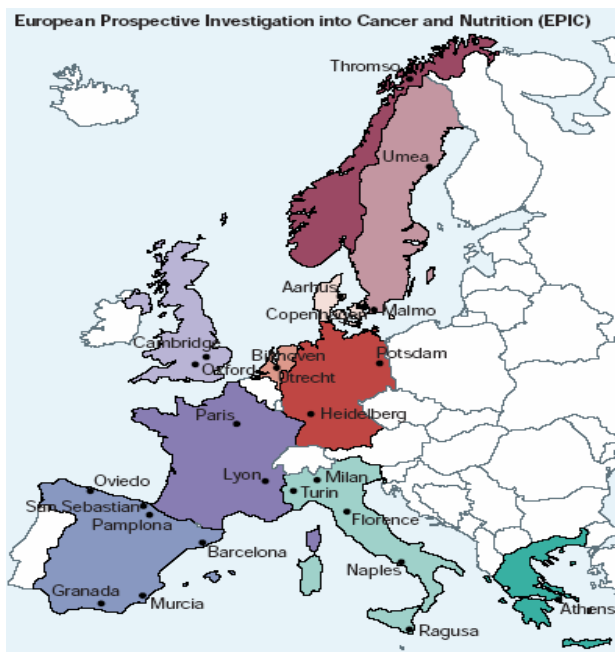


# EPIC Project

## European Prospective Investigation into Cancer and Nutrition

<http://epic.iarc.fr/>



- *A large study of diet and health*
- *Designed to investigate the relationships between nutritional status, lifestyle and environmental factors and the incidence of cancer and other chronic diseases*
- *23 participating Centres in 10 countries*
- *1992-1998: Over 520000 individuals included and interviewed and biological sample collected.*
- *> 10 years of follow-up*

### Patterns of processed meat intake and risk of digestive tumours

(PI: Dr Paula Jakszyn)

#### Background:

The report by WCRF / AICR (2007) concluded that high intake of processed meat convincingly increases the risk of colorectal cancer (CCR). In relation to esophageal (EA) and gastric cancer (GC) the report judged evidence as limited-suggestive. Previous results from EPIC have shown that processed meat PM is a risk factor for CCR (Norat, JNCI, 2005) and GC (González, JNCI 2006). Moreover, a preliminary analysis done by our group based in 136 oesophageal adenocarcinoma also suggests that PM is a relevant risk factor.

In general, PM was defined as meat preserved by smoking, curing or salting, or addition of chemical preservatives. However, there is no generally-agreed definition of what constitutes 'processed meats' and definitions used in different studies may vary. This heterogeneity could explain the discrepancy of the results in some studies and the difficulty to identify which food items (or their constituents) are the responsible for the reported positive association between PM and colorectal and other cancer sites.

#### Objective:

**To work on the definition of patterns of processed meat and assessing the association of identified patterns to gastrointestinal cancers risk with a more refined classification of PM.**

### Analysis of three alternative approaches to define and characterize Mediterranean Dietary Pattern within EPIC

(PI: Drs Antonio Agudo and Genevieve Buckland)

#### Background:

Within EPIC, analyses on the relationship between Mediterranean diet (MD) and several outcomes have been mainly based upon the relative Mediterranean diet (rMED) score. Adherence to an rMED is measured by using an 18-point linear scale incorporating 9 key components of the diet. Each component, calculated as a function of energy density, is divided into tertiles of intakes; a score of 0 to 2 is assigned to the first, second, and third tertiles of intake for components presumed to fit the Mediterranean, and the scoring is inverted for components presumed to not fit the Mediterranean diet (with slight modifications for the intake of alcohol and olive oil).

The rMED has two main limitations. First, it is assumed that the population has 'some (unmeasured) degree' of adherence to MD, and rMED measures how each subject's diet adheres to this 'average' MD. Second, the same weight is given to each component and the score, independently of how much they contribute to adherence to MD.

#### Objective:

**To calculate scores of MED adherence using two alternative ways proposed by the working group, in order to compare the different approaches, to characterize each of them, and to explore its association with health-related outcomes.**