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질적·양적인 면의 당질 섭취와 colorectal adenoma 발생 위험과의 관련성 연구

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Glycemic Index, Glycemic Load, and Carbohydrate Intake in Relation to Risk of Distal Colorectal Adenoma in Women

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Case-control studies and a cohort study have shown inconsistent associations between a high glycemic index or a high glycemic load and risk of colorectal cancer. These dietary variables have not been examined in relation to risk of colorectal adenoma. We thus examined the associations between dietary glycemic index, glycemic load, and carbohydrate intake with risk of adenoma of the distal colon or rectum among 34,428 US women who were initially free of cancer or polyps, who completed a semi-quantitative food frequency questionnaire in 1980, and who underwent endoscopy from 1980 through 1998. 1,715 adenoma cases (704 large adenomas, 894 small adenomas, 1,277 distal colon adenomas, and 504 rectal adenomas) were documented during 18 years of follow-up. Dietary glycemic index, glycemic load, and carbohydrate intake were not related to risk of total colorectal adenoma after adjustment for age and established risk factors (relative risk (RR) for extreme quintiles of glycemic index = 1.11, 95% CI 0.94 - 1.32, P for trend = 0.66; RR for glycemic load = 0.92, 95% CI 0.76 - 1.11, P for trend = 0.63; RR for carbohydrate intake = 0.90, 95% CI 0.73 - 1.11, P for trend = 0.64). In addition, no significant associations were found for large or small adenoma, distal colon or rectal adenoma, or across strata of body mass index. Our findings do not support the hypothesis that a high glycemic index diet, a high glycemic load diet, or high carbohydrate intake overall are associated with risk of colorectal adenoma.