2012

DIET, NUTRITION, PHYSICAL ACTIVITY AND PANCREATIC CANCER

		DECREASES RISK	INCREASES RISK
STRONG EVIDENCE	**Convincing**		Body fatness[1]
	Probable		Adult attained height[2]
LIMITED EVIDENCE	**Limited – suggestive**		Red meat[3] Processed meat[4] Alcoholic drinks (heavier drinking)[5] Foods and beverages containing fructose[6] Foods containing saturated fatty acids
	Limited – no conclusion	Physical activity; fruits; vegetables; folate; fish; eggs; tea; soft drinks; coffee; carbohydrates; sucrose; glycaemic index; glycaemic load; total fat; monounsaturated fat; polyunsaturated fats; dietary cholesterol; vitamin C; and multivitamin/mineral supplements	
STRONG EVIDENCE	**Substantial effect on risk unlikely**		

1. The Panel interpreted BMI, measured of abdominal girth, and adult weight gain as indicating interrelated aspects of body fatness as well as fat distribution.
2. Adult attained height is unlikely to directly influence the risk of cancer. It is a marker for genetic, environmental, hormonal and nutritional growth factors affecting growth during the period from preconception to completion of linear growth.
3. The term 'red meat' refers to beef, pork, lamb and goat from domesticated animals.
4. The term 'processed meat' refers to meats preserved by smoking, curing, or salting, or addition of chemical preservatives.
5. Includes total alcoholic drinks and alcohol as ethanol. Limited to those drinking more than about three drinks/day (one drink contains about 10-15 grams ethanol).
6. Includes both foods natually containing the constituent and foods which have the constituent added.

Summary of pooled analyses and CUP meta-analyses – Coffee

		RR (95% CI)	I^2	No. Studies	No. Cases	Factors adjusted for
CUP 2011	Per 240ml/d	1.02 (0.95-1.09)	29	13	1460	
Harvard Pooling Project [37]	Per 237g/d	1.01 (0.97-1.04)	38	11	1595	Smoking status, alcohol intake, diabetes, BMI and energy intake

Summary of pooled analyses and CUP meta-analyses– Alcohol (as ethanol)

Analysis	Contrast	RR (95% CI)	I²	No. Studies	No. Cases	Factors adjusted for
CUP 2011	Per 10g/d	1.00 (0.99-1.01)	0	9	3096	
CUP 2011	Highest vs. lowest	1.30 (1.09-1.54)		9	3096	
CUP Sensitivity analysis	Highest vs. lowest	1.29 (1.13-1.48)		25	4795	
PanScan [46]	>60g/d vs. 0-5g/d	1.38 (0.86-2.23)		12	1530	Smoking status, diabetes, BMI, and energy intake
Harvard Pooling Project [47]	>30g/d vs.0g/d	1.22 (1.03-1.45)		14	2187	Smoking status, diabetes,BMI and energy intake

Summary of pooled analyses and CUP meta- analyses - BMI

Analysis	Contrast	RR (95% CI)	I²	No. Studies	No. Cases	Factors adjusted for
CUP 2011	Per 5 units	1.10 (1.07-1.14)	19	23	9504	
Harvard Pooling Project [80]	Per 5 units	1.14 (1.07-1.21)		14	2135	Smoking status, diabetes, alcohol, energy intake
NCI pooled analysis [82]	Per 5 units	1.08 (1.03-1.14)	0	7	2454	Age, sex, cohort, smoking status
Asia-Pacific cohort studies collaboration [83]	Per 5 units	1.08 (1.03-1.14)		39	301	Age, smoking status
PanScan [81]*	BMI>35 vs. 18.5-24.9kg/m²	1.55 (1.16-2.07)**		13	2095	Cohort, age, sex, anthropometric factor source (self-reported or measured), smoking status

* Includes 12 cohort studies and 1 case-control study.
** This was attenuated when adjusting for history of diabetes mellitus (RR 1.26 (95% CI 0.93-1.71)).

Summary of pooled analyses and CUP meta- analyses – Waist circumference

Analysis	Contrast	RR (95% CI)	I²	No. Studies	No. Cases	Factors adjusted for
CUP 2011	Per 10cm	1.11 (1.05-1.18)	0	5	949	
Harvard Pooling Project [80]	Highest vs. lowest	1.16 (0.92-1.46)	10	7	743	Smoking status, diabetes, alcohol intake, energy intake
	Highest vs. lowest (additionally adjusted for BMI)	1.04 (0.73-1.47)	26			
PanScan [81]*	Highest vs. lowest	1.23 (0.94-1.62) **p~trend~ = 0.04		6	812	Cohort, age, sex, anthropometric factor source (self-reported or measured), smoking status and height

* Includes 12 cohort studies and 1 case-control study.
** There was no difference when adjusting for diabetes mellitus history (RR 1.21 (95% CI 0.91-1.60)).

Summary of pooled analyses and CUP meta-analyses – Waist-hip ratio

Analysis	Contrast	RR (95% CI)	I²	No. Studies	No. Cases	Factors adjusted for
CUP 2011	Per 0.1 units	1.19 (1.09-1.31)	11	4	1047	
Harvard Pooling Project [80]	Highest vs. lowest	1.35 (1.03-1.78)	0	6	552	Smoking status, diabetes, alcohol intake, energy intake
	Highest vs. lowest (additionally adjusted for BMI)	1.34 (1.00-1.79)	0			
PanScan [81]*	Highest vs. lowest	1.71 (1.27-2.30)**		6	750	Cohort, age, sex, anthropometric factor source (self-reported or measured), smoking status and height

* Includes 12 cohort studies and 1 case-control study.
** There was no difference when adjusting for diabetes mellitus history (RR 1.69 (95% CI 1.24-2.30)).

Summary of pooled analyses and CUP meta- analyses - Height

Analysis	Contrast	RR (95% CI)	I²	No. Studies	No. Cases	Factors adjusted for
CUP 2011	Per 5cm	1.07 (1.03-1.12)	57	10	6147	
Harvard Pooling Project [80]	>180 vs. <170cm Men	1.18 (0.93-1.49)	11	14	1019 (M) 1115 (F)	Smoking status, diabetes, alcohol intake, energy intake
	>180 vs. <170cm Men (adjusted for BMI)	1.20 (0.96-1.51)	9			
	>170 vs. <160cm Women	1.03 (0.84-1.25)	0			
	>170 vs. <160cm Women (adjusted for BMI)	1.06 (0.87-1.29)	1			
PanScan [81]*	Highest vs. lowest	0.99 (0.83-1.18)		13	2095	Cohort, age, sex, anthropometric factor source and smoking status
Asia-Pacific cohort studies collaboration [83]	Per 6cm Men	1.08 (0.94-1.24)		38	294	Age, study and year of birth
	Per 6cm Women	0.99 (0.82-1.21)				

* Includes 12 cohort studies and 1 case-control study.