

# Modifiable risk factors of Non-Communicable Diseases

Citation for published version (APA):

Alzalabani, A. H. (2024). *Modifiable risk factors of Non-Communicable Diseases: Epidemiological Approaches and Methodological Considerations*. [Doctoral Thesis, Maastricht University]. Maastricht University. <https://doi.org/10.26481/dis.20241219aa>

## Document status and date:

Published: 01/01/2024

## DOI:

[10.26481/dis.20241219aa](https://doi.org/10.26481/dis.20241219aa)

## Document Version:

Publisher's PDF, also known as Version of record

## Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

[Link to publication](#)

## General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license above, please follow below link for the End User Agreement:

[www.umlib.nl/taverne-license](http://www.umlib.nl/taverne-license)

## Take down policy

If you believe that this document breaches copyright please contact us at:

[repository@maastrichtuniversity.nl](mailto:repository@maastrichtuniversity.nl)

providing details and we will investigate your claim.

# Impact

---

The findings from this body of work have significant implications for cancer prevention strategies and public health nutrition policies. Several key modifiable risk factors were identified that could reduce the burden of bladder cancer and other malignancies through population-level interventions.

Smoking cessation should remain a top priority, given the overwhelming evidence that cigarette smoking is the primary risk factor for bladder and other cancers. Continued investment in robust smoking prevention and cessation programs, as well as policies restricting tobacco product marketing and availability, is critical. This reinforces the need for healthcare providers to emphasize smoking cessation counseling and for policymakers to strengthen tobacco control measures.

However, the results also indicate that promoting healthy dietary patterns could substantially contribute to cancer prevention efforts. Increasing consumption of foods like fruits, vegetables, citrus fruits, cruciferous vegetables, olive oil, tomatoes and other lycopene-rich foods may help reduce risk of bladder, prostate, and potentially other cancers. Conversely, limiting intake of processed meats, fried foods, soft drinks, and foods high in sodium could also reduce the risk. Tea consumption also emerged as a potential protective factor meriting further evaluation.

For high-risk groups like smokers, the elderly, and certain occupations exposed to carcinogens, targeted dietary interventions tailored to their risk profile could be implemented through workplace wellness programs, food assistance initiatives, and insurance coverage for routine screening and preventive nutrition services. This targeted approach could maximize the impact of prevention efforts and potentially reduce healthcare costs associated with cancer treatment.

Public health communication campaigns highlighting the cancer-preventive benefits of dietary improvements would support lifestyle change. Food labeling, marketing restrictions on unhealthy products, reformulation by industry, and economic incentives like soda taxes could facilitate healthy food environments. These strategies engage multiple stakeholders, including policymakers, the food industry, and consumers, in creating a supportive environment for healthy eating.

While many studies in this thesis were observational, the consistency of results across systematic reviews and meta-analyses provides stimulus for interventional research evaluating dietary modification impacts on cancer outcomes. Robust clinical trials could ultimately inform evidence-based quantitative dietary guidelines by cancer type and risk group. This highlights the potential for translating epidemiological findings into clinical practice and policy.

The study's methodology, involving pooled data from multiple cohorts across different countries, emphasizes the importance of international collaboration in research. This approach allows for a more diverse and representative sample, enhancing the generalizability of the findings. It also underscores the value of data sharing and interoperability in the scientific community, which can expedite the discovery process and foster a more holistic understanding of health and disease.

Furthermore, the successful application of machine learning models in this epidemiological study showcases the potential of advanced computational methods in medical research. This approach, which surpasses traditional statistical methods, can handle large datasets and complex, non-linear relationships more efficiently. As more methodological studies are conducted, the implementation and benefits of machine learning in nutritional epidemiology will become clearer, enabling researchers to harness the full potential of this powerful tool in advancing our understanding of the complex relationships between diet and health outcomes.

The economic implications of these findings are also significant. Healthcare systems could potentially see reduced cancer treatment costs through effective prevention strategies. Insurance companies might consider adjusting policies to cover preventive nutrition services, recognizing their potential long-term benefits. The dietary supplement industry may see increased interest in products linked to cancer prevention, based on the identified protective nutrients.