Summary of the Second Expert Report

Below are the food findings from the Second Expert Report, *Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective* published in 2007 by The World Cancer Research Fund (WCRF) and the American Institute for Cancer Research (AICR). It is considered to be the most comprehensive report on diet and cancer completed to date. Also included, drawn from the report, are the 10 recommendations for cancer prevention and percentages of specific cancers that could be avoided with diet, exercise, and weight management. Initially, over a half million studies were reviewed. They were eventually narrowed down to 7,000 relevant studies, which 21 world-renown scientists then analyzed. It includes information only on foods studied and physical activity. It does not include information regarding supplements or other factors contained within the report. Please note that even though 7,000 studies were analyzed, its conclusions are only as definitive as the available evidence allowed.

**Foods That Increase and Decrease Risk for Specific Cancers**

**Convincing Decreased Risk (strong, consistent, and unlikely to change in the future)**
- Physical activity (colon)
- Foods containing dietary fiber (colon)

**Probable Decreased Risk (compelling but not quite strong or consistent enough to be “convincing”)**
- Allium vegetables (stomach)
- Foods containing beta-carotene (esophagus)
- Foods containing carotenoids (mouth, pharynx, larynx, lung)
- Foods containing folate (pancreas)
- Foods containing lycopene (prostate)
- Foods containing selenium (prostate)
- Foods containing Vitamin C (esophagus)
- Fruits (mouth, pharynx, larynx, esophagus, lung, stomach)
- Garlic (colon)
- Milk (colon)
- Diets high in calcium (colon)
- Non-starchy vegetables (mouth, pharynx, larynx, esophagus, and stomach)
- Physical activity (breast postmenopausal, endometrium)
- Diets high in calcium (colon)

**Limited-Suggestive Decreased Risk (too limited for a grade of “probable,” but a general consistency in the data)**
- Carrots (cervix)
- Fish (colon)
- Foods containing dietary fiber (esophagus)
- Foods containing folate (esophagus, colon)
- Foods containing pyridoxine (oesophagus)
- Foods containing quercetin (lung)
- Foods containing selenium (lung, stomach, colon)
- Food containing Vitamin D (colon)
- Foods containing Vitamin E (oesophagus, prostate)
- Fruits (nasopharynx, pancreas, liver, colon)
- Milk (bladder)
- Non-starchy vegetables (nasopharynx, lung, colon, ovary, and endometrium)
- Pulses (legumes) (stomach, prostate)
- Physical activity (lung, pancreas, breast premenopausal)
**Convincing Increased Risk (strong, consistent, and unlikely to change in the future)**
- Red meat (colon)
- Processed meat (colon)
- Arsenic in drinking water (lung)
- Alcoholic drinks (mouth, pharynx, larynx, esophagus, (colon, men), breast premenopause, breast postmenopause)

**Probable Increased Risk (compelling but not quite strong or consistent enough to be “convincing”)**
- Cantonese-style salted fish (nasopharynx)
- Diets high in calcium (prostate)
- Fast foods (weight gain, overweight, and obesity)
- Maté (esophagus)
- Alcoholic drinks (liver) (colon, women)
- Salt (stomach)
- Salted and salty foods (stomach)

**Limited-Suggestive Increased Risk (too limited for a grade of “probable,” but a general consistency in the data)**
- Chili (stomach)
- Red meat (esophagus, lung, pancreas, endometrium)
- Processed meat (esophagus, lung, stomach, prostate)
- Foods containing iron (colon)
- Smoked foods (stomach)
- Grilled or barbequed animal foods (stomach)
- Milk and dairy products (prostate)
- Cheese (colon)
- Total Fat (lung, breast postmenopause)
- Foods containing animal fat (colon)
- Butter (lung)
- Foods containing sugars (colon)
- Maté (mouth pharynx, larynx)
- High temperature drinks (esophagus)

**Substantial Effect on Risk Unlikely (enough evidence to rule out a connection)**
- Foods containing beta-carotene (prostate, skin)
- Coffee (pancreas, kidney)
- Alcoholic drinks (kidney)

In addition, the expert panel recommends staying away from foods and drinks that promote weight gain, i.e., sugary drinks, fast foods, and energy-dense foods. (Energy density measures the amount of energy per weight in food. Processed foods that contain considerable amounts of fat or sugar tend to be more energy-dense than fresh foods.)
2014 Update Summary to the Second Expert Report

Below is a generalized summary of current updates of The Second Expert Report, *Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective*, published in 2007 by The World Cancer Research Fund (WCRF) and the American Institute for Cancer Research (AICR). Updates and research have been continuous since the report’s publication. For more detailed information and further updates, please see The American Institute for Cancer Research website.

**Foods That Increase and Decrease Risk for Specific Cancers**

**Convincing Decreased Risk (strong, consistent and unlikely to change in the future)**
- Foods containing dietary fiber (colorectal)
- Lactation (breast – premenopause, postmenopause)
- Physical activity (colorectal)

**Probable Decreased Risk (compelling but not quite strong or consistent enough to be “convincing”)**
- Body fatness (breast – premenopause)
- Calcium (colorectal)
- Coffee (endometrial)
- Garlic (colorectal)
- Milk (colorectal)
- Physical activity (endometrial, breast – postmenopause)

**Limited-Suggestive Decreased Risk (too limited for a grade of “probable,” but a general consistency in the data)**
- Foods containing vitamin D (colorectal)
- Fruits (colorectal)
- Lactation (ovarian)
- Non-starchy vegetables (colorectal)
- Physical activity (breast – premenopause)

**Convincing Increased Risk (strong, consistent and unlikely to change in the future)**
- Abdominal fatness (colorectal)
- Adult attained height (ovarian, breast – postmenopause, colorectal)
- Alcoholic drinks (men) (colorectal)
- Alcoholic drinks (breast – premenopause, postmenopause)
- Body fatness (endometrial, pancreatic, colorectal, breast – postmenopause)
- Processed meat (colorectal)
- Red meat (colorectal)

**Probable Increased Risk (compelling but not quite strong or consistent enough to be “convincing”)**
- Abdominal fatness (breast – postmenopause)
- Adult attained height (breast – premenopause)
- Adult weight gain (breast – postmenopause)
- Alcoholic drinks (women) (colorectal)
- Body Fatness (ovarian)
- Glycaemic load (endometrial)
- Greater birth weight (breast – premenopause)
- Greater childhood growth (pancreatic)
Limited-Suggestive Increased Risk (too limited for a grade of “probable,” but a general consistency in the data)
- Adult attained height (endometrial)
- Alcohol drinks (heavier drinking) (pancreatic)
- Cheese (colorectal)
- Foods and beverages containing fructose (pancreatic)
- Foods containing saturated fatty acids (pancreatic)
- Foods containing iron (colorectal)
- Foods containing animal fats (colorectal)
- Foods containing sugars (colorectal)
- Processed meat (pancreatic)
- Red meat (pancreatic)
- Sedentary habits (endometrial)
- Total fat (breast – postmenopause)

Limited – No conclusion
- Abdominal fatness (breast – premenopause, ovarian)
- Acrylamide (ovarian, endometrial)
- Adult weight gain (breast – premenopause)
- Alcohol (ovarian, endometrial)
- Animal Fat (ovarian, endometrial)
- Beta-carotene (endometrial)
- Birth weight (breast – postmenopause)
- Calcium (breast – premenopause, postmenopause, ovarian)
- Carbohydrates (ovarian, pancreatic)
- Cereals (grains) and their products (endometrial)
- Cholesterol (endometrial)
- Coffee (ovarian)
- Dietary cholesterol (ovarian, pancreatic)
- Dietary patterns (colorectal, breast – premenopause, postmenopause, endometrial)
- Dietary fiber (breast – premenopause, postmenopause, ovarian, endometrial)
- Eggs (ovarian, endometrial, pancreatic)
- Energy intake (breast – postmenopause, ovarian)
- Fish (colorectal, breast – premenopause, postmenopause, ovarian, endometrial, pancreatic)
- Folate (colorectal, breast – premenopause, postmenopause, ovarian, endometrial, pancreatic)
- Glycaemic index (colorectal, breast – premenopause, postmenopause, endometrial, pancreatic)
- Glycaemic load (pancreatic)
- Lactose (ovarian)
- Lactation (endometrial)
- Low fat (colorectal)
- Lycopene (ovarian)
- Meat (breast – premenopause, postmenopause)
- Milk and dairy products (breast – premenopause, postmenopause, ovarian, endometrial)
- Monounsaturated fatty acids (ovarian, pancreatic)
- Multivitamin (endometrial)
- Multivitamin/Mineral supplements (pancreatic)
- Physical activity (ovarian, pancreatic)
- Polyunsaturated fatty acids (ovarian, pancreatic)
- Poultry (ovarian, endometrial)
- Processed meat (ovarian, endometrial)
- Protein (ovarian, endometrial)
- Pulses (legumes) (ovarian, endometrial)
- Red meat (ovarian, endometrial)
Retinol (endometrial)
Saturated fatty acids (ovarian, endometrial)
Selenium (colorectal) (breast – postmenopause)
Serum Vitamin D (ovarian)
Soft drinks (pancreatic)
Sucrose (pancreatic)
Tea (ovarian, endometrial, pancreatic)
Total fat (ovarian, endometrial, pancreatic, breast-premenopause)
Trans fatty acids (ovarian)
Vegetables and fruit (breast – premenopause, breast – postmenopause, ovarian, endometrial, pancreatic)
Vegetarian and individual dietary pattern (ovarian)
Vegetable fat (ovarian)
Vitamin A (ovarian)
Vitamin C (colorectal, ovarian, endometrial, pancreatic)
Vitamin D (breast – premenopause, postmenopause)
Vitamin E (colorectal, ovarian, endometrial)
Soya and soya products (breast – premenopause, postmenopause, endometrial)

Substantial Effect on Risk Unlikely (enough evidence to rule out a connection)
Coffee (pancreatic)

Ten Recommendations for Cancer Prevention (as listed on the AICR website)

1. Be as lean as possible without becoming underweight.
2. Be physically active for at least 30 minutes every day.
3. Avoid sugary drinks. Limit consumption of energy-dense foods.
4. Eat more of a variety of vegetables, fruits, whole grains and legumes such as beans.
5. Limit consumption of red meats (such as beef, pork, and lamb) and avoid processed meats.
6. If consumed at all, limit alcoholic drinks to 2 for men and 1 for women a day.
7. Limit consumption of salty foods and foods processed with salt (sodium).
8. Don’t use supplements to protect against cancer.
9. *It is best for mothers to breastfeed exclusively for up to 6 months and then add other liquids and foods.
10. *After treatment, cancer survivors should follow the recommendations for cancer prevention.
*Special Population Recommend

Excerpt from The Ultimate Anti-Cancer Cookbook by Pam Braun