

News and Views

Red Meat and Breast Cancer: Long-Term Follow-Up

Adds to the Evidence

Intakes of animal protein, particularly meat has been associated with higher risk of breast cancer and mortality in ecological studies, but data from long-term prospective studies are limited. Recently some more evidence has emerged linking high meat consumption with increased mortality. According to longer-term follow-up from the Nurses Health Study II, published in BMJ recently, high red meat consumption in early adulthood is associated with increased risk for breast cancer. This population based cohort study links high intake of red and processed meat with increased deaths from all causes and from nine specific ones.

In this study, the researchers assessed intake of red meat and other protein sources among nearly 90,000 premenopausal women using food-frequency questionnaires. During 20 years of follow-up, some 2800 cases of invasive breast cancer were diagnosed. After multivariable adjustment, women in the top quintile of red meat consumption (1.6 servings/day) had a 22% increased breast cancer risk, compared with women in the bottom quintile (0.2 servings/day). Swapping out red meat for poultry or legumes one meal a day was associated with significant risk reductions.

However, it should be noted that dietary epidemiology studies are fraught with pitfalls. At their worst they attract ridicule for supporting every conceivable association, fuelling public confusion. The main findings of the reported study are based on a single dietary assessment in which a subgroup had two assessments done on separate occasions, and these associations were if anything stronger. Importantly, death rates were lower in groups who ate a higher proportion of fish and poultry than red meat.

Another counter argument that the story is not as one-sided put the researchers is that mechanisms related to heme iron effect on peroxidation may cancel themselves out in health-conscious populations. This is because heme iron is also an essential component of catalase antioxidant enzymes and the CYP450 enzymes needed to detoxify carcinogenic chemicals, and meat is also an important source of zinc and

other antioxidants. This may help to explain why vegetarians have somewhat higher rates of cancer and cancer mortality than meat eaters when equally matched populations have been studied.

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New Guidelines on Follow-Up Care for Prostate Cancer Survivors

Each year, about 240,000 men in the United States are diagnosed with prostate cancer. Most of these men will be treated for their cancer and survive for many years. In fact, most men diagnosed with prostate cancer are likely die of something other than prostate cancer. Potential issues for survivors with prostate cancer is that they often need to choose between surgery, radiotherapy or active surveillance as there is uncertainty regarding which option offers the best outcomes. The survivors may experience poor general health outcomes, comorbidities and complex late or long-lasting effects of their treatment. Relatively common long-term effects of prostate cancer treatment include sexual and urinary dysfunction.

Recently, the American Cancer Society has issued its first set of guidelines for the long-term care of prostate cancer survivors in the primary care setting. The recommendations, published in CA: A Cancer Journal for Clinicians are as follows:

- Assess information needs related to prostate cancer and its treatment, side effects, other health concerns, and available support services and provide or refer survivors to appropriate resources to meet these needs.
- Counsel survivors to achieve and maintain a healthy weight by limiting consumption of high-calorie foods and beverages and promoting increased physical activity.
- Counsel survivors to engage in at least 150 min per week of physical activity, this may include weight-bearing exercises.
- Counsel survivors to achieve a dietary pattern that is high in fruits and vegetables and whole grains.
- Consume a diet emphasizing micronutrient-rich and

phytochemical-rich vegetables and fruits, low amounts of saturated fat, intake of at least 600 IU of vitamin D per d and consuming adequate, but not excessive, amounts of dietary sources of calcium (not to exceed 1200 mg/d).

- Refer survivors with nutrition-related challenges (eg, bowel problems that impact nutrient absorption) to a registered dietitian.

- Counsel survivors to avoid or limit alcohol consumption to no more than 2 drinks per day.
- Assess for tobacco use and offer and/or refer survivors to cessation counseling and resources. Counsel survivors to avoid tobacco products.

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