

**Higher calcium intake associated with reduced risk of digestive cancers**

A study of 492,810 men and women has found a protective effect for calcium against digestive system cancers in both men and women.

In the February 23, 2009 issue of the American Medical Association journal *Archives of Internal Medicine*, Yikyung Park, Sc.D., of the National Cancer Institute and colleagues evaluated data from 293,907 men and 198,903 women who participated in the National Institutes of Health-AARP Diet and Health Study. The participants' intake of calcium from food and supplements was determined from responses to dietary questionnaires completed upon enrollment. Forty-nine percent of the men and 57 percent of the women used multivitamins that contain calcium, and 14 percent of the men and 41 percent of the women used individual

calcium supplements.

Over the seven year average follow-up period, 36,965 cancers occurred among the male participants and 16,605 in the women. Although calcium intake was not associated with the combined risk of all cancers in men, for women, cancer risk declined with an intake of up to 1,296 milligrams per day, after which there appeared to be no further reduction. Women at this level of calcium intake experienced a 7 percent lower risk of all cancers compared with those whose intake was 494 milligrams or less. Cancers of the digestive system, including esophagus, stomach, pancreas, liver, and colorectal cancer, were reduced in both men and women whose calcium intake was high. For men whose total calcium intake was among the highest 20 percent at 1530 milligrams or more, there was a 21 percent lower risk of colorectal cancer compared with men whose intake was lowest at 526 milligrams, and for women whose intake was in the top one-fifth at 1881 milligrams per day, the risk was 28 percent lower. No significant association with prostate or other nondigestive system cancers was observed.

"Dairy food, which is relatively high in potentially anticarcinogenic nutrients such as calcium, vitamin D and conjugated linoleic acid, has been postulated to protect against the development of colorectal and breast cancer," the authors explain. "The binding of calcium to bile and fatty acids in the gastrointestinal tract has been hypothesized to reduce damage to large-bowel mucosa."

"Our findings suggest that calcium intake consistent with current recommendations is associated with a lower risk of total cancer in women and cancers of the digestive system, especially colorectal cancer, in both men and women," they conclude.

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**Health Concern****Colorectal cancer**

Interventions that can prevent the development of colorectal cancer include screening for adenomas, removal of polyps by endoscopic polypectomy, excision of the large bowel (in FAP) (Munkholm P 2003; Watson P et al 1998), and regular NSAID use (Reeves MJ et al 1996; Giardiello FM et al 1993), in addition to the following dietary interventions:

**Fiber** from bran and cellulose is effective in reducing the risk of colorectal cancer development (Gonzalez CA 2006b); Greenwald P et al 1986). In those with low intake of dietary fiber, doubling of total fiber intake could reduce the risk of colorectal cancer by 40 percent (Bingham S 2006). Fruit fiber consumption, as opposed to vegetable fiber, reduces the risk of colorectal adenomas (Platz EA et al 1997). High-fiber foods include legumes, beans, seeds, nuts, wild rice, and oatmeal.

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**Calcium** reduces the growth rate of rectal and colon epithelial cells both directly and by binding bile acids and fatty acids in the stool, resulting in compounds that are less likely to adversely affect the colon (Rozen P et al 1989). Calcium's beneficial effects may occur only in individuals who have a low level of fat intake (Cats A et al 1995). Oral calcium supplementation reduces benign tumor (adenoma) formation by 19 percent (Baron JA et al 1999) and slightly reduces cell proliferation in the rectum (Cats A et al 1995). Foods such as broccoli, kale, Chinese cabbage, milk, cheese, and yogurt are good sources of calcium.

**Curcumin** is currently being investigated in human clinical trials for the prevention and treatment of colorectal cancer (Jiao Y et al. 2006a). Curcumin may be effective in preventing the development of colon cancer related to Apc mutations (Corpet DE et al 2003; Pierre F 2003; Reddy BS et al 1994, 2002). The suggested daily dose is 1.6 grams (Perkins S et al 2002). Curcumin is extracted from turmeric root and is used as a spice in cooking.

**Multivitamin** use reduces the risk of benign tumor (adenoma) formation in high-risk individuals (Whelan RL et al 1999). Vitamins C, E, and A reduce the risk of developing colorectal cancer (Howe GR et al 1992; Newberne PM et al 1990).


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## News Archive

### Life Extension Update

- Magnesium and calcium both needed for colorectal cancer protection
- Vitamin D and calcium reduce cancer risk in clinical trial
- Long term calcium supplement use equals long term protection

### What's Hot

- Greater intake of calcium reduces colorectal cancer risk in men
- Increased calcium from supplements and diet lowers women's colorectal cancer risk
- Calcium's mechanism in slowing colorectal cancer growth discovered

Life Extension magazine

- The fires within: inflammation is the body's first defense against infection
- Nutritional strategies for conquering colon cancer

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