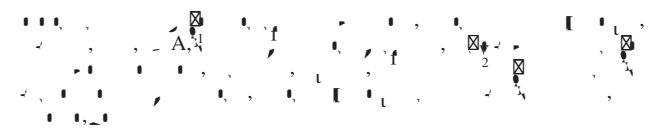
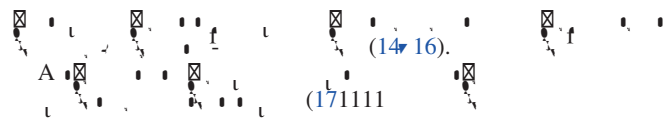


Pre-diagnosed kidney cancer and risk of renal cell carcinoma in male me...

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Development of a well-established link between obesity and renal cell carcinoma (RCC), the mechanism through which obesity acts to increase cancer risk in kidney. Adipose tissue and weight gain are associated with elevated levels of insulin, insulin-like growth factor-1, and leptin, which are known to be involved in RCC development. We examined the association between obesity and RCC in a large, population-based study of Finnish men. We conducted a nested case-control study of all adult men aged 40-79 years who were enrolled in the Atherosclerosis Risk in Communities (ARIC) study. We identified 273 cases of RCC and 273 controls. The overall hazard ratio (OR) and 95% confidence interval (95% CI) were 1.05 (OR) and 95% confidence interval (95% CI) were 0.30-0.88. The association remained significant after adjustment for age, education, income, and other factors. High adiposity levels were significantly associated with RCC (OR 1.05, 95% CI = 0.30-0.88; P trend = 0.01). This association remained significant after adjustment for age, education, income, and other factors. High adiposity levels were significantly associated with RCC (OR 1.05, 95% CI = 0.30-0.88; P trend = 0.01). This association remained significant after adjustment for age, education, income, and other factors.

1.05). Nephrology clinic visits were associated with RCC (OR 1.05, 95% CI = 0.30-0.88; P trend = 0.01). This association remained significant after adjustment for age, education, income, and other factors. High adiposity levels were significantly associated with RCC (OR 1.05, 95% CI = 0.30-0.88; P trend = 0.01). This association remained significant after adjustment for age, education, income, and other factors.

Introduction

Obesity is a well-established risk factor for renal cell carcinoma (RCC). The mechanism through which obesity acts to increase cancer risk in kidney is unclear. Adipose tissue and weight gain are associated with elevated levels of insulin, insulin-like growth factor-1, and leptin, which are known to be involved in RCC development. We examined the association between obesity and RCC in a large, population-based study of Finnish men. We conducted a nested case-control study of all adult men aged 40-79 years who were enrolled in the Atherosclerosis Risk in Communities (ARIC) study. We identified 273 cases of RCC and 273 controls. The overall hazard ratio (OR) and 95% confidence interval (95% CI) were 1.05 (OR) and 95% confidence interval (95% CI) were 0.30-0.88. The association remained significant after adjustment for age, education, income, and other factors. High adiposity levels were significantly associated with RCC (OR 1.05, 95% CI = 0.30-0.88; P trend = 0.01). This association remained significant after adjustment for age, education, income, and other factors.

48
6.8, 6.6
12.1%

