

WEIGHT LOSS E-NEWSLETTER

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Ara Keshishian, MD, FACS
Dawn R. Keshishian, RN, CCRN

Calcium May Cut Cancer Risk

Higher Calcium Intake May Reduce Risk of Colorectal and Other Types of Digestive Cancers

Here's yet another reason to bone up on calcium. It may help reduce your risk of cancer.

A new study shows that older men and women who got the most calcium from food and supplements had a 16% lower risk of colorectal and other cancers of the digestive

system than those who got the least calcium.

Among women, those cancer-fighting benefits were even stronger. Women who got the most calcium from food and supplements had a lower risk of all cancer and a 23% lower risk of cancers of the digestive system than those who got the least.

Calcium is already known to boost bone health, but researchers say previous studies on calcium's effect

on cancer have produced mixed results.

"Our study suggests that calcium intake is associated with a lower risk of total cancer and cancers of the digestive system, especially colorectal cancer," write researcher Yikyung Park, ScD, of the National Cancer Institute and colleagues in the *Archives of Internal Medicine*.

Calcium May Lower Cancer Risk

The Institute of Medicine recommends 1,200 milligrams of calcium per day for men and women over age 50. Dietary guidelines also call for adults to eat three cups of fat-free or low-fat dairy foods, such as milk, yogurt, and cheese to meet their daily calcium needs.

This does not include conditions or diseases that may limit the absorption of the Calcium such as weight loss surgical procedures.

One 8-ounce serving of skim milk or yogurt contains about 300 milligrams of calcium. Other nondairy sources of calcium include beans, broccoli, spinach, and

other green, leafy vegetables.

In the study, researchers analyzed data from nearly 300,000 men and 200,000 women 50 to 71 who participated in the National Institutes of Health-AARP Diet and Health Study. Participants answered a questionnaire about the foods and supplements they ate, and cancer rates were linked

Calcium May Lower Cancer Risk (cont.)

through state cancer registries over seven years of follow up.

The results showed that total calcium intake was not associated with a lower risk of cancer in general in men, but women who got up to 1,300 milligrams of calcium per day had a lower risk of cancer overall.

However, total calcium intake from both food and supplements was linked to a lower risk of colorectal

cancer and other cancers of the digestive system in both men and women.

Men who got the highest levels of total calcium per day through food and supplements had a 16% lower risk of these cancers than those who got the least amount per day. Women who get the most calcium per day had a 23% lower risk than those with the least reported intake per day.

Researchers conclude that "our findings suggest that calcium intake consistent with current recommendations is associated with a lower risk of total cancer in women and cancers of the digestive system, especially colorectal cancer, in both men and women."

SOURCES: Park, Y. *Archives of Internal Medicine*, Feb. 23, 2008; vol 169: pp 391-401.

Opinion and Commentary

The above two articles that were taken from internet sites, reflect the continues and ever evolving nature of the science behind most of the recommendations made.

Just imagine the treatment of a patient with a disease process. Almost certainly the surgical and medical treatment that may have been recommended years ago may not be an option today.

This is why it is important for us, providers and patients alike to continue to stay vigilant with our surveillance of our health condition and adapt to any pertinent information that may have an impact on it.

One of the most commonly asked question is about the type and the amount of the calcium that patients are required to take.

The issue of the types of the calcium supplement is discussed in great length in the FAQ section of our website (dssurgery.com, weightlossinla.com). The table outlines the differences between the types. The bottom line is that for most patients there may not be much of a difference as long as the patients are consistently taking them. There are cases however when we have recommended one type or another.

The most recommended dose is 2000-3000 mg per day in divided dose. Before some of you start

calling or emailing us as to how come you were told to only take 1500 and not 2000, remember what I said earlier in this section that this is an ever evolving field. If you have taken 1500mg in divided doses and have had your yearly lab work with no further recommendation from us, do not make any changes unless instructed so..

The other most common concern regarding the calcium, is its relationship with kidney stones. Most common Kidney stone is Calcium Oxalate in post weight loss surgical patients. The treatments Does not include cutting back on Calcium. Calcium Oxalate search of our website will provide further detail.