



The Other Modifiable Cancer Risk

By Dr. Margaret Gaglione, FACP, Tidewater Bariatrics

Often, to get an audience's attention and hopefully to get them thinking about the systemic effects of adiposity, I will draw the parallel between obesity and cancer. I have often argued that we need to consider that obesity is the result of unregulated, undifferentiated hypertrophic and hypercellular growth of adipose cells. These cells secrete proteins known as adipokines (cytokines from adipocytes) that are for the most part pro-inflammatory and pro-coagulant. When we begin to look at adiposity as a process of poorly regulated growth, drawing a connection to a model of a neoplastic process can hardly be a big leap.

Weight loss and cessation of tobacco are the two most important modifiable cancer risk factors. Obesity has been causally associated with 20-30% of renal cell carcinomas, 40% of endometrial carcinomas, as well as an increased risk for colon/rectal cancers and breast cancer. Obesity from an early age, substantial weight gains in a short period of time, as well as extreme obesity all confer higher risks than moderate obesity. For example, endometrial cancer, compared to women with normal weight, women who are overweight have a relative increased risk of developing cancer of 1.5; whereas women with class 1 obesity (BMI 30-34) have a relative increased risk of 2.9 and women with class 2 obesity (BMI 35-40) have a relative increased risk of 6.3.

Gaining weight later in life may be worse. Eliassen et al from Brigham and Women's Hospital using the data from the Nurses Health Study demonstrated an increased relative risk of 1.45 for the development of breast cancer in women who gained more than 25 kg (55 pounds) or more.

Surprisingly, few of my obese patients smoke; they fear cancer too much. Most often they see their vice of overeating as a rather benign malady, perhaps having to deal with hypertension, diabetes but certainly not cancer. Educating our patients on their increased health risks beyond the well-known metabolic syndrome complications may be an important strategy. "The American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention: Recommendations for Individual Choice" are a great place to start:

1. Eat a variety of healthful foods with emphasis on plant sources
 - Five fruits/vegetable servings per day

- Use of whole grains; Limit of processed sugars
 - Limit consumption of red meat to one serving per day
2. Adopt a physically active lifestyle
 - 30-45 minutes of activity per day for adults
 3. Limit consumption of alcohol

The use of antioxidant fruits and vegetables, prepared in their natural state, as a tool to displace other higher caloric, less wholesome foods can be an effective way to have your patients effectively cut calories, improve nutrition and at least reduce their increased risk of developing certain cancers.

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