Risk Factors of the Metabolic Syndrome and Cancer **Outcomes in a Large Primary Prevention Programme**

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The metabolic syndrome was introduced in 1988 as a constellation of metabolic aberrations caused by overeating and sedentary lifestyle. The metabolic syndrome includes obesity, hypergylcaemia, high blood pressure, and dyslipidaemia and its presence has been consistently associated with an increased risk of cardiovascular disease, stroke and diabetes. Only a few studies of sufficient sample size have examined the link between risk factors of the metabolic syndrome and cancer.

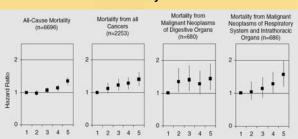
Since 1985, residents of Vorarlberg, the westernmost province in Austria, above 19 years of age, have been invited to yearly health check-ups for disease prevention. As of 2005, more than 180,000 individuals have participated in this so called Vorarlberg Health Monitoring and Promotion Programme (VHM&PP), with 1-21 examinations per individual resulting in a total of almost 700,000 examinations. The VHM&PP cohort has been linked to the regional Vorarlberg cancer registry for cancer incidence outcomes as well as to the Austrian National cause of death registry for mortality outcomes.

Recent research of our group has shown associations of varying strengths of body mass index(1), fasting serum glucose(2), uric acid (3,4) and gamma-glutamyl transferase(5,6) with cancer outcomes at different sites. Our results aid to the understanding of the role of metabolic and lifestyle risk factors in cancer development supporting their use as valuable measures in not exclusively cardiovascular but also cancer prevention.

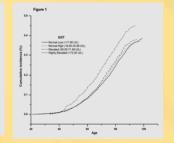
BMI and Cancer Incidence in Women

	8	- 0			
Type of cancer Number of personalpy ^b	18.5-26.9 49.336502.849	25 - 29.9 20 890/200 574	30-34.9 6709164.351	335 2349/21/348	P for trend
HE (RECO)* HONOR COMPS*	H2510712 100	9714M3 125 (0%-1.14)	3(N)49) 516 (107-130)	1 (3/7%) 1 / 8 (007 - 1.4%)	0.004
Semach cancer (KCD-9 7(1-1)) bookers carestys*	56/394 100	36212 878 (551 - 129)	20146 128 (074-215)	945 (34)(57-313)	0.0
Gen sever (KD P (S)) Inddert caresto ^a HR (KIS CI) ^a	(3)/958 100	106/773 1.13 (586-1.47)	10/238 1.11 (076 - 142)	642 58 (55 - 18)	679
Restriction (ICD P 134) Incolors supply HR (ISIA CI)*	68504 130	48/3/5 670 (542 - 131)	13/100 844 934-123	307 0% (0.8-13%	830
Parcente cover (FD-F 157) Income cover(or HK (FDE-CI)*	29230 100	21/154 687 (049-153)	(5/60 (A2*(074-2x8)		141
Ling concer (KD) IF (42) Sociales carescipal HIS (KS), CSI*	94519 100	45/300 100 (Date - 1.46)	1297 1887 (550-130)		167
Millionero (KD-9 172) Incolore carroller HR (MS-CU)	79530 100	38/368 1,03 (568-1,34)	(9/77 (987-)547-(57)		673
Breat career (KD-F 174) Asserts carestyn ^a HK (KSL CS) ^a	551/4142 100	315/2/26 876 (087 - 110)	(2396) (27 (586 - 131)	36/270 101 (073-142)	- 14
General concer (KD-F 1983) Another country? 148 (MS-CI)*	#1/205 1/00	1710L 885 (047-134)	640 567 (021-166)		8.07
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Dearen corcur (CD-F (AC) Holders caretyly ² HR (MS-CD)	61/490 1/80	79/245 107 (546-124)	21/14/ 120° (075–306)		544
Brokler cercer (CO-F 789) Incolors country* +95 (15% CO)*	31/128 100	39130 1381874-3 400	140" (176-136)		3.79
Euley carcer (CD-9 189) Incident carestys ³	32090 100	44299 181 (113-189)	1307		- 93
Special concer (KZ) P 14(b) incident constitution 148 (165 CI)*	29173 100	24/89 (46/082-236)	NS (533-145)		044
Hain Heidgeln's Simphores (KCS-F 200H Historic Castolys [®] HR (MIR, CS) [®]	2013 231154 1/00	24170 144 (081-301)	18/13s 184* (146-54h)		0.002

Uric Acid and Cancer Mortality in Men



GGT and Cancer Incidence in Women



Fasting Glucose and Cancer Incidence

	Fasting blood glucose (mmol/l) ^b														
	2.2-4.1		4.2-5.2		5.3-6.0		6.1-6.9		≥7.0						
	n	HR	95% CI	n	HR	п	HR	95% CI	n	HR	95% CI	n	HR	95% CI	p for $trend^{c}$
Total participants	36,087			69,720		23,420			6,828			4,758			
Liver cancer	12	1.37	0.67 - 2.83	19	1.00	14	1.89	0.94 - 3.79	7	2.45	1.02 - 5.89	9	3.56	1.58-8.02	0.003
Gallbladder and bile duct cancer	5	0.92	0.32 - 2.62	12	1.00	9	1.90	0.80-4.54	7	3.74	1.46-9.58	5	3.35	1.16-9.70	0.002
Thyroid cancer	15	1.24	0.65 - 2.37	24	1.00	19	2.22	1.21-4.07	12	2.34	1.15-4.78	-			0.02
Multiple myeloma	11	1.54	0.71 - 3.37	15	1.00	13	2.26	1.07-4.77	9	2.42	1.04-5.61	-			0.09
Leukaemia	12	0.78	0.39-1.55	31	1.00	16	1.41	0.76-2.59	8	1.00	0.46-2.22	-			0.37

Cox proportional-hazards models stratified according to age and adjusted for smoking status (never, former, current), occupational group (white collar, blue collar, self-employed), and 3MI (<25 kg/m², 25 to<30 kg/m², 230 kg/m²) (altoose categories (6.1–69 and 2-70 mmol/d) were combined as needed to ensure at least five cases in each exposure groun

ombined as needed to ensure at least five cases in each exposure group rdinal coefficient for glucose coded according to the median glucose level for each exposure category

GGT and Cancer Incidence in Men

(1) Rapp K, Schroeder J, Klenk J, Stoehr S, Ulmer H, Concin H, Diem G, Oberaigner W, Weiland SK. Obesity and incidence of cancer: a large cohort study of over 145,000 adults in Austria. British Journal of Cancer. 2005;93(9):1062-7

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(5) Strasak AM, Pfeiffer R, Gregory M, Klenk J, Brant L, Hilbe W, Oberaigner W, Ruttmann E, Concin H, Diem G, Pfeiffer KP, Ulmer H. Association of gamma-glutamyltransferase and cancer indidence in 93020 women: A prospective population-based 19-year follow-up study. In submission. (6) Strasak AM, Gregory M, Rapp K, Brant L, Hilbe W, Oberaigner W, Ruttmann E, Concin H, Diem G, Pfeiffer KP, Ulmer H. Flexible dose-response estimation of the effect of gammaglutamyltransferase on risk of cancer incidence in a large prospective male cohort - a regression spline approach. In submission.



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