

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

	MOUTH, PHARYNX, LARYNX (2007)	NASOPHARYNX (2007)	ESOPHAGUS (2016)	LUNG (2007)	STOMACH (2016)	PANCREAS (2012)	GALLBLADDER (2015)	LIVER (2015)	COLORECTUM (2011)	BREAST PREMENOPAUSE (2010)	BREAST POSTMENOPAUSE (2010)	OVARY (2014)	ENDOMETRIUM (2013)	PROSTATE (2014)	KIDNEY (2015)	BLADDER (2015)	SKIN (2007)
Foods containing dietary fibre									Convincing decreased risk								
Aflatoxins								Convincing increased risk									
Non-starchy vegetables¹	Probable decreased risk																
Allium vegetables																	
Garlic									Probable decreased risk								
Fruits²	Probable decreased risk			Probable decreased risk													
Red meat									Convincing increased risk								
Processed meat³					Probable increased risk				Convincing increased risk								
Cantonese-style salted fish		Probable increased risk															
Diets high in calcium⁴									Probable decreased risk								
Foods preserved by salting					Probable increased risk												
Glycaemic load													Probable increased risk				
Arsenic in drinking water				Convincing increased risk												Probable increased risk	Probable increased risk
Mate⁵			Probable increased risk														
Alcoholic drinks⁶	Convincing increased risk		Convincing increased risk		Probable increased risk			Convincing increased risk	Probable increased risk	Convincing increased risk	Convincing increased risk					Probable decreased risk	
Coffee						Substantial effect on risk unlikely		Probable decreased risk					Probable decreased risk				
Beta-carotene⁷				Convincing increased risk									Probable decreased risk		Substantial effect on risk unlikely		Substantial effect on risk unlikely
Physical activity⁸									Convincing decreased risk		Probable decreased risk		Probable decreased risk				
Body fatness⁹			Convincing increased risk		Probable increased risk	Convincing increased risk	Probable increased risk	Convincing increased risk	Convincing increased risk	Probable decreased risk	Convincing increased risk	Probable increased risk	Convincing increased risk	Probable increased risk	Convincing increased risk	Convincing increased risk	Convincing increased risk
Adult attained height¹⁰						Probable increased risk			Convincing increased risk	Probable increased risk	Convincing increased risk	Convincing increased risk		Probable increased risk	Probable increased risk		
Greater birth weight										Probable increased risk							
Lactation									Convincing decreased risk	Convincing decreased risk							

1 Includes evidence on foods containing carotenoids for mouth, pharynx, larynx.
 2 Includes evidence on foods containing carotenoids for mouth, pharynx, larynx and lung.
 3 For stomach, probable increased risk of non-cardia cancer only.
 4 For colorectum, evidence is from milk and studies using supplements.
 5 Probable increased risk for oesophageal squamous cell carcinoma only.
 6 For oesophagus, convincing increased risk for oesophageal squamous cell carcinoma only. For liver and stomach, based on evidence for alcohol intakes above around 45 grams per day (about 3 drinks a day). For colorectum, convincing increased risk for men and probable increased risk for women. For kidney, based on evidence for alcohol intakes up to 30 grams per day (about 2 drinks a day).
 7 For lung, evidence is from studies using high-dose supplements in smokers.
 8 Convincing decreased risk for colon not rectum.
 9 For oesophagus, convincing increased risk for adenocarcinoma only. For stomach, probable increased risk of cardia cancer only. For prostate, probable increased risk for advanced prostate cancer only.
 10 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 linear growth.

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