

## Summary of the Informal Discussion of Dietary Factors and Special Epidemiological Situations<sup>1</sup>

**Marvin A. Schneiderman**

*Division of Cancer Cause and Prevention, National Cancer Institute, Bethesda, Maryland 20014*

Informal discussion, following the papers delivered in Session IV, was spurred by questions from John Berg, Iowa City, Iowa; K. K. Carroll, London, Ontario, Canada; Saxon Graham, Amherst, N. Y.; Bandaru S. Reddy, Valhalla, N. Y., and Sidney Weinhouse, Philadelphia, Pa.

One set of questions centered largely on problems of socioeconomic status and comparability of population. Dr. Berg and Dr. Graham observed that many black-white differences were likely to be socioeconomic rather than racial. Dr. Berg pointed out the differential survivals among indigent and nonindigent patients of the same racial group. Dr. Graham recalled the work on cancer of the uterine cervix in Louisville by Christopherson in which much of the black-white difference was wiped out by a simple adjustment for social class. Dr. Young noted that he saw social class differences in incidence of cancer of the cervix among blacks but none in cancer of the colon. This phenomenon does not seem to be related in any way to underenumeration of blacks in the United States, because underenumeration was mostly at the ages in which little cancer occurred.

The comparability of populations issue was addressed by Dr. Phillips with his references to matching for education (*e.g.*, his comparisons of medical school graduates from Loma Linda and the University of Southern California). In reply to a series of questions from Dr. Carroll, Dr. Phillips pointed out that adult Seventh Day Adventists had longer life expectancy than United States whites in general. This

led to a discussion of adherence to Seventh Day Adventist dietary and smoking proscriptions. What information exists shows rather good adherence to these rules. Data on whether Mormons (another population with low cancer mortality) were comparable to Seventh Day Adventists in life-style, etc., are not easily available but a grant request has been made to study Mormons in Southern California.

In answering questions about life-style, Dr. Phillips remarked on the paucity of data on "pure" vegetarians as opposed to ovolactovegetarians. Dr. Carroll remarked that such data would be useful in evaluating the effects of protein intake from different sources.

The discussion of specific food intake reopened the considerations of fats *versus* lack of bulk as the culprit in colorectal cancer. Dr. Reddy (a "fat" man, although Dr. Reddy is not overweight) noted that Argentina, a country with high fiber intake *and* high fat intake had high colon cancer rates. Dr. Hill supported Dr. Reddy's argument with a slide prepared from the Doll *et al.* volume, *Cancer in Five Continents*, showing almost zero correlation with fat intake. Dr. Modan (a "fiber-bulk" man) pointed up the complexity of the problem by producing a counterexample, Finland, a high-fat intake, low-colon-cancer country to Dr. Reddy's example, Argentina. Modan pointed out difficulties in the definition of fiber. Dr. Hill suggested the study of migrants, and Dr. Modan concurred that this was important, because of the effects of early life experiences as shown by Haenszel.

Dr. Hegsted, in introducing his summary remarks, confirmed the difficulty in defining fiber, pointing out that fruit fiber is different from grain fiber. This led him to be skeptical of correlations computed against fiber intake.

<sup>1</sup> Discussion of papers presented during Session IV, Conference on Nutrition in the Causation of Cancer, May 19 to 22, 1975, Key Biscayne, Fla.

# Cancer Research

The Journal of Cancer Research (1916–1930) | The American Journal of Cancer (1931–1940)

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