------------------------|----------------------------|----------|----------------|----------------|--------|-------------|----------------------|------------------|

1. Includes mouth, pharynx and larynx, nasopharynx, oesophagus (squamous cell carcinoma and adenocarcinoma), lung, stomach and colorectal cancers.
2. Aggregated exposure which contains evidence for non-starchy vegetables, fruit and citrus fruit.
3. The Panel notes that while the evidence for links between individual cancers and non-starchy vegetables or fruit is limited, the pattern of association is consistent and in the same direction, and overall the evidence is more persuasive of a protective effect.
4. Includes evidence on total dietary, milk, cheese and dietary calcium intake.
5. Stomach and liver: Based on intakes above approximately 45 grams of ethanol per day (about 3 drinks).
6. Based on intakes above approximately 30 grams of ethanol per day (about 2 drinks per day).
7. No threshold level of intake was identified.
8. Based on intakes up to 30 grams of ethanol per day (about 2 drinks per day). There is insufficient evidence for intake greater than 30 grams per day.
9. Such diets are characterised by high intakes of free sugars, meat and dietary fat; the overall conclusion includes all these factors.
10. Evidence is from studies of high-dose supplements in smokers.
11. Includes both foods naturally containing the constituent and foods which have the constituent added and includes studies using supplements.
12. Evidence derived from studies of supplements at dose >200 milligrams per day.

### Risk of Weight Gain, Overweight or Obesity 2018

1. Includes mouth, pharynx and larynx, nasopharynx, oesophagus (squamous cell carcinoma and adenocarcinoma), lung, stomach and colorectal cancers.
2. Aggregated exposure which contains evidence for non-starchy vegetables, fruit and citrus fruit.
3. The Panel notes that while the evidence for links between individual cancers and non-starchy vegetables or fruit is limited, the pattern of association is consistent and in the same direction, and overall the evidence is more persuasive of a protective effect.
4. Includes evidence on total dietary, milk, cheese and dietary calcium intake.
5. Stomach and liver: Based on intakes above approximately 45 grams of ethanol per day (about 3 drinks).
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9. Such diets are characterised by high intakes of free sugars, meat and dietary fat; the overall conclusion includes all these factors.
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1. Colon cancer only.
2. Aerobic physical activity only.
3. Screen time is a marker of sedentary behaviour.
4. Body fatness is marked by body mass index (BMI) and where possible waist circumference and waist-hip ratio.
5. Stomach cardia cancer only.
6. advanced prostate cancer only.
7. Young women aged about 18 to 30 years; body fatness is marked by BMI.
8. Adult attained height is unlikely to directly influence the risk of cancer. It is a marker for genetic, environmental, hormonal and nutritional factors affecting growth during the period from preconception to completion of growth in length.
9. Evidence relates to effects on the mother who is breastfeeding and not to effects on the child who is being breastfed. Relates to overall breast cancer (unspecified).
10. The factors identified as increasing or decreasing risk of weight gain, overweight or obesity do so by promoting positive energy balance (increased risk) or appropriate energy balance (decreased risk), through a complex interplay of physiological, psychological and social influences.

### Abbreviations

- SLR: systematic literature review

**May 2018**