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An impact on Mediterranean diet on Cancer – an update

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ABSTRACT: Cancer is one of the major public health problem worldwide, and the number of incidence cases of cancer increases every year and it was expected to reach 17.1 million a year by 2020. Mediterranean diet is a type of traditional in mediterranean countries, which was characterized by adding more amounts of fruits and vegetables, fish, cereals, and poly-saturated fats with a reduced consumption of meat and dairy products and moderate intake of alcohol and red wine. The incidence of cancer in mediterranean counties is lower than in other countries. Cancers in largebowel, breast, endometrium, and prostate has been less in Mediterranean countries because these forms of cancer have been linked to dietary factors, particularly low consumption of vegetables and fruits, and high consumption of meat. The aim of this review is to find out the protective effect of the mediterrenean diet on cancer.

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INTRODUCTIONS:

Cancer is one of the most common causes of mortality and morbidity in U.K^[1]. Cancer is one of the leading causes of death in both developed and developing countries, and is an increasing medical burden worldwide, due to population growth and aging. Cancer is a major public health problem worldwide, and the number of incident cases increases every year^[2]. Cancer is mainly treated using surgical resection, fractionated radiotherapy, and chemotherapy^[3]. The term cancer describes a group of diseases that are characterized by the uncontrolled cellular growth, cellular invasion into adjacent tissues, and the potential to metastasize if not

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treated at a sufficiently early stage. These cellular aberrations arise from accumulated genetic modifications, either via changes in the underlying genetic sequence or from the epigenetic alterations (e.g., modifications to gene activation- or DNA-related proteins that do not affect the genetic sequence itself) ^[4,5]. It is estimated that by the year of 2030 the incidence of cancer will be 18 % ^[6].

The causes of tumors that are formed in cancer are regarded to be an age-dependent phenomenon. Despite this factor, cancer and other chronic diseases increasingly manifest themselves at a very younger age ^[7]. This emphasizes the fact that the growing incidence of these malignant diseases is not exclusively attributable to an increase in life expectancy, but it can be rather due to a number of basic environmental and lifestyle risk factors. Approximately 5 to 10 % of all tumor diseases that are mainly caused by genetic predisposition, while the pathogenesis of the remaining tumors 90 to 95 % which may be caused due to the unfavorable environmental conditions or an unhealthy lifestyle ^[8]. The latter can mainly be characterized by an unbalanced diet, lack of exercise, and consumption of alcohol and tobacco^[9]. The World Cancer Research Fund (WCRF) assumes that 3 to 4 million cases of cancer worldwide might be avoided by adopting a healthier lifestyle ^[10]. It has been estimated that approximately 30 % of cancers that can be prevented by following a healthy diet ^[11], however, foods that may contain both ingredients that are protective to our health as well as in others way that may cause harm to our health. Some specific bioactive compounds from foods with tumor-preventive potential have been characterized in the past, e.g. polyphenols, n-3 fatty acids, or monounsaturated fatty acids ^[12].

The Growing evidence indicates that the Mediterranean diet has a beneficial influence on health. In some studies ^[13-15], it have been reported a reduction of risk for coronary heart diseases ^[16,17] and an improvement in the survival ^[18-22] and it has been suggested that such a diet could have some favorable effect on cancer risk as well ^[23-26].

THE MEDITERRANEAN DIET:

The mediterrean diet (MD), typical of southern European countries, and it has different variants, characterized by some common features, which including abundant plant foods, fresh and varied fruit as the main and usual dessert, high consumption of cereals, olive oil as the main source of fat, moderate consumption of wine mainly during meals, and relatively low intake of meat and dairy products ^[27,28]. The MD was introduced to the scientific community as a health protecting diet by the classic studies which were done by Ancel Keys and Colleagues ^[29].

A simple score to assess the adherence to the MD was introduced in 1995 ^[30], and this score, has been used to evaluate the relation of the MD to the overall mortality, as well as to identify the specific health outcomes, which included Alzheimer's disease, diabetes mellitus, and cancer overall ^[31-33].

The number of cancer survivors in the United States and Europe is growing rapidly ^[34,35]. A few prospective cohort studies have investigated the association between composition of MD and cancer survival ^[36]. There is evidence that the people who adhere to the MD have lower incidence of cancer ^[37,38].

MD which includes plant foods such as fruits, vegetables, cereals, legumes, nuts, seeds, and olive oil. The diet also contains dairy products with recommended low consumption of milk and high consumption of cheese and yoghurt, moderate consumption of fish, eggs, low amounts of red meat consumption, and low to moderate consumption of wine, mainly with meals.³⁹MD, which is the most recognized of a balanced ecosystem which was supported by the benevolent climate of the Mediterranean region ^[40,41].

The mediterranean basin has their own dietary traditions, but in all of them olive oil occupies a main central position in their diet. Olive oil is important, not only because it has in itself beneficial properties ^[42,43], but also because it facilitates the consumption of large quantities of vegetables and legumes in the form of raw salads and cooked foods ^[44].

The fundamentals of the MD have been formulated on the basis of eating habits of people living in the **Mediterranean countries.**

The following common features have been found in their diet that are high consumption of fruits, vegetables, potatoes, legumes, nuts, whole grains; high consumption of olive oil as the main source of fat; high consumption of spices such as oregano, garlic, basil, thyme, rosemary, sage; Moderate consumption of fish and seafood; Moderate consumption of milk and dairy products (mainly cheese and yoghurt); Moderate consumption of wine, mainly for meals and Low consumption of meat and meat products; Consumption of local, seasonal fresh produce ^[45].

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EATING PATTERNS OF MD:

The MD eating patterns have been established through the blending of many foods, religious, economic and the cultural practices by civilizations that have occupied the Mediterranean basin for millennia ^[46]. The MD eating pattern also recommends the inclusion of water, tea, and herbal infusions as non-alcoholic beverages in the diet ^[47-49]. The Mediterranean dieting pattern can be described as the one that it is abundant in plant-based foods such as the whole grains, legumes, nuts, seeds, fruits, and vegetables; it comprises the use of olive oil as the main source of their dietary fat; it limits the intakes of red and processed meat, saturated fat, and refined sugars; the MD favors low- to-moderate intake of low-fat dairy and moderate consumption of fish sources and it emphasizes regular, but moderate, alcohol (mostly red wine) consumption with meals ^[50].

Mechanisms of Olive Oil and its Components against Cancer Risk:

Olive oil is a liquid fat which was obtained from a tree crop of the Mediterranean regions. The two main major components of the olive oil are 18:1 oleic acid (~70 %) and phenolic compounds i.e., tyrosol, hydroxytyrosol, catechin, epicatechin, epigallocatechingallate (EGCG), oleuropein, quercetin, and rutin^[51,52]. The mechanism of Olive oil-associated with the contribution to good health primarily the anti-inflammatory and antioxidant properties ^[53,54]. The phenolic compounds that present in olive oil may interact with the inflammatory cascade via their antioxidant action. So this interaction can be primarily related to their ability to scavenge free radicals, thus it will prevent the cellular injury ^[55]. Thus these chemoprotective properties may translate into a number of protective mechanisms which was beneficial to health, which may include protection against viral infections and cancer development, as well as cardiovascular protection [56]

Mediterrenean diet and Cancer Risk:

A case-control study which was done in the san Francisco bay area had taken 1,703 breast cancer patients and 2,045 controls showed that cooking with olive oil, which is rich in oleic acid, reduced the risk of breast cancer while compared with hydrogenated fats (OR 1.58; 95% CI 1.20 to 2.10) or with vegetable/corn oil, which is rich in linoleic acid (OR 1.30; 95% CI 1.06 to 1.58) ^[57]. Another study which was done by Norat *et al.*, reported that the incidence of colorectal cancer in relation to fish

intake ^[58]. This study prospectively followed 478,040 cancer- free men and women from 10 European countries between 1992 and 1998 with a mean follow-up of 4.8 years. During this questionnaire-based study a number of 1,329 participants were diagnosed with the colorectal cancer. This study showed that the disease and the consumption of red and processed meat are positively related (p = 0.001), whereas the association with fish intake appeared to be inverse (p = 0.003). A another large 7-year case-control study which was done by The odoratou et al., on oleic acid and other fat consumption included 1,455 cases and 1,455 matched controls ^[59]. The results showed no clear association between oleic acid intake and colorectal cancer risk as opposed to the inverse relationship found for omega-3 fatty acid intake. A recent meta-analysis which was done by Sofi et al., had demonstrated that the Mediterranean diet is associated with a significant improvement in the health status which was marked by a remarkable reduction in mortality due to CVD (9%), incidence of mortality from cancer (6 %), overall mortality (9 %), and incidence of Parkinson's and Alzheimer's diseases (13 %). The components which relating to the dairy products such as, cereals, surprisingly, fish and seafood were largely inconsequential and had contributed little for predicting the mortality rate. A study which was conducted by, Simopoulos had previously emphasized that the Cretan diet with its 'high intake of fruits and fruit juice, vegetables, herbs and spices, nuts (notably walnuts), garlic, onions, cereals (whole-wheat and sourdough rather than pasta), olive oil and olives, less milk, more goat cheese, less meat, more fish, yogurt, water and moderate amounts of red wine with meals' differs considerably from the diet that has been positively associated with cancer in Europe [61,62].

Cancer is considered as the second largest cause of death in the world after cardiovascular diseases ^[63]. Cancer cell shows a clear and altered metabolism, with the distinct usage of the energy and biosynthetic pathyways ^[64-66]. The diet and the use of natural antioxidants can play an important role on the metabolic pathways which effect the progression of cancer ^[67,68]. In keeping, several dietary supplements like MD can support in the treatment of cancer ^[70-73]. While comparing with the in the regions of North Europe or US, the Population living in the area of Mediterranean Sea had showed decrease incidence of cancer, so this has been attributed to healthier dietary habits ^[81,82]. A meta-analysis study which was conducted by Sofi and Colleagues reported that MD is responsible of 6 % reduction of cancer death/incidence are also linked to colon cancer prevention ^[74,75].

The MD is able to reduce the gastric cancer's incidence and mortality in the South areas of selected Mediterranean country, such as France, Greece and Italy when compared with other countries like North areas of same countries. The Higher adherence to the mediterrenean lowers up of 20 % the incidence of all the gastric cancers ^[76,77]. A study which was conducted by Jacobs et al., have suggested that consumption of the whole grain (bran, germ, endosperm) 4 times / week reduces the risk of cancer by 40 % compared to the controls, while the continuous update of Project has determined that the intake of non-starchy vegetables and fruits lowers the risk of mouth, pharynx, larynx, esophagus and stomach cancers [78,80]. The MD has a preventive action on cancer, because of the antiproliferative and anti-apoptotic effects on cancer cell^[81].

CONCLUSION:

It is concluded that the MD is associated with reduction in overall incidence of cancer and its effects may be accentuated in the Mediterranean countries themselves. These observed beneficial effects are mainly by higher intakes of fruits, vegetables, and whole grains. Recognition of its benefits may well lead to the Mediterranean diet becoming an indispensible part of a healthy lifestyle.

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REFERENCES:

- Reya T, Morrison SJ, Clarke MF, Weissman IL: Stem cells, cancer, and cancer stem cells. Nature. 2001: 414:105-111.
- 2. The Global Cancer Observatory (GCO) is an interactive web-based platform presenting global cancer statistics to inform cancer control and research. IARC 2017.
- Feinberg AP, Ohlsson R, Henikoff S. The epigenetic progenitor origin of human cancer. Rev Genet. 2006: 7; 21–33.
- 4. Jones PA, Baylin SB. The epigenomics of cancer. Cell. 2007:128; 683–692.

- 5. Tyrovolas S, Panagiotakos DB. The role of Mediterranean type of diet on the development of cancer and cardiovascular disease, in the elderly: A systematic review. Maturitas, 2010; 65: 122-130.
- Heller M.C, Keoleian GA, Willett WC. Toward a life cycle-based, diet-level framework for food environmental impact and nutritional quality assessment: A critical review. Environ Sci Technol, 2013: 47; 12632-12647.
- 7. Milner JA. Molecular targets for bioactive food components. J Nutr, 2004; 134: 2492-2498.
- Bouvard V, Loomis D, Guyton KZ, Grosse Y, Ghissassi FE, Benbrahi TL, Guha N, Mattock H, Straif K. Carcinogenicity of consumption of red and processed meat. Lancet Oncol, 2015; 16: 1599-1600.
- WCRF. World Cancer Research Fund International. Continuous Update Project (Cup).2017. Available online: http://www.wcrf.org/int/research-wefund/continuous- update-projectcup (accessed on 20 July 2017).
- Trichopoulou A, Lagiou P. Healthy traditional Mediterranean diet: an expression of culture, history, and lifestyle. Nutr Rev, 1997; (55): 383–389.
- Ghiselli A, D'Amicis A, Giacosa A. The antioxidant potential of the Mediterranean diet. Eur J Cancer Prev, 1997; 6(1): S15–S19.
- Kushi LH, Lenart EB, Willett WC. Health implications of Mediterranean diets in light of contemporary knowledge. 1. Plant foods and dairy products. Am J Clin Nutr, 1995; 61(6): 1407-1415.
- Martı nez-Gonza lez MA, Ferna ndez-Jarne E, Serrano-Martı nez M, Marti A, Martinez JA, Martı n-Moreno JM. Mediterranean diet and reduction in the risk of a first acute myocardial infarction: an operational healthy dietary score. Eur J Nutr, 2002; 41: 153-160.
- Panagiotakos DB, Pitsavos C, Chrysohoou C, ChristodoulosStefanadis C, Toutouzas P. Risk stratification of coronary heart disease in Greece: final results from the CARDIO2000 epidemiological study. Prev Med, 2002; 35: 548-556.
- Trichopoulou A, Kouris-Blazos A, Wahlqvist ML, Gnardellis C, Polychronopoulos E, Vassilakou T, *et al.* Diet and overall survival in elderly people. Br Med J, 1995; 311: 1457-1460.
- 16. de Lorgeril M, Salen P, Martin JL, Monjaud I, Boucher P, Mamelle N. Mediterranean dietary pattern in a randomized trial: prolonged survival and

possible reduced cancer rate. Arch Intern Med, 1998; 158: 1181-1187.

- 17. Kouris-Blazos A, Gnardellis C, Wahlqvist M L, Trichopoulos D, Lukito W, Trichopoulou A. Are the advantages of the Mediterranean diet transferable to other populations? A cohort study in Melbourne, Australia. Br J Nutr, 1999; 82: 57-61.
- Fortes C, Forastiere F, Farchi S, Rapiti E, Pastori G, Perucci CA. Diet andoverall survival in a cohort of very elderly people. Epidemiol, 2000; 11: 440-445.
- Lasheras C, Fernandez S, Patterson AM. Mediterranean diet and age with respect to overall survival in institutionalized, nonsmoking elderly people. Am J ClinNutr, 2000; 71: 987-992.
- Trichopoulou A, Lagiou P, Kuper H, Trichopoulos D. Cancer and Mediterranean dietary traditions.Cancer Epidemiol Biomark Prev, 2000; 9: 869-873.
- 21. Franceschi S, Favero A, Conti E, Talamini R, Volpe R, Negri E, Barzan L, La Vecchia C. Food groups, oils and butter, and cancer of the oral cavity and pharynx. Br J Cancer, 1999, 80: 614-620.
- 22. Bosett C, La Vecchia C, Talamini R, Simonato L, Zambon P, Negri E, Trichopoulos D, Lagiou P, Bardini R, Franceschi, S. Foods groups and risk of squamous cell esophageal cancer in Northern Italy. Int J Cancer, 2000; 87: 289-294.
- Bosetti C, La Vecchia C, Talamini R, Negri E, Levi F, Dal Maso L, Franceschi S. Food groups and laryngeal cancer risk: a case-control study from Italy and Switzerland. Int J Cancer, 2002; 100: 355-360.
- Willett WC, Sacks F, Trichopoulou A, Drescher G, Ferro-Luzzi A, Helsing E, Trichopoulos D. Mediterranean diet pyramid: a cultural model for healthy eating. Am J Clin Nutr, 1995; 61(6): 1402S-1406S.
- 25. Trichopoulou A, Lagiou P. Healthy traditional Mediterranean diet: an expression of culture, history, and lifestyle. Nutr Rev, 1997; 55: 383-389.
- Keys A. Seven countries: a multivariate analysis of death and coronary heart disease. Cambridge, MA: Harvard University Press; 1980.
- Trichopoulou A, Kouris-Blazos A, Wahlqvist ML, Gnardellis C, Lagiou P, Polychronopoulos E, et al. Diet and overall survival in the elderly. BMJ, 1995; 311: 1457 - 1160.

- 28. Scarmeas N, Stern Y, Mayeux R, Luchsinger JA. Mediterranean diet, Alzheime disease, and vascular mediation. Arch Neurol, 2006; 63: 1709-1717.
- Martínez-González MA, de la Fuente-Arrillaga C, Nunez-Cordoba JM, Basterra-Gortari FJ, Beunza JJ, Vazquez Z, *et al.* Adherence toMediterranean diet and risk of developing diabetes: prospective cohort study. BMJ, 2008; 336: 1348-1351.
- Benetou V, Trichopoulou A, Orfanos P,Naska A, Lagiou P, Boffetta P, *et al.* Conformity to traditional Mediterranean diet and cancer incidence: the Greek EPIC cohort. Br J Cancer, 2008; 99: 191-195.
- DeSantis CE, Lin CC, Mariotto AB, Siegel RL, Stein KD, Kramer JL, *et al.* Cancer treatment and survivorship statistics, 2014. CA Cancer J Clin, 2014; 64: 252-271.
- 32. Rowland JH, Kent EE, Forsythe LP, Loge JH, Hjorth L, Glaser A, *et al.* Cancer survivorship research in Europe and the United States: where have we been, where are we going, and what can we learn from each other? Cancer, 2013; 119(11): 2094-2108.
- 33. Rock CL, Doyle C, Demark-Wahnefried W, Meyerhardt J, Courneya KS, Schwartz AL, *et al.* Nutrition and physical activity guidelines for cancer survivors. CA Cancer J Clin, 2012; 62: 243-274.
- 34. Benetou V, Trichopoulou A, Orfanos P, Naska A, Lagiou P, Boffetta P, Trichopoulos D. Conformity to traditional Mediterranean diet and cancer Sincidence: the Greek EPIC cohort. Br J Cancer, 2008; 99: 191-195.
- 35. Dinu M, Pagliai G, Casini A, Sofi F. Mediterranean diet and multiple health outcomes: an umbrella review of meta-analyses of observational studies and randomised trials. Eur J Clin Nutr, 2017; 10: 112-119.
- 36. Braudel F, Coarelli F, Aymard ML. Mediterranee, l' espace et l' histoire. Paris: Flammarion; 1985.
- Trichopoulou A, Lagiou P. Healthy traditional Mediterranean diet–an expression of culture, history and lifestyle. Nutr Rev, 1997; 55: 383-389.
- 38. Willett WC. Diet and health: what should we eat? Washington DC: Science; 1994.
- Sacks FM, Willett W. More on chewing the fat. The good fat and them good cholesterol. N Engl J Med, 1991; 325: 1740-1742.
- 40. Trichopoulou A. In: Traditional Greek Mediterranean diet: an expression of culture,

historyand lifestyle. Greek traditional cuisine. Athens: O.T.E.K; 2004. pp. 16-19.

- Willett WC, Sacks F, Trichopoulou A, Drescher G, Ferro-Luzzi A, Helsing E, *et al.* Mediterranean diet pyramid: a cultural model for healthy eating. Am J Clin Nutr, 1995; 61: 1402-1406.
- 42. Simopoulos AP. The Mediterranean diets: what is so special about the diet of Greece? The scientific evidence. J Nutr, 2001; 131:3065-3073.
- 43. da Silva R, Bach-Faig A, Raido Quintana B, Buckland G, Vaz de Almeida MD, Serra-Majem L. Worldwide variation of adherence to the Mediterranean diet, in 1961-1965 and 2000-2003. Public Health Nutr, 2009; 12:1676-1684.
- 44. Allouche Y, Jimenez A, Gaforio JJ, Uceda M, Beltran G. How heating affects extra virgin olive oil quality indexes and chemical composition. J Agric Food Chem, 2007; 55: 964-965.
- 45. Gosetti F, Bolfi B, Manfredi M, Calabrese G, Marengo E. Determination of eight polyphenols and pantothenic acid in extra-virgin olive oil samples by a simple, fast, high-throughput and sensitive ultra high performance liquid chromatography with tandem mass spectrometry method. J Sep Sci, 2015; 38: 3130-3136. doi:
- 46. Tripoli E, Giammanco M, Tabacchi G, Di Majo D, Giammanco S, La Guardia M. The phenolic compounds of olive oil: structure, biological activity and beneficial effects on human health. Nutr Res Rev, 2005; 18: 98-112.
- Lau AT, Wang Y, Chiu JF. Reactive oxygen species: current knowledge and applications in cancer research and therapeutic. J Cell Biochem, 2008; 104: 657-667.
- Biesalski HK. Polyphenols and inflammation: basic interactions. Curr Opin Clin Nutr Metab Care, 2007; 10: 724-728.
- Owen RW, Haubner R, Würtele G, Hull E, Spiegelhalder B, Bartsch H. Olives and olive oil in cancer prevention. Eur J Cancer Prev, 2004; 13: 319-326.
- Wang J, John EM, Horn-Ross PL, Ingles SA. Dietary fat, cooking fat, and breast cancer risk in a multiethnic population. Nutr Cancer, 2008; 60: 492-504.
- 51. Norat T, Bingham S, Ferrari P, Slimani N, Jenab M, Mazuir M, et al. Meat, fish, and colorectal cancer risk: the European Prospective Investigation into

Cancer and Nutrition. J Natl Cancer Inst 2005; 97: 906–916.

- 52. Theodoratou E, McNeill G, Cetnarskyj R, Farrington SM, Tenesa A, Barnetson R, *et al.* Dietary fatty acids and colorectal cancer: a case-control study. Am J Epidemiol, 2007; 166: 181-195.
- 53. Karatzi K, Papamichael C, Karatzis E, Papaioannou TG, Voidonikola PT, Lekakis J, Zampelas A. Acute smoking induces endothelial dysfunction in healthy smokers: is this reversible by red wine's antioxidant constituents? J Am Coll Nutr, 2007; 26: 10-15.
- 54. Kapiszewska M. A vegetable to meat consumption ratio as a relevant factor determining cancer preventive diet: the Mediterranean versus other European countries. Forum Nutr, 2006; 59: 130-153.
- 55. Stewart BW, Wild C. International Agency for Research on Cancer, World Health Organization. Geneva: International Agency For Research on Cancer; Distributed by WHO Press; 2014.
- 56. Rotblat B, Grunewald TGP, Leprivier G, Melino G, Knight RA. Anti-oxidative stress response genes: bioinformatics analysis of their expression and relevance in multiple cancers. Oncotarget, 2013; 4: 2577-25790.
- 57. Park SY, Kim MJ, Park SA, Kim JS, Min KN, Kim DK, *et al.* Combinatorial TGF- attenuation with paclitaxel inhibits the epithelial-to-mesenchymal transition and breast cancer stem-like cells. Oncotarget, 2015; 6: 37526-35743.
- 58. Ko H, Jeong MH, Jeon H, Sung GJ, So Y, Kim I, et al. Delphinidin sensitizes prostate cancer cells to TRAIL-induced apoptosis, by inducing DR5 and causing caspase-mediated HDAC3 cleavage.Oncotarget, 2015; 6: 9970-9984.
- 59. Itsumi M, Inoue S, Elia AJ, Murakami K, Sasaki M, Lind EF, *et al.* Idh1 protects murine hepatocytes from endotoxin-induced oxidative stress by regulating the intracellular NADP(+)/NADPH ratio. Cell Death Differ, 2015; 22: 1837-1845.
- Agostini M, Annicchiarico-Petruzzelli M, Melino G, RufiniA. Metabolic pathways regulated by TAp73 in response to oxidative stress. Oncotarget, 2016; 7: 29881-29900.
- Amelio I, Cutruzzolá F, Antonov A, Agostini M, MelinoG. Serine and glycinemetabolism in cancer. Trends BiochemSci, 2014; 39: 191-198.
- 62. Lamb R, Fiorillo M, Chadwick A, Ozsvari B, Reeves KJ, Smith DL, *et al.* Doxycycline down regulates

DNA-PK and radiosensitizestumor initiating cells: Implications for more Effective radiation therapy. Oncotarget, 2015; 6: 14005-14025.

- Hugle M, Belz K, Fulda S. Identification of synthetic lethality of PLK1 inhibition and microtubuledestabilizing drugs. Cell Death Differ, 2015; 22: 1946-1956.
- 64. Javadov S, Jang S, Rodriguez-Reyes N, Rodriguez-Zayas AE, Soto Hernandez J, *et al*. Mitochondriatargeted antioxidant preserves contractile properties and mitochondrial function of skeletal muscle in aged rats. Oncotarget, 2015; 6: 39469-39481.
- 65. Dho SH, Kim JY, Kwon E-S, Lim JC, Park SS, Kwon K-S. NOX5-L can stimulate proliferation and apoptosis depending on its levels and cellular context, determining cancer cell susceptibility to cisplatin. Oncotarget, 2015; 6: 39235-39246.
- 66. Liu L, Zou P, Zheng L, Linarelli LE, Amarell S, Passaro A, *et al.* Tamoxifen reduces fat mass by boosting reactive oxygen species. Cell Death Dis, 2015; 6: e1586- e1589.
- 67. Martinez BA, Kim H, Ray A, Caldwell GA, Caldwell KA. A bacterial metabolite induces glutathione-tractable proteostatic damage, proteasomal disturbances, and PINK1-dependent autophagy in *C. elegans*. Cell Death Dis, 2015; 6: 1908-1912.
- Granato M, GilardiniMontani MS, Filardi M, Faggioni A, Cirone M. Capsaicin triggers immunogenic PEL cell death, stimulates DCs and reverts PEL-induced immune suppression. Oncotarget, 2015; 6: 29543-29554.
- Beker MC, Caglayan AB, Kelestemur T, Caglayan B, Yalcin E, Yulug B, *et al.* Effects of normobaric oxygen and melatonin on reperfusion injury: role of cerebral microcirculation. Oncotarget, 2015; 6: 30604-30614.
- Zhao H, Ning S, Scicinski J, Oronsky B, Knox SJ, Peehl DM. Epigenetic effects of RRx-001: a possible unifying mechanism of anticancer activity. Oncotarget, 2015; 6: 43172-43181.
- 71. Yadav N, Kumar S, Marlowe T, Chaudhary AK, Kumar R, Wang J, *et al.* Oxidative Phosphorylationdependent regulation of cancer cell apoptosis in response to anticancer agents. Cell Death Dis, 2015; 6: 1969-1975.
- 72. Solaini G, Sgarbi G, Baracca A. Oxidative phosphorylation in cancer cells. Biochimicaet

BiophysicaActa (BBA)- Bioenergetics, 2011; 1807: 534-5342.

- 73. Li K, Gao B, Li J, Chen H, Li Y, Wei Y, *et al.* ZNF32 protects against oxidative stress-induced apoptosis by modulating C1QBP transcription. Oncotarget, 2015; 6: 38107-38126.
- 74. Grosso G, Buscemi S, Galvano F, Mistretta A, Marventano S, *et al.* Mediterranean diet and cancer: epidemiological evidence and mechanism of selected aspects. BMC Surg, 2013; 13(2): S14-S20.
- 75. Sofi F, Abbate R, Gensini GF, Casini A. Accruing evidence on benefits of adherence to the Mediterranean diet on health: an updated systematic review and meta-analysis. Am J Clin Nutr, 2010; 92: 1189-1196.
- 76. Barera A, Buscemi S, Monastero R, Caruso C, Caldarella R, Ciaccio M, Vasto S. -glucans: ex vivo inflammatory and oxidative stress results after pasta intake. Immun Ageing, 2016; 13: 14-18.
- 77. Decarli A, La Vecchia C, Cislaghi C, Mezzanotte G, Marubini E. Descriptive epidemiology of gastric cancer in Italy. Cancer, 1986; 58: 2560-2569.
- 78. La Vecchia C, D'Avanzo B, Negri E, Decarli A, Benichou J. Attributable risks for stomach cancer in northern Italy. Int J Cancer, 1995; 60: 748-752.
- 79. Praud D, Bertuccio P, Bosetti C, Turati F, Ferraroni M, La Vecchia C. Adherence to the Mediterranean diet and gastric cancer risk in Italy. Int J Cancer, 2014; 134: 2935-2941.
- 80. Jacobs DR, Marquart L, Slavin J, Kushi LH. Wholegrain intake and cancer: an expanded review and meta-analysis. Nutr Cancer, 1998; 30: 85-96.
- Norat T, Aune D, Chan D, Romaguera D. Fruits and vegetables: updating the epidemiologic evidence for the WCRF/AICR lifestyle recommendations for cancer prevention. Cancer Treat Res, 2014; 159: 35– 50.

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