American Cancer Society Guideline for Diet and Physical Activity for Cancer Prevention

This is a condensed version of the article describing the American Cancer Society (ACS) Guideline for Diet and Physical Activity for Cancer Prevention. The full article (including references), which is written for health care professionals, is available online in CA: A Cancer Journal for Clinicians at: https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21591

Cancer is the second leading cause of death in both men and women in the United States, behind only heart disease. People with cancer also often experience physical effects (from the cancer itself and from treatment), distress, and a lower quality of life. Quality of life can also be affected for family members, caregivers, and friends of people with cancer.

For most Americans who do not use tobacco, the most important cancer risk factors that can be changed are body weight, diet, and physical activity. At least 18% of all cancers diagnosed in the US are related to excess body weight, physical inactivity, excess alcohol consumption, and/or poor nutrition, and thus could be prevented.

Along with avoiding tobacco products, staying at a healthy weight, staying active throughout life, and eating a healthy diet may greatly reduce a person’s lifetime risk of developing or dying from cancer. These same behaviors are also linked with a lower risk of developing heart disease and diabetes.

Although these healthy choices can be made by each of us, they can be helped or slowed by the social, physical, economic, and regulatory environment in which we live. Community efforts are needed to create an environment that makes it easier for us to make healthy choices when it comes to diet and physical activity.
American Cancer Society Guideline for Diet and Physical Activity

This is a condensed version of part of the article describing the American Cancer Society (ACS) Guideline for Diet and Physical Activity for Cancer Prevention. The full article (including references), which is written for health care professionals, is available online in CA: A Cancer Journal for Clinicians at: https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21591

At least 18% of all cancers and about 16% of cancer deaths in the US are related to excess body weight, physical inactivity, alcohol consumption, and/or poor nutrition. Many of these cancers could potentially be prevented by following the ACS recommendations on nutrition and physical activity.

ACS RECOMMENDATIONS FOR INDIVIDUAL CHOICES

Achieve and maintain a healthy weight throughout life.

- Keep your weight within the healthy range, and avoid weight gain in adult life.

Be physically active.

- **Adults**: Get 150-300 minutes of moderate intensity or 75-150 minutes of vigorous intensity activity each week (or a combination of these). Getting to or exceeding the upper limit of 300 minutes is ideal.
- **Children and teens**: Get at least 1 hour of moderate or vigorous intensity activity each day.
- Limit sedentary behavior such as sitting, lying down, watching TV, and other forms
of screen-based entertainment.

Follow a healthy eating pattern at all ages.

- A healthy eating pattern **includes**: Foods that are high in nutrients in amounts that help you get to and stay at a healthy body weightA variety of vegetables – dark green, red and orange, fiber-rich legumes (beans and peas), and othersFruits, especially whole fruits in a variety of colorsWhole grains
- A healthy eating pattern **limits or does not include**: Red and processed meatsSugar-sweetened beveragesHighly processed foods and refined grain products

**It is best not to drink alcohol.**

- People who do choose to drink alcohol should have no more than 1 drink per day for women or 2 drinks per day for men.

**ACS RECOMMENDATIONS FOR COMMUNITY ACTION**

Public, private, and community organizations should work together at national, state, and local levels to develop, advocate for, and apply policy and environmental changes that:

- Increase access to affordable, healthy foods
- Provide safe, enjoyable, and accessible opportunities for physical activity
- Limit alcohol for individuals

Each part of the guideline is described in more detail below.

**Achieve and maintain a healthy weight throughout life**

- Keep your weight within the healthy range, and avoid weight gain in adult life.

**Body weight and cancer risk**

Being overweight or obese is clearly linked with an increased risk of several types of
cancer, including:

- Breast cancer (among women who have gone through menopause)
- Colon and rectal cancer
- Endometrial cancer (cancer in the lining of the uterus)
- Esophagus cancer
- Kidney cancer
- Liver cancer
- Ovarian cancer
- Pancreas cancer
- Stomach cancer
- Thyroid cancer
- Multiple myeloma
- Meningioma (a tumor of the lining of the brain and spinal cord)

Being overweight or obese might also raise the risk of other cancers, such as:

- Non-Hodgkin lymphoma
- Male breast cancer
- Cancers of the mouth, throat, and voice box
- Aggressive forms of prostate cancer

Being overweight or obese is largely the result of taking in too many calories (from both food and beverages) and not burning enough calories, although a person’s genes and changes in their metabolism as they age are also factors.

- The dietary factors most often linked with excess body fat include sugar-sweetened beverages, fast foods, and “Western type” diets (diets high in added sugars, meat, and fat), whereas foods containing fiber and “Mediterranean” diet patterns may reduce risk.
- Aerobic physical activity, including walking, is linked with a lower risk of excess body weight, whereas sedentary behaviors (sitting and lying down) and more screen time (such as looking at a phone or computer, or watching TV) is linked with a higher risk.

Some studies have shown a link between weight loss and a lower risk of some types of cancer, such as breast cancer after menopause and endometrial cancer. The risk of some other cancers may also be lowered by weight loss. While there is still much to be
learned about this area, people who are overweight or obese are encouraged to lose weight.

Excess body weight is thought to be responsible for about 11% of cancers in women and about 5% of cancers in men the United States.

The link to body weight is stronger for some cancers than for others. For example, excess body weight is thought to be a factor in more than half of all endometrial cancers, whereas it is linked to a smaller portion of other cancers.

Clearly, excess body weight is a major risk factor for many cancers. However, the full impact of the current obesity epidemic on the cancer burden, including the long-term effect of obesity that begins as early as in childhood, is not well understood.

Be physically active

- Adults should get 150-300 minutes of moderate intensity or 75-150 minutes of vigorous intensity activity each week (or a combination of these). Getting to or exceeding the upper limit of 300 minutes is ideal.
- Children and teens should get at least 1 hour of moderate or vigorous intensity activity each day.
- Limit sedentary behavior such as sitting, lying down, watching TV, and other forms of screen-based entertainment.

Benefits of physical activity

Physical activity has been linked to a lower risk of several types of cancer, including:

- Colon cancer (for which the link is strongest)
- Breast cancer
- Endometrial cancer (cancer in the lining of the uterus)
- Bladder cancer
- Esophagus cancer
- Stomach cancer

Physical activity might also affect the risk of other cancers, such as:

- Lung cancer
• Head and neck cancers
• Liver cancer
• Pancreas cancer
• Prostate cancer
• Ovarian cancer

Being active may also help to prevent weight gain and obesity, which may in turn reduce the risk of developing cancers that have been linked to excess body weight.

A physically active lifestyle may also lower a person's risk of other health problems such as heart disease, high blood pressure, diabetes, and osteoporosis (bone thinning).

Examples of moderate and vigorous intensity physical activities

<table>
<thead>
<tr>
<th></th>
<th>Moderate intensity</th>
<th>Vigorous intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exercise and leisure</strong></td>
<td>Walking, dancing, leisurely bicycling, ice and roller skating, horseback riding, canoeing, yoga</td>
<td>Jogging or running, fast bicycling, circuit weight training, aerobic dance, martial arts, jump rope, swimming</td>
</tr>
<tr>
<td><strong>Sports</strong></td>
<td>Volleyball, golfing, softball, baseball, badminton, doubles tennis, downhill skiing</td>
<td>Soccer, basketball, field or ice hockey, lacrosse, singles tennis, racquetball, cross-country skiing</td>
</tr>
<tr>
<td><strong>Home activities</strong></td>
<td>Mowing the lawn, general yard and garden maintenance</td>
<td>Digging, carrying and hauling, masonry, carpentry</td>
</tr>
<tr>
<td><strong>Workplace activity</strong></td>
<td>Walking and lifting as part of the job (custodial work, farming, auto or machine repair)</td>
<td>Heavy manual labor (forestry, construction, firefighting)</td>
</tr>
</tbody>
</table>

Recommended amount of activity

**Adults** should get 150-300 minutes per week of moderate intensity activity or 75-150 minutes per week of vigorous intensity activity, or an equal combination. Getting to or exceeding the upper limit of 300 minutes is ideal.

When combining different types of activity, 1 minute of vigorous activity can take the place of 2 minutes of moderate activity. For example, 150 minutes of moderate activity, 75 minutes of vigorous activity, and a combination of 100 minutes of moderate activity
plus 25 minutes of vigorous activity all count as the same amount.

This level of activity has been shown to have clear health benefits, including lowering the risk of dying at an early age and lowering the chance of getting or dying from certain types of cancer. Higher amounts of physical activity may be even better for lowering cancer risk.

For people who are not active or just starting a physical activity program, activity levels below the recommended levels can still help your health, especially your heart. The amount and intensity of activity can then be increased slowly over time. Most children and young adults can safely do moderate and/or vigorous activities without checking with their doctors. But men older than 40 years, women older than 50 years, and people with chronic illnesses or risk factors for heart disease should check with their doctors before starting a vigorous activity program.

**Children and teens** should be encouraged to be active at moderate to vigorous intensities for at least an hour a day, every day. This should include muscle-strengthening activities at least 3 days a week. Activities should be age appropriate, enjoyable, and varied, including sports and fitness activities in school, at home, and in the community. To help reach activity goals, daily physical education programs and activity breaks should be provided for children at school, and "screen time" (TV viewing, playing video games, or time spent on the phone or computer) should be limited at home.

**Limiting time spent sitting**

There is growing evidence that the amount of time spent sitting is important, regardless of your activity level. Sitting time raises the risks of obesity, type 2 diabetes, heart disease, and some types of cancer, as well as of dying at a younger age.

Lifestyle changes and advances in technology have led to people being less active and spending more time sitting each day. This is true both in the workplace and at home, due to increased TV, computer, and other screen time. Limiting the amount of time spent sitting, as suggested in the table below, may help maintain a healthy body weight and reduce the risk of certain cancers.

**Tips to reduce sitting time**

- Limit time spent watching TV and using other forms of screen-based entertainment.
- Use a stationary bike or treadmill when you do watch TV.
Follow a healthy eating pattern at all ages

A healthy eating pattern includes:

- Foods that are high in nutrients in amounts that help you get to and stay at a healthy body weight
- A variety of vegetables – dark green, red and orange, fiber-rich legumes (beans and peas), and others
- Fruits, especially whole fruits in a variety of colors
- Whole grains

A healthy eating pattern limits or does not include:

- Red and processed meats
- Sugar-sweetened beverages
- Highly processed foods and refined grain products

In recent years, the effects of dietary patterns on the risk of cancer (and other diseases) have taken on more importance, as opposed to the effects of individual nutrients.

In general, the dietary patterns showing the most health benefits are based mainly on plant foods (including non-starchy vegetables, whole fruits, whole grains, legumes, and nuts/seeds), healthy protein sources (higher in legumes and/or fish and/or poultry, and lower in processed meats and red meat), and include unsaturated fats (such as mono- and polyunsaturated fat). These patterns are also lower in added sugar, saturated and/or trans fats, and excess calories.

Studies have provided consistent and compelling evidence that such healthy dietary
patterns are linked with a lower risk of cancer, certain other diseases, and dying at a younger age.

Several components of healthy dietary patterns are also independently linked with cancer risk.

**Vegetables and fruits**

Vegetables (including beans) and fruits are complex foods, containing vitamins, minerals, fiber, and other substances that may help prevent cancer. Research is being done on the potential cancer-preventing properties of certain vegetables and fruits (or groups of these), including dark green and orange vegetables, cruciferous vegetables (such as cabbage, broccoli, cauliflower, and Brussels sprouts), soy products, legumes, allium vegetables (onions and garlic), and tomato products.

Vegetables and fruits may also lower cancer risk by their effects on calorie intake and body weight. Many vegetables and fruits are low in calories and high in fiber, as well as having a high water content. This may help lower overall calorie intake, and thus help with weight loss and keeping unwanted weight off.

Eating plenty of vegetables and fruits has also been linked with a lower risk of other chronic diseases, especially heart disease.

For cancer risk reduction, the ACS advises following the US Dietary Guidelines, which is to consume at least 2½ to 3 cups of vegetables and 1½ to 2 cups of fruit each day, depending on a person’s calorie requirements.

Legumes (including kidney beans, pinto beans, black beans, white beans, garbanzo beans (chickpeas), lima beans, lentils, and soy foods and soybeans) are rich in protein, fiber, iron, zinc, potassium and folate. They have a nutrient profile similar to that of vegetables and other good sources of protein, and are excellent sources of both.

**Whole grains**

Whole grains include all of the parts of the original kernel, and therefore have more fiber and nutrients than refined (or processed) grains. Research has shown that whole grains probably lower colorectal cancer risk. In addition, whole grains and foods high in dietary fiber seem to be linked with a lower risk of weight gain and being overweight or obese, which can also contribute to cancer risk.

The US Dietary Guidelines recommends getting at least half of your grains as whole
grains. The ACS guideline recommendation to choose whole grains is consistent with these guidelines.

**Fiber**

Dietary fiber, found in plant foods such as legumes, whole grains, fruits and vegetables, and nuts and seeds, is probably linked with a lower risk of colorectal cancer, as well as a lower risk of weight gain and being overweight or obese. Fiber can also affect bacteria in the gut, which might also play a role in some cancers.

Studies of fiber supplements, including psyllium fiber and wheat bran fiber, have not found that they reduce the risk of polyps in the colon. Thus, the ACS recommendation is to get most of your dietary fiber from whole plant foods, such as vegetables, fruits, whole grains, nuts and seeds.

**Red and processed meats**

*Red meat* refers to unprocessed meat from mammals, such as beef, veal, pork, lamb, mutton, horse, or goat meat, as well as minced or frozen meat. *Processed meat* has been transformed through curing, smoking, salting, fermentation or other processes to improve preservation or enhance flavor. Examples include bacon, sausage, ham, bologna, hot dogs, and deli meats. Most processed meats contain pork or beef, but they may also contain other red meats, poultry, or meat byproducts.

Evidence that red and processed meats increase cancer risk has existed for decades, and many health organizations recommend limiting or avoiding these foods. In 2015, the International Agency for Research on Cancer (IARC) concluded that processed meat is in Group 1 (“carcinogenic [cancer-causing] to humans”) and that red meat is in Group 2A ("probably carcinogenic to humans"), based on evidence for increased risks of colorectal cancer. Recent studies also suggest a possible role of red and/or processed meats in increasing risk of breast cancer and certain forms of prostate cancer, although more research is needed.

It is not known if there is a safe level of consumption for either red or processed meats. In the absence of such knowledge, while recognizing that the amount of increased risk isn’t certain, the ACS recommends choosing protein foods such as fish, poultry, and beans more often than red meat, and for people who eat processed meat products to do so sparingly, if at all.

**Added sugars**
Added sugars and other high-calorie sweeteners (such as high-fructose corn syrup) are often used in sugar-sweetened beverages and energy-dense foods (for example, traditional “fast food” or heavily processed foods). They are linked with a higher risk of weight gain and being overweight or obese, which increase the risk of many types of cancer.

Energy-dense and highly processed foods are also often higher in refined grains, saturated fat, and sodium.

The US Dietary Guidelines recommend limiting calories from added sugars and saturated fat, and specifically getting less than 10% of your calories a day from added sugars.

**Processed foods**

The health impact of highly processed foods is an area of increasing public concern. Some types of processing—such as peeling, cutting, and freezing fresh vegetables and fruit for later consumption—have important health benefits that increase the safety, convenience and taste of foods. But there is a spectrum of food processing, from less processed foods such as whole grain flour and pasta, to highly processed foods that include industrially produced grain-based desserts, ready-to-eat or ready-to-heat foods, snack foods, sugar-sweetened beverages, candy, and other foods that often do not resemble their original plant or animal sources.

Highly processed foods tend to be higher in fat, added sugars, refined grains, and/or sodium, and have been linked with unwanted health outcomes, including cancer, in a small number of studies. Still, up to 60% of the calories consumed per day in US households is from highly processed foods and beverages.

**Calcium, vitamin D, and dairy products**

Some research has linked diets high in calcium and dairy products to a lower risk of colorectal cancer, and possibly breast cancer as well. However, some studies have also suggested that calcium and dairy products might increase prostate cancer risk. Because the intake of dairy foods may lower the risk of some cancers and possibly increase the risk of others, the ACS does not make specific recommendations on dairy food consumption for cancer prevention.

Vitamin D, which is made by the body when the skin is exposed to ultraviolet (UV) rays, is known to help maintain bone health. Dietary sources include a few foods in which it is found naturally (such as fatty fish and some mushrooms), as well as foods fortified with
vitamin D (such as milk and some orange juices and cereals) and supplements. Some studies have suggested a potential role of vitamin D in lowering cancer risk, especially colorectal cancer. However, large studies have not found that vitamin D supplements lower the risk of colorectal polyps (pre-cancerous growths) or cancer.

Most Americans do not get enough vitamin D in their diets, and many have low vitamin D levels in their blood. While the role of vitamin D in lowering cancer risk is still an active area of research and debate, avoiding low vitamin D levels is recommended. People at higher risk of having low vitamin D levels include those with darker skin, those living in Northern latitudes, and those who stay indoors and who do not consume sources of vitamin D.

**Dietary supplements**

Dietary supplements are a diverse group of products defined under current US laws and regulations as containing vitamins and minerals as well as amino acids, herbs/botanicals, and other kinds of ingredients. Vitamin and/or mineral supplements can have important health benefits for people who don’t get enough of these micronutrients from foods, or for those with malabsorption disorders.

But many other products that are marketed as dietary supplements are not truly “dietary” because they come from sources other than foods and contain substances not found in foods. They are also not “supplemental” because they do not increase intake of micronutrients that have been scientifically shown to be important for human health. Furthermore, current laws and regulations do not guarantee that products sold as dietary supplements actually contain substances in the quantities claimed on their labels, or that they are free from undeclared substances that can be harmful to human health.

Although a diet rich in vegetables, fruits, and other plant-based foods may reduce the risk of cancer, there is limited and inconsistent evidence that dietary supplements can reduce cancer risk. Further, some studies have found that high-dose supplements containing nutrients such as beta-carotene and vitamins A and E can actually increase the risk of some cancers. Nonetheless, more than half of US adults use one or more dietary supplements.

Many different types of compounds are found in vegetables and fruits, and it’s likely that these compounds work together to have healthful effects. There are likely to be important, but as yet unknown, components of whole foods that aren’t included in dietary supplements.

Some supplements are described as containing the nutritional equivalent of vegetables
and fruits. However, the small amount of dried powder in such pills often contains only a small fraction of the levels in the whole foods, and there is very little evidence supporting a role of these products in lowering cancer risk. Food is the best source of vitamins, minerals, and other important food components. If a dietary supplement is used for general health purposes, the best choice is a balanced multivitamin/mineral supplement containing no more than 100% of the “daily value” of nutrients.

At this time, the ACS does not recommend the use of dietary supplements for cancer prevention.

**It is best not to drink alcohol**

- **People who do choose to drink alcohol should have no more than 1 drink per day for women or 2 drinks per day for men.**

Alcohol use is the third most important preventable risk factor for cancer, after tobacco use and excess body weight. Alcohol use accounts for about 6% of all cancers and 4% of all cancer deaths in the United States. Despite this, public awareness about the cancer-causing effects of alcohol remains low.

A drink of alcohol is defined as 12 ounces of beer, 5 ounces of wine, or 1½ ounces of 80-proof distilled spirits (hard liquor). In terms of cancer risk, it is the amount of alcohol (ethanol) consumed that is important, not the type of alcoholic drink.

These daily limits do not mean you can drink larger amounts on fewer days of the week, since this can lead to health, social, and other problems.

Alcohol is a known cause of cancers of the:

- Mouth
- Throat (pharynx)
- Voice box (larynx)
- Esophagus
- Liver
- Colon and rectum
- Breast

Alcohol may also increase the risk of cancer of the stomach.

Alcohol also interacts with tobacco use to increase the risk of cancers of the mouth,
larynx, and esophagus many times more than the effect of either drinking or smoking alone.

Some research has shown that consuming any amount of alcohol increases risk of some types of cancer, most notably breast cancer.

**Recommendations for community action**

**Public, private, and community organizations should work together at national, state and local levels to develop, advocate for, and implement policy and environmental changes that:**

- Increase access to affordable, nutritious foods
- Provide safe, enjoyable and accessible opportunities for physical activity
- Limit alcohol for all individuals

Social, economic, and cultural factors strongly influence a person’s body weight, physical activity, dietary patterns, and alcohol intake. Factors that contribute to the obesity trend in the United States include:

- Limited access to and affordability of healthy foods
- The widespread availability and extensive marketing of high calorie foods and beverages of low nutritional value
- Barriers to people being physically active for recreation

A person’s ability to avoid many unhealthy lifestyle factors, including those related to food and beverage intake and physical activity, is often influenced by factors outside of his or her direct control.

The factors affecting trends in excess body weight are complex, and reversing these trends will require a broad range of innovative, coordinated, and multi-level strategies involving many groups of people.

While most Americans face obstacles to engaging in health-promoting behaviors, these challenges are often compounded for people with lower incomes, racial and ethnic minority groups, persons with disabilities, and those living in rural communities, who often face additional barriers to adoption of cancer-preventive behaviors. Importantly, these barriers contribute, in part, to greater health disparities documented among vulnerable populations.

**Hyperlinks**


Last Revised: June 9, 2020

---

### Effects of Diet and Physical Activity on Risks for Certain Cancers

This table provides a summary of the current evidence on how the risks for certain types of cancer* might be affected by diet and physical activity, as outlined in the American Cancer Society Guideline for Diet and Physical Activity for Cancer Prevention. The full version of the Guideline is available online at [https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21591](https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21591).

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Body Weight</th>
<th>Physical Activity</th>
<th>Diet</th>
<th>Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>Weight gain during adult life and/or excess body fatness increases risk after menopause. Weight loss may lower risk.</td>
<td>Physical activity, especially moderate to vigorous, lowers risk for post-menopausal cancer and may also lower risk for pre-menopausal cancer. Regular vigorous physical activity</td>
<td>Dietary patterns rich in plant foods and low in animal products and refined carbohydrates lower risk. The Mediterranean Diet pattern lowers risk. Consumption of non-starchy vegetables and/or vegetables rich in carotenoids</td>
<td>Alcohol use increases the risk for both pre- and post-menopausal breast cancer.</td>
</tr>
<tr>
<td>Cancer Type</td>
<td>Lifestyle Factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal</td>
<td>Excess body weight is a strong risk factor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Regular moderate to vigorous physical activity can reduce risk of colon, but not rectal, cancer.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reducing sedentary behavior may lower risk of colon cancer, but not the risk of rectal cancer.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A healthy eating pattern with whole grains, higher fiber, and less added sugar lowers risk.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eating non-starchy vegetables and whole fruit probably lowers risk.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Processed meat intake, even in small amounts, and red meat in moderate to high amounts, increases risk.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consuming non-starchy vegetables and whole fruit probably lowers risk.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diets higher in calcium, calcium-rich dairy foods, and supplemental calcium may lower risk.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low blood levels of vitamin D may increase risk.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alcohol use increases risk.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endometrial</td>
<td>To reduce risk,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participating in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eating a diet with low</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tissue</td>
<td>Risk Factors</td>
<td>Protective Factors</td>
<td>Other Factors</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Gallbladder</td>
<td>Excess body weight is associated with higher risk.</td>
<td>Regular moderate to vigorous physical activity lowers risk.</td>
<td>Gallbladder cancer risk may be reduced by glycemic load (avoiding sweets, high sugar/low fiber foods and sweetened beverages) may reduce risk.</td>
<td></td>
</tr>
<tr>
<td>Kidney</td>
<td>High body weight and/or body fatness increase risk.</td>
<td>Regular moderate to vigorous physical activity reduces risk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver</td>
<td>Staying at a healthy body weight and avoiding excess body fat lowers risk.</td>
<td>Regular physical activity <em>may</em> lower risk.</td>
<td>Consumption of fish <em>may</em> lower risk.</td>
<td></td>
</tr>
<tr>
<td>Lung</td>
<td>Body weight has not been linked with risk, likely because tobacco use is the primary risk factor and people who smoke tend to have low-normal body weight.</td>
<td>Regular physical activity <em>may</em> lower risk.</td>
<td>Alcohol use <em>may</em> increase risk.</td>
<td></td>
</tr>
<tr>
<td>Organ</td>
<td>Risk Factors</td>
<td>Reducing Factors</td>
<td>Associated Factors</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Ovary</td>
<td>Excess body weight may increase risk.</td>
<td>Regular physical activity may reduce risk.</td>
<td>High-dose beta-carotene supplements increase risk, particularly among people who smoke and those exposed to asbestos.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adult weight gain increases risk.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pancreas</td>
<td>Excess body weight increases risk.</td>
<td>Regular physical activity may reduce risk.</td>
<td>Processed and red meats, as well as saturated fats in general, may increase risk.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adult weight gain increases risk.</td>
<td></td>
<td>Sugar-sweetened beverages may increase risk.</td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td>Obesity is linked with higher risk for advanced prostate cancer.</td>
<td></td>
<td>Higher consumption of dairy products and calcium (&gt; 2,000 mg/day) may increase risk.</td>
<td></td>
</tr>
<tr>
<td>Thyroid</td>
<td>Obesity is linked with increased risk.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adult weight gain increases risk.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach</td>
<td>Excess body weight increases risk for gastric cardia cancer.</td>
<td>Regular physical activity may reduce risk.</td>
<td>Regular intake of processed, grilled, or charcoaled meats increases risk for non-cardia gastric cancer.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Alcohol use probably increases risk.</td>
<td></td>
</tr>
</tbody>
</table>
Intake of non-starchy vegetables and whole fruit, especially citrus fruit, probably lowers risk.

Mouth, throat, esophagus

Evidence suggests excess body weight increases risk for mouth cancer, esophageal adenocarcinoma.

Esophageal adenocarcinoma risk may be lowered with regular physical activity.

Eating non-starchy vegetables and whole fruit probably lowers risk.

Alcohol use increases risk for mouth, throat, and esophageal cancer.

*This is not a complete list of cancer types that might be affected by diet or physical activity.

**Hyperlinks**


Last Revised: June 9, 2020

**Common Questions About Diet, Activity, and Cancer Risk**

These questions and answers are part of the American Cancer Society (ACS) Guideline for Diet and Physical Activity for Cancer Prevention. The full guideline article (including references), which is written for health care professionals, is available online in CA: A Cancer Journal for Clinicians at: [https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21591](https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21591)

**Acrylamide**

What is acrylamide, and is it linked with an increased risk of cancer?

Acrylamide² is a chemical used in industrial processing. It is also found in some foods
and in tobacco smoke. Acrylamide in food is formed as a by-product when the amino acid asparagine reacts with certain sugars when they are heated to high temperatures. The major sources of acrylamide in our diets are French fries, potato chips, crackers, bread, cookies, breakfast cereals, canned black olives, prune juice, and coffee.

Acrylamide is classified by the International Agency for Research on Cancer (IARC) as a “probable carcinogen,” based mainly on experiments in animals. However, a large number of studies in humans have found no strong evidence that dietary acrylamide is linked with an increased risk of any type of cancer.

Antioxidants

What are antioxidants, and what do they have to do with cancer?

The body uses certain nutrients and other compounds to help protect against damage to tissues that is constantly occurring as a result of normal metabolism. Because this type of damage is linked with increased cancer risk, some antioxidants are thought to protect against cancer. Antioxidants in the diet include vitamin C, vitamin E, carotenoids (compounds related to vitamin A), and many other food components. Studies suggest that people who eat more vegetables and fruits, which are rich sources of antioxidants, may have a lower risk for some types of cancer. But this does not mean that the benefits of vegetables and fruits are from their antioxidant content, rather than from other food components.

Most clinical trials of antioxidant supplements have not found they reduce cancer risk. In fact, some studies have found an increased risk of cancer among those taking supplements.

When it comes to reducing cancer risk, the best advice is to get your antioxidants through whole food sources rather than supplements.

Arsenic

What is arsenic? Does it cause cancer?

The International Agency for Research on Cancer (IARC), the US National Toxicology Program (NTP), and others have classified arsenic as carcinogenic to humans. Arsenic is a naturally occurring element that can be found in rocks and soil, water, air, plants, and animals, as well as in industrial and agricultural compounds.

Arsenic is found in two forms:
• **Inorganic arsenic compounds** are used in industry and in building products (such as some “pressure-treated” woods) and are found in arsenic-contaminated water. This tends to be the more toxic form of arsenic and has been linked to cancer.

• ** Organic arsenic compounds** are thought to be much less toxic than the inorganic arsenic compounds and are not thought to be linked to cancer.

The main sources of human exposure to arsenic are water and food.

• **Water** in some areas of the United States, especially in the Southwest, New England, and the Upper Midwest, may be higher in arsenic. Natural arsenic levels tend to be higher in drinking water that comes from ground sources, such as wells.

• For most people, **food** is the largest source of arsenic, although much of this is likely to be in the less dangerous, organic form. The highest levels of arsenic in foods are found in seafood, rice and other rice products, mushrooms, and poultry, although many other foods, including some fruit juices, can contain arsenic.

Studies have found that exposure to arsenic in drinking water may cause lung, bladder, and skin cancers. Because arsenic has been linked to cancer and other unwanted health effects, several US government agencies regulate arsenic levels and exposures.

While arsenic is a naturally occurring element and can’t be avoided completely, there are things people can do that may lower their exposure. Those whose drinking water comes from a public source can obtain publicly-available information about the levels of certain substances in drinking water, including arsenic. People who get their water from a private source such as a well can have arsenic levels tested by a reputable laboratory. Those who live in areas with high levels of arsenic in the water may consider using alternate sources of drinking water, such as bottled water. Common household water filters do not effectively remove arsenic. Avoiding excess consumption of foods known to contain high levels of arsenic, including seafood, rice and rice products, and fruit juice can also help lower exposure, and maintaining adequate folate levels is important for the elimination of arsenic in the body.

**Coffee**

**Does drinking coffee affect cancer risk?**

Whether coffee lowers or raises the risk of different types of cancer has been an active area of research. Studies have suggested that drinking coffee likely lowers the risk of liver and endometrial cancers, although the link to endometrial cancer may be
confounded by smoking. There is some evidence that coffee lowers the risk of cancers of the mouth, throat, and voice box, as well as basal cell skin cancer in both men and women, and possibly melanoma in women.

On a related topic, some studies have suggested that consuming very hot beverages, such as coffee and/or tea, may increase the risk of esophageal cancer. Therefore, it may make sense to avoid drinking coffee and other beverages at very high temperatures.

The potential ways in which coffee may lower the risk of cancer are not completely understood. Roasted coffee contains hundreds of biologically active compounds, including caffeine, flavonoids, lignans, and other polyphenols. These and other compounds have been shown to increase energy expenditure, protect against cellular damage, regulate genes involved in DNA repair, have anti-inflammatory properties and/or inhibit cancer spread (metastasis). Coffee also influences the amount of time food is in the intestines, as well as liver metabolism of carcinogens, which may also contribute to a lower risk for some digestive cancers.

**Genetically modified crops**

**What are genetically modified crops, and are they safe?**

Genetically modified (also known as *bio-engineered*) crops are made by adding genes from other plants or organisms to increase a plant’s resistance to insect pests, slow spoilage, or improve transportability, flavor, nutrient composition, or other desired qualities.

Certain foods made from genetically modified crops have been approved for sale in the US since the mid-1990s, and more than 70% of all highly processed foods in US supermarkets—including pizza, potato chips, cookies, ice cream, salad dressing, corn syrup, and baking powder—contain ingredients from bio-engineered soybeans, corn, or canola plants. Growing public concern about the potential harmful effects of genetically modified foods, in part, led to federal legislation in 2016 requiring uniform labeling of foods containing genetically engineered ingredients.

In theory, these added genes might create substances that could cause reactions in sensitized or allergic people, or result in high levels of compounds that could cause other health effects. However, at this time there is no evidence that foods now on the market that contain genetically engineered ingredients or the substances found in them are harmful to human health, or that they would either increase or decrease cancer risk. The World Health Organization, the American Medical Association, the National...
Academy of Sciences, and the American Association for the Advancement of Science have all taken the stance that current evidence suggests that foods containing genetically engineered ingredients are safe.

**Gluten-free diet**

**Does eating a gluten-free diet help reduce cancer risk?**

Gluten is a protein in wheat, rye, and barley. In most people, it causes no ill effects.

For people with **celiac disease**, gluten triggers an immune response that damages the lining of the small intestine and could increase the risk of cancer.

Some people experience **gluten sensitivity** without overt celiac disease. In these people, gluten may contribute to inflammation in the intestines, which might in turn increase the risk of gastrointestinal cancers. However, this possible link is not well-proven.

There is very little evidence linking gluten intake to risk of gastrointestinal cancers in the general population.

The bottom line: For people without celiac disease, there is no evidence that consuming a gluten-free diet is linked with a lower cancer risk, and many studies suggest that consuming whole grains, including those containing gluten, probably reduces the risk of colon cancer.

**Glycemic index and glycemic load**

**What are these, and do they impact cancer risk?**

**Glycemic index** is a measure of the increase in the blood level of glucose (a type of sugar) after eating a specific carbohydrate-rich food, compared with eating a standard amount of glucose. Foods with a high glycemic index release glucose quickly and lead to a rapid rise in blood glucose. Foods with a low glycemic index release glucose into the blood more slowly, with a lower overall peak in blood glucose over time. In general, high glycemic index foods are highly refined, processed grain products with added sugars and low fiber content, as well as some starchy vegetables. The glycemic index can be considered a measure of carbohydrate-rich food quality.

Beyond glycemic index, **glycemic load** captures both the quality and quantity of carbohydrates consumed. The glycemic load gives a truer picture of how blood glucose
is elevated in relation to intake of a specific food item.

A lot of research has looked at the potential impact of the glycemic load of a diet and cancer risk. Most recent reports have found that eating a dietary pattern high in glycemic load is linked with a higher risk of endometrial cancer. More research is needed to determine the impact on other types of cancer.

**Inflammation and anti-inflammatory strategies**

**Do anti-inflammatory diets reduce cancer risk?**

Inflammation has long been recognized as the body’s response to tissue injury, and its link to infections was recognized hundreds of years ago. However, the role of inflammation in causing cancer has been recognized more recently, and the relationships between diet, inflammation, and the risk of cancer (as well as heart disease and dying at an earlier age) are still an evolving area of research.

A combination of lab and human studies has identified certain foods and chemicals in them that promote inflammation in certain body tissues. This is the basis of anti-inflammatory dietary patterns, which share some traits with the recommendations in this guideline, such as being high in vegetables and fruits and low in red and processed meats.

**Irradiated foods**

**Why are foods irradiated, and can these foods increase cancer risk?**

Food irradiation (applying ionizing radiation to food) is a technology that improves the safety and extends the shelf life of foods by reducing or eliminating germs and insects. Like pasteurizing milk and canning fruits and vegetables, irradiation can make food safer. Irradiation does not make foods radioactive, affect nutritional quality, or noticeably change the taste, texture, or appearance of food. In fact, changes made by irradiation are so minimal that it is not easy to tell if a food has been irradiated.

The US Food and Drug Administration (FDA) has evaluated the safety of irradiated food for more than 30 years and has found the process to be safe. The World Health Organization (WHO), the US Centers for Disease Control and Prevention (CDC), and the US Department of Agriculture (USDA) have also endorsed the safety of irradiated food. There is currently no evidence that irradiation of foods causes cancer or has harmful human health effects.
Juicing/cleanses/detox

Can periods of limiting food intake to juices remove toxins and help protect against cancer?

Fruit and vegetable juices can be a convenient way to get some healthy food components from vegetables and fruits. In moderation, they can be a worthwhile part of healthful dietary patterns. However, juices contain less fiber, lower levels of some other healthy nutrients, and more naturally occurring sugar than the whole fruits and vegetables they are made from, so they are not the best way to get nutrients from plant-based foods.

There is no scientific evidence to support claims that consuming only juices for one or more days, known as juice cleansing or juice detoxification, reduces cancer risk or provides other health benefits. This kind of diet is promoted as a way to remove “toxins” from the body, but this claim is not supported by scientific evidence. Toxins that enter our body through foods and beverages are constantly removed by the kidneys and liver, regardless of whether a person is consuming liquid or solid foods. Although vegetable juicing may be one way to increase nutrient intake, a diet limited to juice may also be lacking in some important nutrients, and in select cases it may contain dangerous levels of some substances that can cause kidney damage and other health problems.

Microwaving food and general food preservation, preparation, and storage

Can using microwave ovens or other cooking methods increase cancer risk?

Microwaves are a form of non-ionizing electromagnetic radiation, and their use in cooking does not increase cancer risk. On the other hand, grilling, smoking, or pan-frying meats (including red meats as well as poultry and fish) at high temperatures can cause chemical reactions that form cancer-causing heterocyclic amines.

Goals of food preservation, processing, and preparation that are relevant to individual and public health include:

- Removing or inactivating any harmful chemical or microbiological contaminants
- Avoiding addition or production of harmful substances
- Maintaining the amount and availability of nutrients

For example, proper canning or freezing methods can help maintain the nutrient content
of vegetables and fruits, which can expand consumers’ access to these products. On the other hand, certain methods of preserving red meats introduce nitrates into them, which can be converted in the stomach into cancer-causing N-nitroso compounds.

**Contamination of foods by substances from storage containers or cookware** is another concern of some consumers. Plastic containers can release substances such as phthalates (some of which are classified as possible carcinogens) or phenolic compounds such as bisphenol A (a probable carcinogen) during storage of food or during cooking in a microwave oven. Use of Teflon-coated cookware may release perfluorooctanoic acid (PFOA, a possible carcinogen) into foods. These substances have been found to have negative biological effects in some lab studies, and they may influence onset of puberty, a possible factor in the long-term risk of some cancers such as breast cancer. However, evidence of the impact of long-term exposure to these chemicals on cancer risk in human studies is lacking. Nonetheless, people who are concerned about possible harm from these exposures can choose glass or metal storage containers and cookware.

**Non-nutritive sweeteners/sugar substitutes**

**Do non-nutritive sweeteners/sugar substitutes cause cancer?**

Non-nutritive sweeteners are substances used instead of sugars like sucrose, corn syrup, honey, agave nectar to sweeten foods, beverages and other products. Several non-nutritive sweeteners are now approved by the FDA, including aspartame, acesulfame potassium, saccharin, sucralose, and stevia. These sweeteners contain few or no calories, or nutrients. They may be derived from herbs and other plants, or sugar itself, and typically are many times sweeter than sugar, allowing smaller amounts to be used. Other sugar substitutes include sugar alcohols such as sorbitol, xylitol and mannitol.

There is no clear evidence that these sweeteners, at the levels typically consumed in human diets, cause cancer. Questions about artificial sweeteners and cancer risk arose when early studies showed that saccharin caused bladder cancer in lab animals, but studies in humans have shown no increased cancer risk.

People with a rare genetic disorder called phenylketonuria (PKU) aren’t able to metabolize aspartame normally, which can result in nervous system toxicity, so they should avoid aspartame in their diets. With this exception, all these sweeteners appear to be safe when used in moderation, although larger amounts of sugar alcohols may cause bloating and abdominal discomfort in some people.
Organic foods

Are foods labeled “organic” more effective in lowering cancer risk?

The term “organic” is used to designate foods grown without the addition of artificial chemicals. Under USDA regulations, animal-derived foods that are labeled as organic come from animals raised without the addition of hormones or antibiotics to the feed they eat. Plant foods that are organic come from agricultural methods that do not use most conventional pesticides or herbicides, chemical fertilizers, or sewage sludge as fertilizer. Organic foods also exclude the use of industrial solvents or food irradiation in processing, and genetically modified foods are also excluded.

A main benefit of consuming organic foods is to support environmentally sustainable agricultural practices. Many consumers also believe that organic foods may provide health benefits, but there is little evidence that organic produce has higher nutrient levels than conventionally grown produce.

Little research has been done on the link between organic food consumption and cancer risk, although a recent study found eating more organic produce was linked with a lower risk of non-Hodgkin lymphoma. While this finding needs to be confirmed by other studies, it is in line with the strong and consistent link between workplace pesticide exposure and this type of cancer.

Washing conventionally grown produce can remove some of the pesticide residue. It’s also important to wash all produce to limit the risk of health effects from microbial contamination.

Because organic produce is often more expensive than similar conventionally produced items, it’s important that people with limited resources recognize that meeting the recommendation for vegetable and fruit intake is a higher priority for cancer prevention and overall health than choosing organic produce.

Pesticides and herbicides

Do pesticides in foods cause cancer?

Insecticides and herbicides can be toxic when used improperly in industrial, agricultural, or other workplace settings. The International Agency for Research on Cancer (IARC) classifies 3 common agricultural herbicides (glyphosate, malathion, and diazinon) as ‘probable human carcinogens.’ All 3 are linked with a higher risk of non-Hodgkin lymphoma. In addition, malathion is linked with a higher risk of prostate cancer, and
diazinon is linked with a higher risk of lung cancer.

Currently, scientific evidence supports the overall health benefits and cancer-protective effects of eating vegetables and fruits, regardless of whether they are grown using organic or conventional practices. Washing conventionally grown produce can remove some of the pesticide residues, and is also important to minimize the risk of microbial contamination.

**Sleep**

**How does sleep affect diet, physical activity, and cancer risk?**

Increasing evidence suggests important interactions among sleep, diet, physical inactivity, and cancer risk:

- Disordered sleep has been linked with higher cancer risk, and sleep deprivation (usually defined as less than 7 hours a night) has been linked with a higher risk for obesity and overeating, as well as metabolic syndrome, which is a known risk factor for several types of cancer.
- Alternately, a healthy sleep pattern has been linked with better weight maintenance after weight loss.
- Studies have found high levels of sedentary time (time spent sitting or lying down) are linked with poor sleep quality and shorter sleep duration.
- Inadequate sleep has been linked with higher levels of stress hormones and inflammation, which are known mechanisms affecting cancer risk.

**Soy and soy products**

**Can soy-based foods reduce cancer risk?**

As with other beans or legumes, soy and foods derived from soy are excellent sources of protein, so they provide a healthier alternative to meat. Soy contains several bioactive food components, including isoflavones, which have a similar structure to estrogens and can bind to estrogen receptors on cells. The effects of this binding can vary, depending on conditions, the specific body tissue, and the amount consumed.

There is some evidence from human and lab studies that consuming traditional **soy foods** such as tofu may lower the risk of breast and prostate cancer, but overall the evidence is too limited to draw firm conclusions. Many of the studies that have found
such links looked at Asian populations with high lifelong consumption of soy foods, and their relevance to soy consumption at lower levels and for shorter durations in Western populations remains uncertain.

There are no data to support the use of supplements containing soy phytochemicals or soy protein powders used in some food products for reducing cancer risk. In fact, a recent study found increased risk for estrogen receptor (ER)-negative breast cancer (an aggressive type) among users of soy supplements. Therefore, while soy from food sources appears to be safe and may even have beneficial health effects, soy supplements should be used with caution, if at all.

Sugar

**Does sugar increase cancer risk?**

Several types of sugars are found in foods and beverages. These sugars vary in their chemical structures, but once they are consumed, they all have similar metabolic effects in the body. All sugars in foods and beverages add to calorie intake, which can lead to obesity, so eating a lot of sugar can indirectly increase cancer risk. There is also evidence that a dietary pattern high in added sugars affects levels of insulin and related hormones in ways that may increase the risk of certain cancers.

**Brown (unrefined) sugar** contains the same chemical form of sugar (sucrose) as white (refined) sugar. It also contains extremely small amounts of other substances that affect its color and flavor, but they don’t influence the unfavorable effects of sucrose on body weight or insulin levels.

**Fructose**, the natural sugar in fruit and in many sugar-sweetened beverages in the form of high-fructose corn syrup, is similar to sucrose in its effects on weight and insulin levels, as is honey, which contains a mixture of fructose and glucose (another form of sugar).

Lab studies have shown that metabolism of glucose (the main sugar used as an energy source in the body) is faster in cancer cells than in normal cells. This fact is often misinterpreted by people, who assume (incorrectly) that sugars in foods and beverages directly “feed” cancer cells.

Nonetheless, limiting highly processed foods that contain high levels of added sugars, such as cakes, candy, cookies, and sweetened cereals, as well as sugarsweetened beverages such as soda, sports drinks, and energy drinks, can help reduce calorie intake, limit weight gain, and promote a healthier body weight. It can also lower insulin
secretion in people with metabolic conditions such as pre-diabetes or type 2 diabetes.

Vegetarian/vegan diets

Do vegetarian diets reduce cancer risk?

Vegetarian diets can include many healthy features:

- They tend to be low in saturated fat
- They tend to be high in fiber, vitamins, and other bioactive food components
- They do not include red and processed meats

Thus, vegetarian diets may be helpful for cancer risk reduction. Many studies of vegetarians indicate a lower risk of cancer overall, compared to people who also eat meat. But whether vegetarian diets confer any special health benefits over diets that include smaller amounts of animal products than are typically consumed in Western diets is less clear. Indeed, in a large British study, people who ate fish but not other meats appeared to have the same overall cancer risk as vegetarians.

The available evidence supports the recommendation of a dietary pattern that is mainly foods from plant sources, with limited if any intake of red and processed meats.

In addition to a modest level of risk reduction for some forms of cancer, vegetarian dietary patterns are linked with lower risks of heart disease and type 2 diabetes and are generally more affordable.

People on strict vegetarian diets that omit all animal products (including milk and eggs), referred to as vegan diets, need supplementation with vitamin B12, zinc, and iron (or foods fortified with these nutrients), especially for children and premenopausal women. They should also aim to get enough calcium, as people consuming vegan diets with relatively low calcium content have been shown to have a higher risk of bone fractures compared with people consuming vegetarian or meatcontaining diets.

Hyperlinks

1. acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21591

Last Revised: June 9, 2020
Written by

The American Cancer Society medical and editorial content team

Our team is made up of doctors and oncology certified nurses with deep knowledge of cancer care as well as journalists, editors, and translators with extensive experience in medical writing.

American Cancer Society medical information is copyrighted material. For reprint requests, please see our Content Usage Policy (www.cancer.org/about-us/policies/content-usage.html).