Intake of carotenoids and retinol in relation to risk of prostate cancer.

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BACKGROUND. Several human studies have observed a direct association between retinol (vitamin A) intake and risk of prostate cancer; other studies have found rather an inverse association or no association of intake of beta-carotene (the major provitamin A) with risk of prostate cancer. Data regarding carotenoids other than beta-carotene in relation to prostate cancer risk are sparse. PURPOSE. We conducted a prospective cohort study to examine the relationship between the intake of various carotenoids, retinol, fruits, and vegetables and the risk of prostate cancer. METHODS. Using responses to a validated, semi-quantitative food-frequency questionnaire mailed to participants in the Health Professionals Follow-up Study in 1986, we assessed dietary intake for a 1-year period for a cohort of 47,894 eligible subjects initially free of diagnosed cancer. Follow-up questionnaires were sent to the entire cohort in 1988, 1990, and 1992. We calculated the relative risk (RR) for each of the upper categories of intake of a specific food or nutrient by dividing the incidence rate of prostate cancer among men in each of these categories by the rate among men in the lowest intake level. All P values resulted from two-sided tests. RESULTS. Between 1986 and 1992, 812 new cases of prostate cancer, including 773 non-stage A1 cases, were documented. Intakes of the carotenoids beta-carotene, alpha-carotene, lutein, and beta-cryptoxanthin were not associated with risk of non-stage A1 prostate cancer; only lycopene intake was related to lower risk (age- and energy-adjusted RR = 0.79; 95% confidence interval [CI] = 0.64-0.99 for high versus low quintile of intake, P for trend = 0.04). Of 46 vegetables and fruits and related products, four were significantly associated with lower prostate cancer risk: the four—tomato sauce (P for trend = 0.01), tomatoes (P for trend = 0.03), and pizza (P for trend = 0.05), but not strawberries—were primary sources of lycopene. Combined intake of tomatoes, tomato sauce, tomato juice, and pizza which accounted for 62% of lycopene intake was inversely associated with risk of prostate cancer (multivariate RR = 0.66; 95% CI = 0.44-0.95, for consumption frequency greater than 10 versus less than 1.5 servings per week; P for trend = 0.01) and advanced (stages C and D) prostate cancers (multivariate RR = 0.47; 95% CI = 0.22-1.00, P for trend = 0.03). No consistent association was observed for dietary retinol and risk of prostate cancer. CONCLUSIONS: These findings suggest that intake of lycopene or other compounds in tomatoes may reduce prostate cancer risk, but other measured carotenoids are unrelated to risk. IMPLICATIONS: Our findings support recommendations to increase vegetable and fruit consumption to reduce cancer incidence but suggest that tomato-based foods may be especially beneficial regarding prostate cancer risk.

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I risultati suggeriscono che l'apporto di lycopene ed altri composti presenti nei pomodori possono ridurre il rischio di cancro alla prostata.

I risultati supportano la raccomandazione generale di aumentare il consumo di frutta e verdura per ridurre l'incidenza del cancro, ma suggeriscono altresì che il pomodoro può essere particolarmente benefico per quanto riguarda il tumore alla prostata.