



The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved Carefree, AZ • February 3-6, 2009

Abstract Deadline: November 17

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American Journal of Clinical Nutrition, Vol. 85, No. 2, 497-503, February 2007 © 2007 <u>American Society for Nutrition</u>

ORIGINAL RESEARCH COMMUNICATION

Vitamin A, retinol, and carotenoids and the risk of gastric cancer: a prospective cohort study^{1, 2, 3}

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Background: Vitamin A may influence gastric carcinogenesis through its essential role in controlling cell proliferation and differentiation. However, epidemiologic studies of vitamin A, retinol (preformed vitamin A), and provitamin A carotenoids in relation to the risk of gastric cancer have documented inconsistent results.

Objective: The objective of the study was to examine the associations between intakes of vitamin A, retinol, and specific carotenoids and the risk of gastric cancer in a prospective population-based cohort study of Swedish adults.

Design: The study cohort consisted of 82 002 Swedish adults aged 45—83 y who had completed a food-frequency questionnaire in 1997. The participants were followed through June 2005.

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Results: During a mean 7.2-y follow-up, 139 incident cases of gastric cancer were diagnosed. High intakes of vitamin A and retinol from foods only (dietary intake) and from foods and supplements combined (total intake) and of dietary α -carotene and β -carotene were associated with a lower risk of gastric cancer. The multivariate relative risks for the highest versus lowest quartiles of intake were 0.53 (95% CI: 0.32, 0.89; P for trend = 0.02) for total vitamin A, 0.56 (95% CI: 0.33, 0.95; P for trend = 0.05) for total retinol, 0.50 (95% CI: 0.30, 0.83; P for trend = 0.03) for α -carotene, and 0.55 (95% CI: 0.32, 0.94; P for trend = 0.07) for β -carotene. No significant associations were found for β -cryptoxanthin, lutein and zeaxanthin, or Lycopene intake.

Conclusion: High intakes of vitamin A, retinol, and provitamin A carotenoids may reduce the risk of gastric cancer.

Key Words: Carotenoids • gastric cancer • prospective cohort studies • retinol • vitamin A

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