

## **Obesity and Cancer: How Understanding the Connection Early Can Have an Impact on Prevention**

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### **Abstract**

There is a common understanding that obesity is associated with increased incidence of heart disease and diabetes. Recent synthesis of literature links obesity with several cancers including cancers of colon, esophagus, breast, endometrium, and kidney. Increased risk of developing several other cancers has also been associated with high fat diet and low physical activity. The risk of developing type II diabetes is high in obese patients due to Insulin resistance. Insulin's ability to induce cellular proliferation has been linked to progression of cancers.

There is an immense need to implement health education to adolescent populations by training teachers to promote awareness of the role of obesity in cancer and benefits of not being obese. Education and research in this area is critical to prevention of obesity and cancer. Psychologically, obesity does not cause an immediate alarm as compared to being diagnosed with cancer. Promoting outreach programs by universities and other health professionals can enhance knowledge and understanding at an early age. Implementing a required science course in schools to focus on biology and progression of cancer and the importance of healthy habits may have impact in the future of the health of coming generations.

### **Introduction**

When cells proliferate without restraints, there is development of cancer. Increased risk of cancer is observed in overweight children. However, the underlying cause and mechanism are unclear [1]. Thus, there is urgent need to investigate the cause-and-effect relationship between overweight children and their increased risk to developing cancer, with a long-term desirable goal of cancer prevention.

### **Cancer in Adolescent Years**

Leukemia and brain cancers top the list of cancers in ages 0-16. There has been noticeable improvement in the survival of children with cancer. However, whether or not dietary habits and obesity in early years of life influence and predispose this segment of the population

to developing cancer in future when they are older have not been systematically investigated. Nevertheless, obesity is linked to development of several types of cancers.

### **Role of obesity in cancer**

Obesity is often linked to diabetes and heart diseases: on the other hand, there is considerable recent evidence linking obesity to cancer. Furthermore, diabetes itself increases the risk to developing cancer. For example, increase in carbohydrate intake and obesity parallels the increase in esophageal cancer. It has also been shown that 14% of deaths in men and 20% of deaths in women resulting from cancer at age 50 or older are due to obesity [5].

Association of obesity with prostate cancer has been reported by Quin and Babb (2002) [2]. Moreover, obesity may be a predictor of poor diagnosis at higher tumor grade and stage [3]. In the same studies, high waist to thigh circumference rather than body mass index (BMI) was associated with increased prostate cancer risk [2]. Adipokines that correlate with BMI enhance angiogenesis process which is critical in the progression of cancer [4].

Higher BMI also has been shown to increase the risk of breast cancer in post-menopausal women [6]. Mechanism underlying this risk is not well understood but has been suggested to be the consequence of increased secretion of estrogens. Increased risk of developing colon and rectal cancer is associated with increasing waist circumference whereas higher BMI only increased risk in men for rectal cancer [7, 8]. Several other studies link increased risk of cancer to obesity, BMI or waist-to-hip ratio (WHR) [9, 10, 12, 13, and 14]. Consequently, an improved understanding of the mechanisms underlying the biological linkage of obesity to cancer development and progression will throw new light the linkage.

## **Warburg Hypothesis and Cell Signaling: Systems Biological Approach**

Within the context of our studies, it is relevant to note that the Keck School of Medicine, University of Southern California has been funded for 5 years to study relationships between obesity and cancer. The goal of their studies is to examine metabolic risk factors in obesity.

Considerable progress has been made in the area of understanding of differences between normal and cancer cells. Biological differences have led us to delineate mechanisms involved in progression of cancer. The multi-step mechanisms include mutations, clonal expansion of mutated cells, changes in gene expression, alteration in cell signaling, invasion, angiogenesis, and metastasis. These mechanisms involve carefully orchestrated biochemical pathways that are tuned by energy from cellular intermediary metabolism. The coordination of these pathways in a normal cell is disrupted by the environmental stress and in some cases genetic predispositions (e.g, obesity and diabetes). The ensemble adapts itself by favoring cellular milieu that leads to activation of pathways that favor progression of cancer.

The influence of the energetics in tumor genesis and progression was hypothesized by Warburg [11] who showed increase in aerobic glycolysis and dependence of the glycolytic pathway for production of ATP. This phenomenon is known as the Warburg effect. Several cell signaling pathways involve phosphorylation of signaling proteins for driving tumor progression. Blocking these pathways will have major significance in the treatment of cancer. Regulation of the pathways early may have a profound effect on retarding or even blocking the progression of cancer, ultimately leading to cancer prevention. Several studies, including ours, indicate a crosstalk between metabolism and mitogenic signal pathways critical in invasion, angiogenesis and metastasis.

Treating the body to an overwhelming increased influence of metastatic pathways may tune cells to be ready for an opportunity for a mutated cell in a favorable environment to progress to cancer. Several epidemiological studies indicate this association with cancer formation [16, 17]. Obesity, lack of exercises, sedentary lifestyle, and decreased consumption of fruits and vegetables are some of the factors that increase the risk of developing cancer [18, 19, and 20]. A systematic approach that focuses on the interactions between components of biological systems as discussed above will greatly facilitate our understanding of the progression of cancer. Interactions of key metabolic pathways and cell signaling may indeed be critical in determining how obesity may increase the risk of developing cancer. The understanding of the mechanisms underlying these metabolic and signaling interactions may provide new approaches to the area of anticancer drug discovery.

We studied in our laboratories the effects of inhibitors of glycolytic enzymes on influencing cell signaling that leads to the progression of cancer. 4-bromopyruvate and iodoacetate that specifically block two glycolytic enzymes resulting in alteration of the mTOR pathway that is important for progression of cancer. These studies show the crosstalk of metabolic pathways with mitogenic pathways and possible linkage between cellular metabolism and cancer development [21].

Even now we have to cope with finding the right anti-cancer drugs to treat and improve the survival and quality of life of patients with cancer. It would be more ideal and beneficial to the population at large to prevent the occurrences of cancer and have a strategy that would minimize the incidence and deaths due to cancer. In broad terms the Warburg hypothesis argues that it is imperative to revisit metabolic characteristics that favors development of obesity which ample epidemiological data suggest ultimately favor development and progression of cancer.

Having established a strong argument that obesity and associated metabolic syndrome(s) will precipitate cancer and cancer progression, we now need to finally focus on how to prevent it.

### **Outreach on Cancer prevention in grade schools onward and upward**

We have promoted Mr. Yuk to keep children avoiding dangerous materials for the fear of food poisoning. However, a devastating disease such as cancer that in majority of cases, is due to environmental factors, is not something we often discuss with school children. Cartoon figures like Shrek have increased influence on children but do we also tell children their susceptibility to diseases? A health course focusing on the influence of obesity in making individuals more prone to diseases is necessary during the early years of childhood education. This approach will help in cautioning students to develop more healthy habits for a better future.

Dr. Colin Waine has shown that obese boys have a fourteen percent increased risk and obese girls have a twenty percent risk of developing cancer in their adult life [22]. A decrease in energy expenditure and dietary changes in children have contributed to the obesity in children [23]. Studies carried out by Gascon et al. have shown that childhood obesity and hormonal abnormalities associated with cancer risk [24]. For all ages, WHO suggests that after omitting tobacco use, obesity is the second most important form of preventing cancer [25].

### **Conclusion**

In developing the argument that obesity could lead to development of cancer, we have argued that it is imperative to educate children at as early a stage possible about such a devastating health lineage. Clearly, as other presenters in our forum have also shown or will have also demonstrated, education makes a difference. We advocate that this is a golden opportunity

for faculty, nurses, pharmacist, physician's assistants, and other health professionals to visit grade schools and older children about the dire importance of weight control. We have already a system in place to undertake such important health education outreach in Idaho and Utah. We give seminars in high schools to educate students about cancer and emphasize the importance of maintaining good health for a healthy life into adulthood. Implementation of these outreach programs by health professionals, science academicians, graduate and undergraduate students can create a network in communities and schools that will have impact on reducing obesity in children by educating and bringing awareness about potential impact of obesity.

**References:**

1. Baillargeon J and Rose D P; Obesity, adipokines, and prostate cancer (Review), *International Journal of Oncology* 28:737-745, 2006.
2. Quinn M and Babb P; Patterns and trends in prostate cancer incidence, survival, prevalence and mortality. Part 1: international comparisons. *BJU Int* 90: 162-173, 2002.
3. Freeland SJ, Terris MK, Platz EA and Presti JC; Body mass index as a predictor of prostate cancer. *Obes Res* 12: 1930-1935, 2004.
4. Jee SH, Chu CY, Chiu HC, Huang YL, Tsai WL, Liao YH, and Kuo ML; interleukin-6 induced basic fibroblast growth factor-dependent angiogenesis in basal cell carcinoma cell line via JAK/STAT3 and PI3-kinase/Akt pathways. *J Invest Dermatol* 123: 1169-1175, 2004.
5. Calle EE, Rodriguez C, Thurmond KW, and Thun MJ; Overweight, Obesity, and Mortality from Cancer in a Prospectively Studied Cohort of U.S. Adults. *The New England Journal of Medicine* 348 (17): 1625-1638, 2003.
6. Key TJ; Body Mass Index, Serum Sex Hormones, and Breast Cancer Risk in Postmenopausal Women. *Journal of the National Cancer Institute* 95(16): 1218-1226, 2003.
7. Larsson SC and Wolk A; Obesity and colon and rectal cancer risk: a meta-analysis of prospective studies. *Am J Clin Nutr* 86: 556-565, 2007.
8. Larsson SC, Orsini N, and Wolk A; Body mass index and pancreatic cancer risk: A meta-analysis of prospective studies. *Int. J. Cancer* 120:1993-1998, 2007.
9. Rose D P, Haffner SM, and Baillargeon J; Adiposity, the Metabolic Syndrome, and Breast Cancer in African-American and White American Women. *Endocrine Reviews* 28(7): 763-777, 2007.
10. Key T; Diet and the risk of Cancer. *BMJ* 335:893-898, 2007.
11. Warburg O; On the Origin of Cancer Cells. *Science* 123 (3191), 1956.

12. Sedjo RL, Byers T, Levin TR, Haffner SM, Saad MF, Tooze JA, and D'Agostino RB, Jr.; Change in Body Size and the Risk of Colorectal Adenomas. *Cancer Epidemiol Biomarkers Prev* 16 (3): 526-531, 2007.
13. Dyer Z, Peltekian K, and Zanten SVV; Review article: the changing epidemiology of hepatocellular carcinoma in Canada. *Aliment Pharmacol Ther* 22: 17-22, 2005.
14. Janiszewski PM, Oeffinger KC, Church TS, Dunn AL, Eshelman DA, Victor RG, Brooks S, Turoff AJ, Sinclair E, Murray JC, Bashore L, and Ross R; Abdominal Obesity, Liver Fat, and Muscle Composition in Survivors of Childhood Acute Lymphoblastic Leukemia. *The Journal of Clinical Endocrinology and Metabolism* 92 (10): 3816-3821, 2007.
15. Nathan PC, Jovcevska V, Ness KK, D'Agostino NM, Staneland P, Urbach SL, Barron M, Barrera M, and Greenberg ML; The Prevalence of Overweight and Obesity in Pediatric Survivors of Cancer. *The Journal of Pediatrics*:518-525, 2006.
16. Takahashi H, Yoneda K, Tomimoto A, Endo H, Fujisawa T, Iida H, Mawatari H, Nozaki Y, Ikeda T, Akiyama T, Yoneda M, Inamori M, Abe Y, Saito S, Nakajima A, Nakagama H. Life Style-Related Diseases of the Digestive System: Colorectal Cancer as a Life Style-Related Disease: from Carcinogenesis to Medical Treatment. *Journal of Pharmacological Sciences* 105: 129-132, 2007.
17. Rosenfield RL; Clinical Review: Identifying Children at Risk of Polycystic Ovary Syndrome. *The Journal of Clinical Endocrinology and Metabolism* 92 (3): 787-796, 2007.
18. Calle EE; Obesity and Cancer. *BMJ* 335: 1103-1108, 2007.
19. Park SM, Lim MK, Jung KW, Shin SA, Yoo KY, Yun YH, and Huh BY; Prediagnosis Smoking, Obesity, Insulin Resistance, and Second Primary Cancer Risk in Male Cancer Survivors: National Health Insurance Corporation Study. *Journal of Clinical Oncology* 25(30): 4835-4843, 2007.
20. Solomons N, Uauy R; Diet, Nutrition, and the Life-Course Approach to Cancer Prevention. *J. Nutr.* 135:2934S-2945S, 2005.
21. Bhardwaj V, Rizvi N, Lai MB, Lai JCK & Bhushan A (2008) Iodoacetate and 3-Bromopyruvate Modulate Cell Signaling to Decrease the Pancreatic Cancer Cell Survival. Annual Meeting, American Association for Cancer Research, San Diego, CA, April 12-16, 2008. In Proceedings of American Association for Cancer Research,
22. Meyers, D. Cancer Warning for Obese children  
<http://coloncancer.about.com/b/2004/04/03/cancer-warning-for-obese-children.htm>
23. Dickey, RA Obesity and weight management in primary care *International Journal of Obesity* (2002) 26, 1520-1521.
24. Gascón F, Valle M, Martos R, Zafra M, Morales R, Castaño MA. Childhood obesity and hormonal abnormalities associated with cancer risk. *Eur J Cancer Prev.* 2004 13(3):193-197.
25. WHO/FAO, Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases, in WHO Technical Report Series. 2003, WHO: Geneva. p. 95-104