# INTERNATIONAL JOURNAL OF ADVANCES IN PHARMACY, BIOLOGY AND CHEMISTRY

**Review Article** 

# Impact of Life Style behavior on Lung Cancer

Priyanka Gaur, Chandan kumar, Sandeep Bhattacharya.

Department of Physiology, King George's Medical University,

UP, Lucknow, India.

### Abstract

Lung cancer is the leading cause of cancer-related death in India as well as worldwide it has been accounted for 30% of all cancer-related deaths. The majority of lung cancer cases is due to smoking. It has been found that the increasing risk of lung cancer is significantly associated with the choice of our lifestyle. The available evidence from various studies confirms that there is a direct relationship between diet, lifestyle and risk of cancer development. So we can modify our lifestyle by opting healthy lifestyle behaviors such as healthy diet, weight management, regular exercise, reduction in alcohol consumption and smoking cessation and reducing the risk of lung cancer. This article shows the association between certain lifestyle characteristics such as use of tobacco, alcohol, diet and their association with the risk of lung cancers.

Keywords: Lung Cancer, Diet, Lifestyle Behaviour.

## **INTRODUCTION**

Lung cancer is the leading cause of cancer-related death in India as well as worldwide, which accounting for 30% of all cancer-related deaths. The majority of lung cancer cases is due to smoking. Tobacco use has been reported to be the one of the main causes of lung cancer in 90% of male and 79% of female and about 90% of lung cancer deaths are due to smoking<sup>1</sup> About 17.8% of cancer deaths are attributed to pulmonary carcinoma and 5-year survival rates in lung cancer are less than 10% <sup>2</sup>The risk of the development of lung cancer in lifelong smokers is 20-40 times higher than non-smokers<sup>3</sup>. It can be determined by the balance between the metabolic activation and detoxification of the carcinogens found in tobacco smoke. Metabolites occurring during the activation of carcinogens covalently bind with DNA and formed DNA adducts which are the indicator of lung cancer risk in smokers. Free radicals found in cigarette smoke may also cause the oxidative damage and genetic alteration in DNA and cause activation of oncogenes as well as inhibition of tumor suppressor genes which lung cancer in smokers<sup>4</sup>. The available cause evidence from previous studies confirms that there is a direct relationship between diet. lifestyle and risk of cancer development. It has also been estimated that up to 35% of risk factors are associated to diet. Previous studies highlights that the risk of cancer can be prevented by major lifestyle changes such as use of minimal meat consumption, increased ingestion of whole grains, fruits and vegetable, reduce fat intake and exercise at least 30 min/day. It is found that food nutrients directly affects several metabolic and signaing pathways such as P450, MAP-kinase, IGF-1, NF-kB, ROS etc. which implicated in both normal as well as pathologic cell function. Physical activity shows positive effects on tumor and strong evidence is available for the positive effect of physical activity on lowering the incidence of tumor as well as reducing the recurrence in patients with breast cancer<sup>5</sup>.

# Smoking and lung cancer:

It is found that cigarette smoking causes 85-90% of lung cancers. Lung cancer incidence and mortality is three times higher in men than in women worldwide.<sup>6</sup> These findings suggest that smoking was strongly associated with risk of lung cancer in men as well as in women <sup>7</sup> and men are more susceptible to the carcinogenic effects of cigarette smoking in comparison to women. Tobacco smoking also increase the risk of lung cancer in current smokers as compared with never smokers<sup>8</sup>. The previous studies shows that individuals who quit smoking earlier in life have reduced risk of lung cancer. It has been

found that Current and former cigarette smoking caused 52.2% and 14.8% of lung cancer deaths in males and 11.8% and 2.8% in females. The risk was strongly associated with the intensity and duration of cigarette smoking in current smokers. The percentage of tobacco related products smoked in India are Bidi (28.4-79%), Cigarettes (9.0-53.7), Hooka (3.4-77.3) and mixed (7.5 - 13.6).<sup>9</sup>

#### Alcohol and lung cancer:

The possible role of alcohol intake is one of the important risk factor for lung cancer. The consumption of beer, spirits and regular use of alcohol were associated with increased risk of lung cancer<sup>10</sup> High consumption of beer and liquors may be associated with increased risk of lung cancer whereas modest wine consumption may be inversely associated with the risk of lung cancer development<sup>11</sup> Association between recent hard-liquor consumption and lung cancer risk was observed and it has been found that elevated lung-cancer risk was observed for past liquor consumption<sup>12</sup> it is also found that positive association between alcohol consumption, current smokers and lung cancer risk in a populationbased prospective cohort study <sup>13</sup> Subjects who were light to moderate drinkers, alcohol consumption was not significantly associated with the risk of lung cancer development <sup>14</sup>

#### Diet and lung cancer:

Dietary lifestyle plays an important role in the development of lung cancer. There is increasing evidence shows that some dietary factors may be protect while some may increase the risk for lung cancer. It was shown that persons with the lowest intake of beta-carotene had the highest risk for lung cancer in the Western Electric study <sup>15</sup>. Smoking with deficiency of Vit A increases the risk of developing squamous cell carcinoma and Deficiency of retinoids also leads to squamous cell carcinoma and increased B(a)-P DNA adduct formation. The protective effects were observed for black tea in nonsmokers women and physical exercise, vitamin supplements in smoker women in a case-control study. Frequent intake of fruits also reduced the risk of lung cancer in men. The intake of wine and physical exercise was inversely associated with the risk of adenocarcinoma and small cell cancer. Intakes of fruits and vitamin supplements reduced risk of squamous cell carcinoma in women, fat foods were directly associated with the risk of squamous cell cancer, while the frequent intake of apples were inversely associated with the risk of squamous-cell and small cell cancers in men<sup>16</sup> Plant carotenoids alpha-carotene found in carrots and tomatoes and

lycopene found in tomatoes are associated with 20-25% lower risk of lung cancer. <sup>17</sup> The consumption of carrots also reduced the risk of squamous cell carcinoma, small cell carcinoma and adenocarcinoma in women and high consumption of vegetables such as tomatoes, lettuce, carrots, margarine, raw fruits and dairy products such as cheese reduced the risk of lung cancer.<sup>18</sup> Flavonoids found in apples and isothiocyanates found in cruciferous vegetables has also been found to reduce the risk for lung cancer.<sup>19</sup> while the consumption of Red meats, beef and fried meat caused a significant increase in risk of squamous cell carcinoma<sup>20</sup> Dietary cholesterol and animal fat increases the risk of lung cancer. It has been also found from the previous studies that the Consumption of vegetables and fruits may reduce lung cancer risk of squamous cell carcinomas in current smokers<sup>21</sup>

#### CONCLUSION

It has been found from the various studies that there is a direct relationship between unhealthy diet and lifestyle with the increased risk of tumor development and cancer. Hence a good nutritional status based on a balanced diet constitutes one of the main preventive factors for tumors<sup>22</sup> Several studies have been shown the evaluation of lifestyle exposure and cancer outcomes and the impact of lifestyle on overall cancer risk. While adhering to one specific recommendation has a moderate impact on the proportion of prevented cancer cases combining healthy behaviors such as being a nonsmoker, drinking moderately, consuming the recommended amounts of fruits and vegetables, being physically active and having a BMI within the recommended range may substantially decrease the incidence of lung cancer. These results should encourage research into ways of enforcing these five simple health behaviors in the general population to improve cancer prevention<sup>23</sup>. The possible role of alcohol intake is one of the important risk factor for lung cancer. The consumption of beer, spirits and regular use of alcohol were associated with increased risk of lung cancer while Free radicals found in cigarette smoke may also cause the oxidative damage and genetic alteration in DNA and cause activation of oncogenes as well as inhibition of tumor suppressor genes which cause lung cancer in smokers. It has been concluded from various studies that the use of tobacco, cigarette smoking, intake of high fat diet, red meat, fried meat and consumption of beer, spirits and regular use of alcohol increase risk of lung cancer while regular intake of fruits such as apples, banana, fresh vegetables like tomato, carrot and milk products have protective effects against lung cancer.

# REFERENCES

- 1. Wingo PA, Ries LA, Giovino GA, Miller DS, Rosenberg HM, Shopland DR, et al. Edwards, Annual report to the nation on the status of cancer, 1973-1996, with a special section on lung cancer and tobacco smoking. J Natl Cancer Inst 1999; 91:675–90.
- 2. Ozlu T, Bulbul Y. Smoking and lung cancer. Tuberk Toraks 2005; 53:200–9.
- Peto R, Darby S, Deo H, Silcocks P, Whitley E, Doll R. Smoking, smoking cessation, and lung cancer in the UK since 1950: combination of national statistics with two case-control studies. BMJ 2000; 321:323–9.
- Phillips DH, Hewer A, Martin CN, Garner RC, King MM. Correlation of DNA adduct levels in human lung with cigarette smoking. Nature 1988; 336:790–2.
- 5. Raul Baena Ruiz., Pedro Salinas Hernandez.Diet and cancer: Risk factors and epidemiological evidence. Maturitas 77 (2014) 202–208.
- Thun MJ, Henley SJ, Burns D, Jemal A, Shanks TG, Calle EE. Lung cancer death rates in lifelong nonsmokers. J Natl Cancer Inst 2006; 98:691–9.
- Freedman ND, Leitzmann MF, Hollenbeck AR, Schatzkin A, Abnet CC. Cigarette smoking and subsequent risk of lung cancer in men and women: analysis of a prospective cohort study. Lancet Oncol 2008; 9:649–56.
- Wakai K, Inoue M, Mizoue T, Tanaka K, Tsuji I, Nagata C, et al. Tobacco smoking and lung cancer risk: an evaluation based on a systematic review of epidemiological evidence among the Japanese population. Jpn J Clin Oncol 2006; 36:309–24.
- 9. Jindal SK, Behera D. Clinical spectrum of primary lung cancer review of Chandigarh experience of 10 years. *Lung India* 1990;8:94-98.
- Fan L, Cai L. Meta-analysis on the relationship between alcohol consumption and lung cancer risk. Wei Sheng Yan Jiu 2009; 38:85–9.
- 11. Chao C. Associations between beer, wine, and liquor consumption and lung cancer risk: a metaanalysis. Cancer Epidemiol Biomarkers Prev 2007;16:2436–47.
- Carpenter CL, Morgenstern H, London SJ. Alcoholic beverage consumption and lung cancer risk among residents of Los Angeles County. J Nutr 1998; 128:694–700. in PMC 2011 July 28.

- Shimazu T, Inoue M, Sasazuki S, Iwasaki M, Kurahashi N, Yamaji T, et al. Alcohol and risk of lung cancer among Japanese men: data from a large-scale population-based cohort study, the JPHC study. Cancer Causes Control 2008; 19:1095–102.
- Djousse L, Dorgan JF, Zhang Y, Schatzkin A, Hood M, D'Agostino RB, et al. Alcohol consumption and risk of lung cancer: the Framingham Study. J Natl Cancer Inst 2002; 94:1877–82.
- 15. Sikora K, Ong G. Cancer genes. *Thorax* 1990; 45:409.
- 16. Kubik A, Zatloukal P, Tomasek L, Dolezal J, Syllabova L, Kara J, et al. A case-control study of lifestyle and lung cancer associations by histological types. Neoplasma 2008; 55:192–9.
- 17. Behera D, Sharma A, Khanduja KL, Gogna ML. Beta carotene, vitamin-A, and vitamin-C levels in patients with lung cancer. (Abstract) *Lung Cancer* 1998;21(Supp 1):S20.
- Mayne ST, Janerich DT, Greenwald P, Chorost S, Tucci C, Zaman MB, et al. Dietary beta carotene and lung cancer risk in U.S. nonsmokers. J Natl Cancer Inst 1994;86:33–8.
- 19. Michaud DS, Feskanich D, Rimm EB. Intake of specific carotenoids and risk of lung cancer in two prospective US cohorts. *Am J Clin Nutr* 2000;72:990-97.
- Deneo-Pellegrini H, De Stefani E, Ronco A, Mendilaharsu M, Carzoglio JC. Meat consumption and risk of lung cancer; a casecontrol study from Uruguay. Lung Cancer 1996;14: 195–205.
- 21. F. L. Bu"chner, H. B. Bueno-de-Mesquita, J. Linseisen, H. C. Boshuizen, L. A. L. M. Kiemeney, M. M. Ros et al. Fruits and vegetables consumption and the risk of histologicalsubtypes of lung cancer in the European Prospective Investigation into Cancer and Nutrition (EPIC). Cancer Causes Control (2010) 21:357–371
- 22. Baena Ruiz R, Salinas Hernández P. Diet and cancer: risk factors and epidemiological evidence. Maturitas. 2014 Mar;77(3):202-8.
- Laureen Dartois, Guy Fagherazzi, Marie-Christine Boutron-Ruault, et al. Association between Five Lifestyle Habits and Cancer Risk: Results from the E3N Cohort. Published OnlineFirst February 26, 2014; DOI: 10.1158/1940-6207.CAPR-13-0325.