



UNIVERSITY OF LEEDS

This is a repository copy of *Adherence to the WCRF/AICR cancer prevention guidelines and risk of colorectal cancer in the UK Women's Cohort Study*.

White Rose Research Online URL for this paper:
<http://eprints.whiterose.ac.uk/104855/>

Version: Accepted Version

Proceedings Paper:

Jones, P, Cade, JE, Evans, CEL orcid.org/0000-0002-4065-4397 et al. (3 more authors) (2016) Adherence to the WCRF/AICR cancer prevention guidelines and risk of colorectal cancer in the UK Women's Cohort Study. In: Journal of Epidemiology and Community Health. Society for Social Medicine, 60th Annual Scientific Meeting, 14-16 Sep 2016, York, UK. BMJ Publishing Group , A86-A87.

<https://doi.org/10.1136/jech-2016-208064.173>

Reuse

Unless indicated otherwise, fulltext items are protected by copyright with all rights reserved. The copyright exception in section 29 of the Copyright, Designs and Patents Act 1988 allows the making of a single copy solely for the purpose of non-commercial research or private study within the limits of fair dealing. The publisher or other rights-holder may allow further reproduction and re-use of this version - refer to the White Rose Research Online record for this item. Where records identify the publisher as the copyright holder, users can verify any specific terms of use on the publisher's website.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



eprints@whiterose.ac.uk
<https://eprints.whiterose.ac.uk/>

Title.

Adherence to the WCRF/AICR cancer prevention guidelines and risk of colorectal cancer in the UK Women's Cohort Study.

Background.

Diet is considered a modifiable risk factor in the aetiology of colorectal cancer (CRC) but evidence on adherence to diet related cancer prevention guidelines and associations with CRC risk is limited and conflicting. The aim of this cohort analysis is to evaluate associations between adherence to recommendations from the World Cancer Research Fund/American Institute of Cancer Research (WCRF/AICR) and incident CRC.

Methods.

The UK Women's Cohort Study (UKWCS) comprises over 35,372 middle-aged women, for whom dietary, anthropometric and lifestyle information was collected between 1995 and 1998, using a 217-item food frequency questionnaire. A score depicting adherence to eight of the WCRF/AICR cancer prevention guidelines was constructed for each woman in the cohort. The cohort was followed up for CRC incidence for a median of 18.7 y. Cases were identified as patients who were cancer free at baseline and who developed CRC a minimum of 12 months after the start of dietary assessment. Participants with missing data on Body Mass Index (BMI) were excluded. Cox proportional hazards regression was used to provide hazard ratios (HRs) and 95% confidence intervals (CIs) for the estimation of cancer risk. Associations were estimated for CRC, and then for colon and rectal cancer separately, adjusting for age, smoking status, family history of cancer in a first degree relative and socio-economic status.

Results.

The UK Women's Cohort Study (UKWCS) comprises over 35,372 middle-aged women, for whom dietary, anthropometric and lifestyle information was collected between 1995 and 1998, using a 217-item food frequency questionnaire. A score depicting adherence to eight of the WCRF/AICR cancer prevention guidelines was constructed for each woman in the cohort. The cohort was followed up for CRC incidence for a median of 18.7 y. Cases were identified as patients who were cancer free at baseline and who developed CRC a minimum of 12 months after the start of dietary assessment. Participants with missing data on Body Mass Index (BMI) were excluded. Cox proportional hazards regression was used to provide hazard ratios (HRs) and 95% confidence intervals (CIs) for the estimation of cancer risk. Associations were estimated for CRC, and then for colon and rectal cancer

separately, adjusting for age, smoking status, family history of cancer in a first degree relative and socio-economic status.

Conclusion.

Although no statistically significant trends were shown between adherence to WCRF/AICR cancer prevention guidelines and risk of CRC, results were all in a protective direction. There was no evidence that following these guidelines would be harmful.