**P2-120** CONSUMPTION OF COFFEE, TEA, OR GREEN TEA AND ARTERIOLOSCLEROSIS DEVELOPMENT

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Some epidemiological studies have suggested a protective role of beverages such as coffee and tea in stroke, although its relation to arteriosclerosis has not been examined. We conducted a two-wave prospective study at three work sites to examine the relation of consumption of coffee, tea or green tea to arteriosclerosis on retina. Both eyes of the participants were photographed with nonmydriatic fundus camera at baseline survey conducted between 1997 and 1999 as well as at follow-up survey conducted between 2002 and 2005. Retinal arteriosclerotic change judged by a physician with Scheie’s classification for both surveys. Beverage consumption of coffee, tea or green tea was assessed using a self-administered questionnaire at baseline. Participants at baseline survey were 1537 male aged 45–49, and 1074 were retained at follow-up. Of them, 84 persons with Scheie arteriosclerosis grade of 2 or more at baseline were excluded from following analysis. At follow-up, 125 persons were newly judged as being with Scheie arteriosclerosis grade of 2 or more. Those who frequently drank the beverage such as coffee were less likely to develop arteriosclerosis (12.0% for ≥3 cups/day vs 17.7% for <1–2 cups/day). The OR (95% CI) for developing arteriosclerosis was 0.64 (0.42 to 0.99) after controlling for possible confounders. Arteriosclerotic retinal change is strongly correlated with cerebral arteriosclerosis. Our results suggest that beverages such as coffee, tea, or green tea may have a protective role in sclerotic change of arteriole not only on retina but also in brain.

**P2-119** USE OF SUPPLEMENTS CONTAINING VITAMIN C AND BREAST CANCER RISK IN THE UK WOMEN’S COHORT STUDY

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Introduction Vitamin C supplementation is common in UK women and high doses are often consumed, however evidence is lacking regarding their effects on breast cancer risk in UK users.

Method 11584 middle-aged women from the UK Women’s Cohort Study were followed up for a median of 7.4 years. Associations between 239 registered incident breast cancers and vitamin C contained in supplements recorded by 4-day diaries were analysed by Cox’s regression models using four intake categories: no frequent use of supplements containing vitamin C, frequent intake up to and including EU recommended allowances (≤60 mg/d); between 60 mg and 500 mg/d; and high intake (≥500 mg/d). Adjustment was made for relevant covariates.

Results Compared to women who did not use supplements containing vitamin C, there was no evidence of significant associations between breast cancer incidence and regular vitamin C supplementation in any intake category. Additionally, no associations were found using continuous estimates (HR = 0.98 per 60 mg/d, 95% CI 0.94 to 1.02, Ptrend = 0.3) or in post-menopausal sub-analyses. However pre-menopausal women in the lowest intake category (≤60 mg/d) had significantly increased risks (HR = 2.37, 95% CI 1.52 to 4.27) compared to non-users of vitamin C.

Conclusion There was no evidence that supplementation with vitamin C per se was associated with breast cancer incidence in UK women, even at high doses. The increased breast cancer risk found for pre-menopausal women consuming supplements containing vitamin C less than or equal to EU recommendations may be due to the effects of other ingredients in these supplements.