






Article

Substitution of red meat with legumes and risk of primary liver cancer in UK Biobank participants: a prospective cohort study

Niels Bock¹ , Fie Langmann¹ , Luke W. Johnston^{1,2} , Daniel B. Ibsen^{1,2,3,4} , Christina C. Dahm^{1,*} 

¹ Department of Public Health, Aarhus University, Aarhus, Denmark;

² Steno Diabetes Center Aarhus, Aarhus University Hospital, Aarhus N, Denmark;

³ Department of Nutrition, Exercise and Sports, University of Copenhagen, Copenhagen, Denmark;

⁴ MRC Epidemiology Unit, School of Clinical Medicine, University of Cambridge, Cambridge, United Kingdom;

* Correspondence: CCD@ph.au.dk.

Abstract: Purpose: Primary liver cancer is on the rise worldwide, partially due to poor diets and sedentary lifestyles. Shifting to more plant-based diets may lower the risk. We aimed to estimate the effect of replacing unprocessed red meat, processed red meat and total red meat with legumes on primary liver cancer in a free-living population. Methods: We analyzed data from 126,744 UK Biobank participants who completed ≥ 2 24-hour diet recalls. Baseline characteristics were collected from the initial assessment visit. Information on liver cancer diagnoses was collected via external linkage to inpatient hospital episodes or central cancer registries. Cox proportional hazards regression models were used to estimate substitution of 15 g/day of legumes with 15 g/day of total red meat, unprocessed red meat or processed red meat on liver cancer risk, using the leave-one-out food substitution model. Results: During a median follow-up time of 11.3 years, 173 participants developed liver cancer. In the fully adjusted models, no association was observed when substituting 15 g/day of legumes with total red meat (HR: 1.02 (95% CI 0.96–1.08)), unprocessed red meat (HR: 1.00 (95% CI 0.94–1.06)) or processed red meat (HR: 1.09 (95% CI 0.99–1.21)). Conclusion: Overall, little evidence of an association between replacing red meat with legumes and liver cancer was observed. Further research in larger study populations with longer follow-up time is warranted.

Keywords: Food Substitutions; liver cancer; red meat; legumes.

Citation: Bock, N.; Langmann, F.; Johnston, LW.; Ibsen, DB.; Dahm, CC. Substitution of red meat with legumes and risk of primary liver cancer in UK Biobank participants: a prospective cohort study. *Nutrients* **2024**, *1*, 0. <https://doi.org/>

Received:

Revised:

Accepted:

Published:

Copyright: © 2024 by the authors. Submitted to *Nutrients* for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

1. Supplementary materials

17

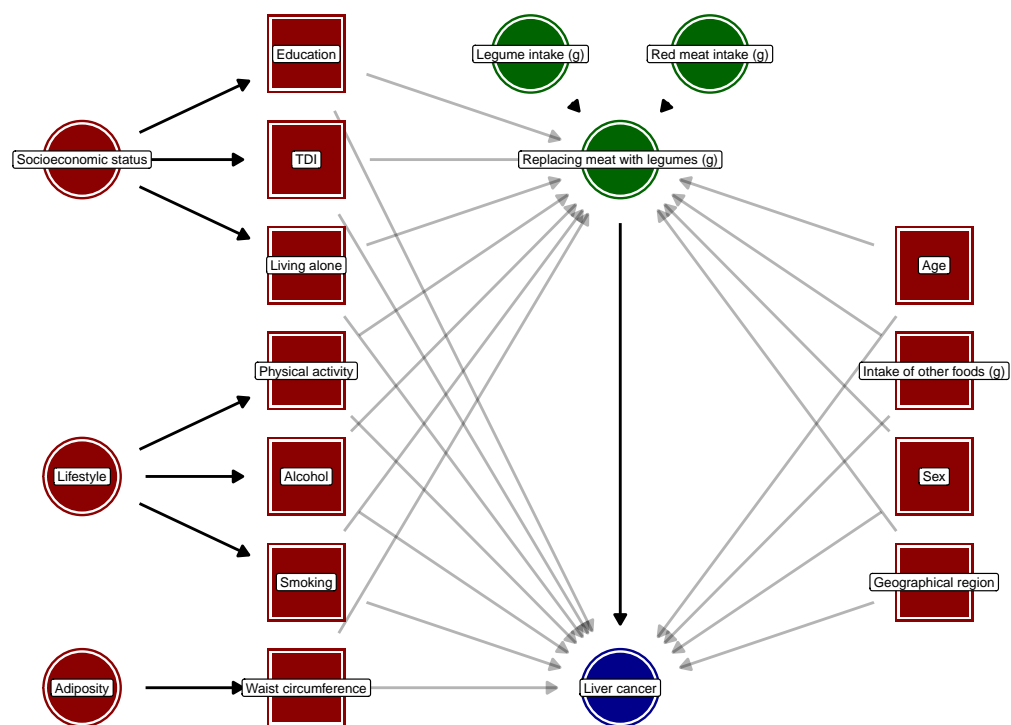


Figure S1. Simplified directed acyclic graph (DAG) visualizing the hypothesised causal relationship between replacing red meat with legumes and liver cancer based on assumptions of biasing paths. Red nodes represent confounders. Square nodes represent the minimal sufficient adjustment set for estimating the effect of replacing red meat with legumes on liver cancer. Shaded arrows represent biasing paths. DAG terminology demands visualisation of all hypothesized correlating relationships between variables, typically resulting in complex and hard-to-follow illustrations. To improve readability, inter-covariate arrows are hidden in the above DAG.

Table S1. Supplementary table 1. Summary of included foods for each food group.

Food group	Includes
Legumes	Soya-based desserts, Baked beans, pulses, Soya drinks (including calcium fortified), Tofu-based products, Hummus, Peas
Red meat	Beef, Lamb, Other meat including offal, Pork
Processed meat	Sausages, bacon (with and without fat), ham, liver pate
Animal-based foods	Poultry, fish, dairy, eggs, mixed dishes, and sauces and condiments
Healthy plant-based foods	Whole grains, fruits, nuts, plant oils, beverages (water, tea and coffee), vegetables
Unhealthy plant-based foods	Refined cereals, potatoes, fruit juice, mixed dishes (vegetarian), sweets & snacks, and sugar sweetened beverages
Alcoholic beverages	Beer and cider, spirits and other alcoholic drinks, fortified wine, red and rose wine, white wine

Table S2. Replacing 15 g/day of total meat, red meat and processed meat with legumes and hazard ratios and 95% confidence intervals for hepatocellular carcinoma and intrahepatic cholangiocarcinoma.

	Model 1 ¹	Model 2 ²
15 g/day of legumes replacing:	HR (95% CI)	HR (95% CI)
Hepatocellular carcinoma (n = 87)		
Total red meat	1.02 (0.94-1.11)	1.06 (0.97-1.16)
Unprocessed red meat	1.02 (0.93-1.11)	1.04 (0.95-1.15)
Processed red meat	1.04 (0.90-1.19)	1.10 (0.96-1.27)
Intrahepatic cholangiocarcinoma (n = 100)		
Total red meat	0.94 (0.87-1.02)	0.97 (0.89-1.05)
Unprocessed red meat	0.92 (0.85-1.00)	0.94 (0.87-1.02)
Processed red meat	1.03 (0.90-1.18)	1.07 (0.93-1.23)

¹Multivariate Cox proportional hazards regression model adjusted for age (as underlying timescale), other food groups, and total food intake, and additionally stratified on sex, age, and attended assessment centre.

²Further adjusted for educational level, Townsend deprivation index, living alone, physical activity, smoking, alcohol intake, and waist circumference.

Table S3. No intake of legumes vs. quartiles of daily legume intake and hazard ratios and 95% confidence intervals for primary liver cancer.

Characteristic	Mean daily legume intake	Model 1 ¹	Model 2 ²
		HR (95% CI)	HR (95% CI)
Categories:			
No intake	0.00	—	—
Q1	6.3	0.59 (0.35-0.98)	0.60 (0.36-0.99)
Q2	16	0.88 (0.57-1.35)	0.90 (0.58-1.38)
Q3	34	0.73 (0.46-1.17)	0.74 (0.47-1.19)
Q4	109	0.98 (0.64-1.52)	1.07 (0.69-1.66)

¹Multivariate Cox proportional hazards regression model adjusted for age (as underlying timescale), other food groups, and total food intake, and additionally stratified on sex, age, and attended assessment centre.

²Further adjusted for educational level, Townsend deprivation index, living alone, physical activity, smoking, alcohol intake, and waist circumference.

Table S4. Sensitivity analyses

	Exclusion of participants with:					Death register as source of liver cancer events ⁶	Exclusion of:	
	High alcohol intake ¹	Implausible food intake ²	Liver disease before baseline ³	Any cancer before baseline ⁴	Fewer than 3 Oxford WebQs ⁵		Waist circumference from analysis ⁷	Soy milk from food substitutions ⁸
	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)		HR (95% CI)	HR (95% CI)
15 g/day of legumes replacing:								
Total red meat	1.00 (0.94-1.06)	1.01 (0.95-1.07)	0.99 (0.93-1.06)	1.03 (0.96-1.11)	1.04 (0.96-1.12)	1.02 (0.96-1.08)	1.00 (0.94-1.06)	1.03 (0.94-1.12)
Unprocessed red meat	0.98 (0.92-1.05)	0.99 (0.93-1.05)	0.97 (0.90-1.04)	1.00 (0.93-1.08)	1.02 (0.94-1.11)	1.00 (0.94-1.07)	0.98 (0.92-1.05)	1.01 (0.92-1.11)
Processed red meat	1.06 (0.95-1.18)	1.08 (0.98-1.20)	1.08 (0.96-1.20)	1.15 (1.01-1.30)	1.11 (0.97-1.27)	1.07 (0.98-1.18)	1.06 (0.96-1.17)	1.11 (0.98-1.25)

¹Exclusion of the upper decile of alcohol intake (g/day) by sex. n = 150.

²Exclusion of participants below the 2.5th percentile and above the 97.5th percentile of energy intake (kJ/day) by sex. n = 164.

³ICD10 codes: K70-79, B16-19, Z94.4, I85, I86.4, and E83.0-1. ICD9 codes: 5710-5745, 0700-0709, V427 and 2750-2751. n = 151.

⁴ICD10 codes: C00-C97 and D00-D48. ICD9 codes: 1400-2399. n = 129.

⁵n = 109.

⁶n = 183.

⁷n = 173.

⁸Soy milk was removed from the legumes food group and moved to the food group healthy plant-based foods. n = 173.

Disclaimer/Publisher’s Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.

18
19
20