
Publications récentes

**Anthropometry-based obesity phenotypes and risk of colorectal adenocarcinoma: a large prospective cohort study in Norway.**

Phénotypes axés sur l'anthropométrie de l'obésité et risque d'adénocarcinome colorectal: une vaste étude de cohorte prospective en Norvège.
Lu Y et al., Epidemiology, 2016

It is unclear whether obesity phenotypes measured by different anthropometric indices are associated with a risk of colorectal adenocarcinoma by anatomical location.

**PATIENTS AND METHODS:**
We compiled harmonized population-based cohort studies (Cohort of Norway, CONOR) with 143,477 participants that were conducted between 1994 and 2010. General, abdominal, and gluteofemoral obesity were assessed by body mass index (BMI, kg/m²), waist circumference (cm), and hip circumference (cm). Other measures examined were waist-to-hip ratio, waist to height ratio and body adiposity index. We performed Cox proportional hazards regression to estimate hazard ratios (HRs) and 95% confidence intervals (CIs) of obesity relative to a risk of colorectal adenocarcinoma.

**RESULTS:**
In total, 2044 incident cases of colorectal adenocarcinoma were identified. We observed a positive association between waist circumference (high versus low) and adenocarcinoma in the proximal colon (HR 1.9, 95% CI: 1.5-2.5) and distal colon (HR 1.7, 95% CI: 1.3-2.3) when adjusted for BMI. The association with waist circumference was especially strong in men. BMI was not associated with adenocarcinoma in the colon or rectum after adjusting for waist circumference. We found no association between hip circumference and colorectal adenocarcinoma. When adjusted for BMI plus waist circumference, body adiposity index was negatively associated with adenocarcinoma in the proximal or distal colon.
CONCLUSION:
Abdominal obesity, but not general or gluteofemoral obesity, was associated with an increased risk of adenocarcinoma in the proximal and the distal colon, especially in men. Muscularity may be negatively associated with risk of colon adenocarcinoma.

**Colorectal cancer screening participation: a systematic review**

**Participation au dépistage du cancer colorectal: une revue systématique**


Background: Colorectal cancer (CRC) is one of the most common cancers in men and women. CRC screening programmes have been implemented in various countries. However, the participation rate remains disappointingly low. For a screening method to be beneficial, high participation rates are essential. Therefore, understanding the factors that are associated with CRC screening and follow-up adherence is necessary. In this systematic review, factors studied in literature were identified that are associated with CRC screening adherence. Methods: A systematic search in PUBMED, EMBASE and COCHRANE was performed to identify barriers and facilitators for CRC screening adherence. Study characteristics were summarized and analysed. Results: Seventy-seven papers met the inclusion criteria to be applicable for review. Female gender, younger participants, low level of education, lower income, ethnic minorities and not having a spouse were the most frequently reported barriers. Health provider characteristics, such as health insurance and a usual source of care were also frequently reported barriers in CRC screening adherence. Disparities were found in weight, employment status and self-perceived health status. Conclusion: Barriers and facilitators of CRC screening participation are frequently reported. Understanding these factors is the first step to possibly modify specific factors to increase CRC screening participation rate.

**Leisure-time Physical Activity and Lung Cancer Risk: A Systematic Review and Meta-Analysis**

**Activité physique de loisirs et risque de cancer du poumon: Une revue systématique et méta-analyse**

Tardon A et al., Cancer Causes Control. 2005 May

Objectives: We conducted a systematic review and meta-analysis of the association between recreational physical activity and lung cancer risk to update previous analyses and to examine population subgroups of interest defined by smoking status and histology.

Materials and Methods: We searched the PubMed and MEDLINE databases for studies up to May 2015. Individual study characteristics were abstracted including study design, number of cases, assessment of recreational physical activity and type and level of adjustment for confounding factors. Combined effect estimates were calculated for the overall associations and across subgroups of interest.

Results: We identified 28 studies that were eligible for inclusion in the meta-analysis. The overall analysis indicated an inverse association between recreational physical activity and lung cancer risk (Relative Risk (RR), 0.76; 95% Confidence Interval (CI), 0.69–0.85, p-value: <0.001). Similar inverse associations with risk were also noted for all evaluated histological subtypes, including adenocarcinoma (RR, 0.80; 95% CI, 0.72–0.88), squamous (RR, 0.80; 95% CI, 0.71–0.90) and small cell (RR, 0.79; 95% CI, 0.66–0.94). When we examined effects by smoking status, inverse associations between recreational physical activity and lung cancer risk were observed among former (RR, 0.77; 95% CI, 0.69–0.85) and current smokers (RR, 0.77; 95% CI, 0.72–0.83), but not among never smokers (RR, 0.96; 95% CI, 0.79–1.18).

Conclusion: Results from this meta-analysis suggest that regular recreational physical activity may be associated with reduced risk of lung cancer. Only four studies examining never smokers were identified, suggesting the need for additional research in this population.
Association of body mass index and survival in pediatric leukemia: a meta-analysis.

Association entre l’indice de masse corporel et la survie de patients atteints de leucémie dans l’enfance: une méta-analyse
Orgel E et al., Am J Clin Nutr, 2016 Mar

BACKGROUND:
Obesity is a worldwide epidemic in children and adolescents. Adult cohort studies have reported an association between higher body mass index (BMI) and increased leukemia-related mortality; whether a similar effect exists in childhood leukemia remains controversial.

OBJECTIVE:
We conducted a meta-analysis to determine whether a higher BMI at diagnosis of pediatric acute lymphoblastic leukemia (ALL) or acute myeloid leukemia (AML) is associated with worse event-free survival (EFS), overall survival (OS), and cumulative incidence of relapse (CIR).

DESIGN:
We searched 4 electronic databases from inception through March 2015 without language restriction and included studies in pediatric ALL or AML (0-21 y of age) reporting BMI as a predictor of survival or relapse. Higher BMI, defined as obese (≥95%) or overweight/obese (≥85%), was compared with lower BMI [nonoverweight/obese (<85%)]. Summary risk estimates for EFS, OS, and CIR (ALL only) were calculated with random- or fixed-effects models according to tests for between-study heterogeneity.

RESULTS:
Of 4690 reports identified, 107 full-text articles were evaluated, with 2 additional articles identified via review of citations; 11 articles were eligible for inclusion in this meta-analysis. In ALL, we observed poorer EFS in children with a higher BMI (RR: 1.35; 95% CI: 1.20, 1.51) than in those at a lower BMI. A higher BMI was associated with significantly increased mortality (RR: 1.31; 95% CI: 1.09, 1.58) and a statistically nonsignificant trend toward greater risk of relapse (RR: 1.17; 95% CI: 0.99, 1.38) compared with a lower BMI. In AML, a higher BMI was significantly associated with poorer EFS and OS (RR: 1.36; 95% CI: 1.16, 1.60 and RR: 1.56; 95% CI: 1.32, 1.86, respectively) than was a lower BMI.

CONCLUSION:
Higher BMI at diagnosis is associated with poorer survival in children with pediatric ALL or AML.
Actualités et lettres d’information des acteurs Santé Environnement

<table>
<thead>
<tr>
<th>Région Rhône-Alpes</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agence Régionale de Santé Rhône-Alpes</td>
<td>Agence nationale de sécurité sanitaire, de l’alimentation, de l’environnement et du travail</td>
</tr>
<tr>
<td>Air Rhône-Alpes</td>
<td>Lettres d’information de l’INCa</td>
</tr>
<tr>
<td>Lettre Santé-Environnement Rhône-Alpes de l’ORS Rhône-Alpes</td>
<td>Institut national de recherche en sciences et technologies pour l’environnement et l’agriculture</td>
</tr>
<tr>
<td>Institut de Recherche en Santé Publique</td>
<td>Lettre d’information de l’Institut National de Recherche et de Sécurité pour la prévention des accidents du travail et des maladies professionnelles</td>
</tr>
<tr>
<td>Lettre d’information de l’IRESP</td>
<td>Lettre d’information “Ademe et vous”</td>
</tr>
<tr>
<td></td>
<td>La lettre de la Société Française de Santé Environnement</td>
</tr>
<tr>
<td></td>
<td>Société Française de Santé Publique Bulletin Flash e-mail SFSP</td>
</tr>
<tr>
<td></td>
<td>Société Française de Médecine du Travail</td>
</tr>
</tbody>
</table>

Nos partenaires

Pour tout abonnement/désabonnement à cet e-bulletin ou pour nous faire part d’informations à diffuser dans les prochains numéros, n’hésitez pas à nous écrire à l’adresse suivante : cancer-environnement@lyon.unicancer.fr
Afin de respecter la législation sur la propriété intellectuelle, le bulletin de veille électronique renvoie l’internaute à la source d’origine de chacune des ressources répertoriées. Il propose systématiquement des liens vers d’autres sites qui ne relèvent pas de son autorité. Il est à noter qu’il n’est pas responsable du contenu de ces sites, des liens qui y sont suggérés et des changements ou mises à jour qu’ils subissent.
« La relecture et sélection des publications de ce bulletin électronique est réalisée par des membres du comité éditorial du portail cancer-environnement.fr avec la participation des professionnels de santé du Centre Léon Bérard et ses partenaires, sur la base de leur pertinence dans le champ ‘cancer, environnement et nutrition’. Dans la mesure où le contenu des sources et des informations recensées dans ce e-bulletin n’engagent que leurs auteurs, il appartient au lecteur d’en évaluer la qualité. »