Isoflavonas da soja Maior consumo diminui risco de câncer de endométrio mas não do câncer gástrico

A – Câncer endometrial

Legume, Soy, Tofu, and Isoflavone Intake and Endometrial Cancer Risk in Postmenopausal Women in the Multiethnic Cohort Study.


Source

Affiliations of authors: University of Hawaii Cancer Center, Epidemiology Program, Honolulu, HI (NJO, UL, LRW, YBS, LNK, MTG); Department of Preventive Medicine, Keck School of Medicine, University of Southern California, Los Angeles, CA (VWS, BEH).

Abstract

Background: Phytochemicals found in soy and other legumes have been speculated to reduce the risk of endometrial cancer; however, inconsistent findings have been reported in the few epidemiological studies conducted to date. Methods: We conducted a prospective analysis of 46,027 nonhysterectomized postmenopausal women who were recruited into the Multiethnic Cohort (MEC) Study between August 1993 and August 1996 and provided detailed baseline information on diet and other endometrial cancer risk factors. A total of 489 women diagnosed with incident endometrial cancer were identified through the Surveillance, Epidemiology, and End Results tumor registry linkages during a median follow-up period of 13.6 years. Cox proportional hazards models were used to estimate multivariable-adjusted relative risks (RRs) and 95% confidence intervals (CIs) for endometrial cancer associated with dietary intake of legumes, soy, and tofu, and for total isoflavones and specific isoflavones (daidzein, genistein, or glycitein). Truncated (age 50–89 years) age-adjusted incidence rates were calculated by applying age-specific rates within isoflavone quintiles to the overall MEC population eligible for endometrial cancer. To estimate the percentage of endometrial cancers that may have been prevented by consuming the highest quintile of total isoflavones, the partial population attributable risk percent was calculated. Results: A reduced risk of endometrial cancer was associated with total isoflavone intake (highest vs lowest quintile, ≥7.82 vs <1.59 mg per 1000 kcal/d, RR = 0.66, 95% CI = 0.47 to 0.91), daidzein intake (highest vs lowest quintile, ≥3.54 vs <0.70 mg per 1000 kcal/d, RR = 0.64, 95% CI = 0.46 to 0.90), and genistein intake (highest vs lowest quintile,
≥3.40 vs <0.69 mg per 1000 kcal/d, RR = 0.66, 95% CI = 0.47 to 0.91). No statistically significant association with endometrial cancer risk was observed for increasing intake of legumes, soy, tofu, or glycitein. Truncated age-adjusted incidence rates of endometrial cancer for the highest vs lowest quintile of total isoflavone intake were 55 vs 107 per 100,000 women per year, respectively. The partial population attributable risk percent for total isoflavone intake lower than the highest quintile was 26.7% (95% CI = 5.3% to 45.8%). Conclusion This study suggests that greater consumption of isoflavone-containing foods is associated with a reduced risk of endometrial cancer in this population of nonhysterectomized postmenopausal women.

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B- Cáncer gástrico


Hara A, Sasazuki S, Inoue M, Iwasaki M, Shimazu T, Sawada N, Yamaji T, Tsugane S; for the Japan Public Health Center–Based Prospective Study Group.


**Source**

Epidemiology and Prevention Division, Research Center for Cancer Prevention and Screening, National Cancer Center, Tokyo, Japan.

**Abstract**

**BACKGROUND:**

Isoflavones are structurally similar to 17β-estradiol and may be able to prevent gastric cancer. However, there is contradictory evidence concerning the relation between the intake of soy food, which is rich in isoflavones, and gastric cancer. The association with gastric cancer might differ between isoflavones and soy foods, and research on the effects of isoflavone intake alone on gastric cancer is needed.

**OBJECTIVE:**

We investigated the association between isoflavone intake and the incidence of gastric cancer.
**DESIGN:**

We conducted a large, population-based prospective study of 39,569 men and 45,312 women aged 45-74 y. Dietary soy and isoflavone intakes were measured by using a validated food-frequency questionnaire in 1995 and 1998.

**RESULTS:**

During 806,550 person-years of follow-up, we identified 1249 new gastric cancer cases. Isoflavone intake was not associated with gastric cancer in either men or women. Compared with the lowest quartile, the HR and 95% CI for developing gastric cancer in the fourth quartile of isoflavone intake was 1.00 (0.81, 1.24) for men and 1.07 (0.77, 1.50) for women. In a stratified analysis by exogenous female hormones (women only), however, we found an increasing trend in risk of gastric cancer associated with higher isoflavone intakes among exogenous female hormone users (P-trend = 0.03) but not for nonusers (P-interaction = 0.04).

**CONCLUSION:**

The current study does not support the hypothesis that higher intakes of isoflavones prevent gastric cancer in either men or women.

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