



## 93 - ADHERENCE TO PRO-VEGETARIAN DIETARY PATTERNS AND RISK OF GASTRIC CANCER: A POOLED ANALYSIS

A. Oncina Cánovas, L. Torres Collado, C. Pelucchi, C. La Vecchia, N. Lunet, P. Lagiou, L. López-Carrillo, V. Martín, J. Vioque

Unidad de Epidemiología de la Nutrición, Universidad Miguel Hernández; Instituto de Investigación Sanitaria y Biomédica de Alicante (ISABIAL); Consorcio para la Investigación Biomédica en Epidemiología y Salud Pública (CIBERESP); Department of Clinical Sciences and Community Health, University of Milan; EPIUnit ITR, Instituto de Saúde Pública da Universidade do Porto, Universidade do Porto; Departamento de Ciências da Saúde Pública e Forenses e Educação Médica, Faculdade de Medicina da Universidade do Porto; Department of Hygiene, Epidemiology & Medical Statistics, School of Medicine, National and Kapodistrian University of Athens; Population Health Research Center, Mexico National Institute of Public Health; Universidad de León.

### Resumen

**Background/Objectives:** Plant-based dietary patterns, including provegetarian diets (PVG), may reduce the risk of gastric cancer (GC); although, current evidence remains limited. The aim of this study is to evaluate the association between three PVG patterns -general (gPVG), healthful (hPVG), and unhealthful (uPVG)- and GC risk within the Stomach Cancer Pooling (StoP) Consortium, which includes studies from multiple countries.

**Methods:** Data from six case-control studies conducted in Italy, Greece, Portugal, Mexico and Spain, and included in the StoP Consortium, were analysed. The final sample included 1,857 histologically confirmed incident GC cases and 5,646 controls. Dietary intake was assessed using country-specific food frequency questionnaires, which allowed the estimation of PVG patterns using standardized methods. Adherence to PVG dietary patterns was categorized into quintiles. Mixed-effects logistic regression models, adjusted for study and other covariates, were used to estimate odds ratios (ORs) and the corresponding 95% confidence intervals (95% CIs).

**Results:** Higher adherence to the gPVG and hPVG patterns was associated with a lower risk of GC, OR = 0.60 (95% CI: 0.49-0.74) and OR = 0.65 (95% CI: 0.54-0.79), respectively. Conversely, higher adherence to the uPVG pattern was associated with an increased GC risk, OR = 1.28 (95% CI: 1.06-1.56). Similar associations were observed for both intestinal and diffuse GC subtypes.

**Conclusions/Recommendations:** Greater adherence to gPVG and hPVG dietary patterns, rich in fruits and vegetables, is associated with a lower risk of GC, whereas higher adherence to the uPVG pattern, characterized by consumption of sugary drinks, fried potatoes, and sweets and desserts, is associated with a higher risk. These findings support dietary recommendations aimed at reducing GC risk.