

1 **Title:** The Negative Correlation of Spice Intake and Colorectal Cancer: A Statistical Analysis of Global Health  
2 Databases

3  
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11  
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16 Boichuk. He was chosen for the “Board of Honor 2019” by the university for his commitment and hard work.

17  
18 **Acknowledgment:** *We want to thank Prof. S.V. Petrov, Professor at Department of General Pathology, Kazan  
19 State Medical University, for supporting and supervising the research project.*

20 **Financing:** This Research received no financial supports.

21 **Conflict of interest statement by authors:** The authors have no conflicts of interest to disclose.

22 **Compliance with ethical standards:** This research complies with the necessary ethical standards.

23  
24 **Authors Contribution Statement:** Conceptualization: SM, TA. Methodology: SM. Software: SM, NP, DR, SS.  
25 Validation: SM, NP, DR, SS, TA. Formal Analysis: SM, NP, DR, SS, TA. Investigation: SM, NP, DR. Resources:  
26 SM, NP, DR, SS, TA. Data Curation: SM, NP, DR. Writing – Original Draft: SM, NP, DR. Writing – Review &  
27 Editing: SM, NP, DR, SS, TA. Visualization: SM, NP. Supervision: SM, TA. Project Administration: SM, NP.

28  
29 **Manuscript word count:** 3233

30 **Abstract word count:** 229

31 **Number of Figures and Tables:** 4 figures, 3 tables

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38  
39 **Discussion Points:**

- 40 1. How does diet affect the risk of colorectal cancer in a global setting?  
41 2. Does spice intake reduce colorectal cancer risk?

1           3. How much does diet and colorectal cancer risk vary between countries?  
2

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**ABSTRACT.**

**Background:** Colorectal Cancer (CRC) has multiple risk factors and depends highly on diet. Positive associations of red meat and processed meat intake and CRC have been proven, but no research has been conducted on the relation of spice intake and CRC risk. Various in-vitro studies have demonstrated the anticancer activity of chemicals present in spices, which is the main driving force for our statistical analysis.

**Methods:** We analyzed Global Burden of Disease (GBD) database, Food and Agricultural Organization of United Nations (FAO) database, and Global Dietary Database (GDD) using Pearson correlation statistics to find any significant correlation, mainly between spice intake and CRC risk. Data from 1990 to 2013 of 100 countries was collected for the analysis. Twenty-three-year average values ( $\pm$ SD) were calculated for CRC risk, spice, red meat, processed meat, vegetable, and fruit intake. CRC risk is taken as dependent variable whereas all other were independent variables. All variables were analyzed using Pearson correlation analysis. Results with  $p < 0.05$  were further analyzed using regression analysis.

**Results:** Pearson correlation showed that spice intake had a significant negative correlation ( $r = -0.301$ ,  $p = 0.002$ ) whereas red meat ( $r = 0.722$ ,  $p < 0.001$ ) and processed meat ( $r = 0.339$ ,  $p < 0.001$ ) had a significant positive correlation with CRC risk.

**Conclusion:** Significant negative correlation between spice intake and CRC risk indicates that higher spice intake can be preventive against cancer and possibly decrease the risk of colorectal cancer in populations with higher CRC risk.

**Key Words:** Spices, Colorectal Cancer, Red Meat

## 1 INTRODUCTION.

2  
3 Colorectal Cancer (CRC) is the second most prevalent cancer in the world both in males and females according  
4 to the Global Burden of Disease database.<sup>1</sup> The highest prevalence is seen among countries in Europe, North  
5 America, and West Pacific region.<sup>1</sup> Such global distribution is related to the fact that CRC risk is highly  
6 dependent on dietary factors. The relationship between red meat and processed meat intake and CRC has  
7 been shown multiple times in last 10 years.<sup>2</sup> Red meat is defined as “Meat from mammals”, and processed  
8 meat is defined as “Meat preserved by smoking, curing or salting, or adding of chemical preservatives”.<sup>3</sup>  
9 Polycyclic aromatic hydrocarbons, heterocyclic aromatic amines, and N-nitroso compounds are carcinogens  
10 found to be present in red meat and processed meat are responsible for the malignant transformation of  
11 glandular epithelial cells, which line the colon and rectum.<sup>4</sup> Some studies suggested positive impact of vegetable  
12 and fruit intake to deter the risk of CRC.<sup>5</sup> But very few studies were done so far to explore the relation of spice  
13 intake with CRC.

14  
15 Spices are defined as “Aromatic vegetable substances, used to give special flavor to food”.<sup>6</sup> Some studies have  
16 shown high spicy food intake is related to an increased CRC risk,<sup>7-10</sup> whereas other in-vitro studies explored the  
17 possibility of finding novel active biochemical substances with cancer preventive actions in spices.<sup>11-24</sup> It was  
18 found that polyphenols are abundant in spices.<sup>11</sup> Polyphenols are known to prevent carcinogenesis by inhibiting  
19 cytochrome P450, which prevents DNA damage by various mechanisms such as direct radical scavenging and  
20 modulation of phase II metabolizing enzymes, and can also induce mechanism of apoptosis in the event of DNA  
21 damage.<sup>11,12</sup> Gingerol (Ginger) and Thymoquinone (Black cumini/ *Nigella Sativa*) are other types of polyphenols  
22 that have chemoprotective actions, which are currently being explored by researchers. Thymoquinone is known  
23 to upregulate the miR-34a and downregulate Rac1 expression, decreases NF- $\kappa$ B and IKK $\alpha$ / $\beta$  phosphorylation,  
24 and can decrease the activity of ERK1/2 and PI3K.<sup>13</sup> Gingerol, on the other hand, shows anti proliferative,  
25 cytotoxic, and antitumor activity by regulating various cellular mechanisms, such as Bax/Bcl2, TNF- $\alpha$ , Nrf2,  
26 p65/NF- $\kappa$ B, SAPK/JNK, caspases-3, caspase-9, and p53.<sup>14,15</sup> Turmeric is a spice extensively used in curries,  
27 which contains at least 25 active chemical substances, such as Curcumin and Turmerone, that have  
28 antioxidant, neuroprotective, cytotoxic, anti-inflammatory, antiangiogenic, antitumor activities.<sup>16,17</sup> Among all  
29 these, Curcumin is one of the most effective bioactive substance studied extensively so far. Curcumin can  
30 induce apoptosis in response to cell damage by various mechanisms such as downregulating COX-2, NF- $\kappa$ B,  
31 PI3K-AKT, and by upregulating DR5, Fas ligand, P53, P38.<sup>18-20</sup> It also inhibits metastasis by microRNA  
32 expression regulation, and an autophagy modulator by itself.<sup>21,22</sup> Other than that, coriander and cinnamon were  
33 also found to have anticancer activities.<sup>23,24</sup> Among the spices, Capsaicin is an exception, which is known to be  
34 tumorigenic. Capsaicin is widely found in paprika, pimento, chili, jalapenos. The carcinogenic properties are  
35 mediated through EGFR and TRPV1 pathway, to increase COX2 and induce inflammation.<sup>25</sup> Arguably, a low to  
36 moderate dose of capsaicin showed anticancer activity in some preclinical studies,<sup>25,26</sup> thus the results are  
37 conflicting.

38  
39 In real world data, South Asian countries with high spice intake were seen to have lesser rates of CRC.<sup>1</sup> For this  
40 to be true, spice intake should have some protective effect against CRC. However, no research has been  
41 conducted on the relation of spice intake and CRC on a global scale. The contrast between research data and

1 real-world data, and the results of previous in-vitro studies were the driving force behind this statistical analysis.  
2 Thus, we collected data from three global health databases on CRC incidence per 100,000 and five possible  
3 dietary factors, which may be responsible to modify the risk of CRC, and analyzed them to gain a global  
4 perspective of the CRC risk and its relation to diet. The aim of the analysis was to determine if there was a  
5 significant correlation between the selected dietary factors and CRC risk.  
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## 1 MATERIALS AND METHODS.

2  
3 In total, three databases were considered for this analysis, the Global Burden of Disease (GBD) database for  
4 data on CRC,<sup>1</sup> Food and Agricultural Organization of United Nations (FAO) database,<sup>27</sup> and Global dietary  
5 database (GDD).<sup>28</sup> Out of 195 countries, data from 100 countries was used. We excluded the countries listed  
6 in Low Income Food Deficit Countries (LIFDC) by Food and Agricultural Organization of United Nations  
7 (N=52),<sup>29</sup> and also the low and lower-middle income countries as per World Bank Criteria (N=40).<sup>30</sup> Further, the  
8 countries with incomplete data were excluded (N=3). This resulted in 100 countries for statistical analysis, as  
9 shown in **Figure 1A**. This analysis considers populations of all ages and both males and females. A total of 95  
10 countries (mainly LIFDC, low and lower-middle income countries) were excluded from the analysis because  
11 they had extremely low intake of the dietary factors that were selected for analysis. Including such countries  
12 with very low intake of all dietary components carries the risk of a bias in the results. Thus, the above-mentioned  
13 criteria was used to exclude LIFDC and low and lower middle income countries (**Figure 1A**).

14  
15 We included data from 1990 to 2013 for CRC incidence and all dietary factors except for the processed meat  
16 intake, for which data was only available for the years 1990, 2005, and 2010 from GDD. The five dietary factors  
17 which included were spice, red meat, processed meat, vegetable and fruit intake (**Figure 1B**). These dietary  
18 factors were chosen based on previous research.<sup>31</sup>

19  
20 Data for all dietary factors (except processed meat) was collected from the food balance sheet of FAO database.  
21 The unit for food intake was “kilogram per annum” as shown in **Figure 1C**. Data on three categories of spices  
22 were available on FAO database i.e. ‘Paprika’, ‘Pimento’, ‘Others’. Out of these 3 categories we took only the  
23 data from the category ‘others’. Data for ‘Paprika’ and ‘Pimento’ was rejected as their carcinogenicity was proven  
24 previously with some conflicting results.<sup>25</sup> For red meat intake, we included data from categories ‘Mutton & goat’,  
25 ‘Beef and buffalo’, and ‘Pigmeat’. For data of vegetable and fruit intake, we used the category ‘Vegetables’ and  
26 ‘Fruits’ from FAO food balance sheet. As an exception, data for processed meat was taken from the Global  
27 Dietary database, with the average data from the three years, 1990, 2005, and 2010, being used in the final  
28 calculation. All this data, except for processed meat intake, was further converted to average annual food intake  
29 using the formula as shown in **Figure 1C**. “Average red meat/processed meat/spice/vegetable/fruit intake”  
30 corresponds to the mean value of 24 years of data. The data on CRC was collected from the Global Burden of  
31 Disease database by the unit “Rate of incidence per 100,000” and converted to “Average annual risk (%) of  
32 CRC” using the formula as shown in **Figure 1C**. Graphical representation of the partial dataset is shown in  
33 **Figure 2**. Primary scale was used to show the “CRC incidence per 100,000” using a bar graph with  
34 corresponding standard deviation (SD) and the secondary scale is used to show the food intake “kg/annum”  
35 using line chart with corresponding SDs. The complete dataset is provided in **Appendix**, it contains data on  
36 Average Annual Rate of CRC Incidence per 100,000 of all 100 countries, arranged in ascending order, along  
37 with the data of all other dietary factors with SD, and 95% confidence interval (CI). This data was used for final  
38 statistical analysis. In an exception to the country “Bermuda”, the data on processed meat intake was  
39 supplemented by the data of “Latin America, Central Region” from GDD in place of original data, as the original  
40 data was missing when the database was accessed. The descriptive statistics shows the mean, median, mode,  
41 SD, excess kurtosis, skewness, range, minimum, maximum, and count of all the variables (**Table 1**). The data

1 of Average annual risk (%) of CRC is shown in **Figure 3**, as a map, where Z score of -2 to +2 was used to  
2 identify the countries according to their CRC risk. To create the map, we used the website mapchart.net, and  
3 the template of the map with microstates. Four different colour codes were used to identify the risks according  
4 to their Z-scores.

5  
6 We used IBM SPSS statistics v23 for all statistical analysis. Histograms with normal distribution curves were  
7 used to visualize the data distribution of all dietary factors. Boxplots were used to compare the data distribution  
8 among the variables. Average annual risk (%) of CRC was the dependent variable and the rest were taken as  
9 independent variables. All the variables were analyzed using Pearson correlation analysis. A 95% CI of the  
10 Pearson correlation coefficient was calculated according to the formula of Fisher's transformation.<sup>32</sup> Scatter-dot  
11 plot was used to visualise the correlation statistics, using trend line and 95%CI of the correlation. The correlation  
12 results with  $p < 0.05$  were then analysed using forward and backward regression analysis for further confirmation.  
13 The data was also analysed using partial correlation analysis to determine any possible dependency between  
14 independent variables.

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## 1 RESULTS.

2  
3 Overall, the result shows the dynamics of CRC risk and food intake along with their correlation. **Figure 2A**  
4 describes the data on red meat and processed meat on the background of CRC incidence rate per 100,000.  
5 There was higher red meat consumption among the countries with higher CRC incidences, such as Germany  
6 (81.24 per 100000; 60.53 kg/annum), New Zealand (78.36 per 100000; 73.73 kg/annum), Denmark (72.38 per  
7 100000; 66.88 kg/annum) with exceptions such as Croatia (65.91 per 100000; 37.16 kg/annum), and Bulgaria  
8 (51.16 per 100000; 37.86 kg/annum). Some of the countries with low CRC incidence were found to have higher  
9 red meat intake, which is similar to the countries with high CRC risk, i.e. Paraguay (6.54 per 100000; 55.21  
10 kg/annum), Samoa (6.46 per 100000; 44.57 kg/annum), Brazil (10.76 per 100000; 46.54 kg/annum). The  
11 reverse is also observed in the case of Japan, where the red meat and processed meat intake is relatively less  
12 (28.18 kg/annum; 2.83 kg/annum) with the highest CRC incidences (82.71 per 100000) among all the 100  
13 countries. A positive was also observed between processed meat intake and CRC incidences. However, some  
14 countries such as Panama (11.46 per 100000; 21.79 kg/annum), Colombia (9.94 per 100000; 18.55 kg/annum),  
15 and Costa Rica (14.4 per 100000; 17.93 kg/annum) had higher processed meat intake but decreased CRC risk.  
16 Overall, the trend for both red meat and processed meat consumption is positive with increasing CRC incidence.  
17 The data plot in **Figure 2B** shows most of the countries with higher CRC incidences consume low spice i.e.  
18 Germany(81.24 per 100000; 0.24 kg/annum), Italy (77.70 per 100000; 0.056 kg/annum), Czech Republic (76.8  
19 per 100000; 0.065 kg/annum), and the opposite was seen with the countries with low CRC incidences, with  
20 some exceptions, such as Iraq (3.21 per 100000; 0.034 kg/annum), Belize (5.34 per 100000; 0.007 kg/annum),  
21 Dominican Republic (6.51 per 100000; 0.029 kg/annum) and Gabon (6.90 per 100000; 0.057 kg/annum).  
22 Altogether, there is an inverse relationship between spice consumption and CRC incidence. The data plot on  
23 vegetable and fruit intake is not shown, as the correlation was not significant.

24  
25 The data on Average Annual Risk (%) of CRC in **Figure 3** clearly identified the countries of South East Asia,  
26 Middle East, North Africa and South America in a below average risk (0-0.0315%). The countries of Eastern  
27 Europe and Eurasia region have higher than average risk (0.0315-0.0569%). Most importantly, the countries of  
28 North America, Europe, and Oceania are identified with highest risk of CRC (0.0569-0.0823%). The color  
29 scheme is based on the Z-score of Average Annual Risk (%) of CRC, where blue indicates -2SD range from  
30 the mean, navy-blue indicates -1SD range from mean, brown indicates +1SD range from mean, and red  
31 indicates +2SD range from mean. The mean risk of CRC ( $\pm$ SD) is 0.0315 ( $\pm$ 0.0254).

32  
33 In descriptive statistics (**Table 1**), careful evaluation of Excess Kurtosis shows that the variables “Average  
34 Annual Risk (%) of CRC” (-1.11), “Average Red Meat Intake” (-1.26), and “Average Processed Meat intake” (-  
35 0.065) are platykurtic in nature with values less than 0. It is further explained using the histogram of the variable  
36 in **Figure 4A**. The other three variables are leptokurtic, with an excess kurtosis value greater than 0. Among  
37 them “Average Spice Intake” and “Average Fruit Intake” has the highest excess kurtosis of 2.73 and 4.99. These  
38 same two variables are also observed to have high skewness (positive), with skewness values of 1.8 and 1.5.  
39 The data shows that the majority of the countries have a less than average spice (mean 0.527, mode 0.472)  
40 and fruit intake (mean 101.29, mode 166.08), while a minority has a very high intake. For further understanding,  
41 we plotted a histogram chart of all five dietary factors. As shown in **Figure 4 (A-E)**, the histogram shows bimodal



1 distribution for the variable “Average Red Meat Intake”, with the first one nearly at 20kg/annum and the other at  
2 60kg/annum. This bimodal distribution is the reason of the low excess kurtosis value, as the distribution is  
3 spread widely on the tails side. Other variables had normal distributions with moderate to high positive  
4 skewness, and the mode value less than the mean values. The histogram of “Average Spice Intake” shows a  
5 very low mode value (0.472), which actually contributes to the skewness of the dataset. On the other hand, the  
6 boxplots (**Figure 4F**) provides a visual comparison between all five dietary factors. It accurately shows the  
7 range, first quartile, median, third quartile, and the outliers. The variables “Processed Meat Intake” (high 21.7,  
8 low 0.93) and “Average Spice Intake” (high 2.87 , low 0.007) have relatively small range of values, thus for  
9 proper understanding, the boxplots are shown again in **Figure 4H** and **Figure 4K**. It is important to understand  
10 that outliers that are shown in the graphs, are not excluded from the analysis, Despite being outside the range  
11 of (Q1-1.5\*IQ) to (Q3+1.5\*IQ) and are significant.

12  
13 To determine the statistical significance, we used Pearson correlation analysis (**Table 2**). The results showed a  
14 significant positive correlation between CRC risk and red meat ( $r=+0.772$ , 2-tailed  $p<0.001$ , 95%CI .678 to .841)  
15 as well as processed meat ( $r=+0.332$ , 2-tailed  $p=0.001$ , 95%CI .145 to .496). A significant negative correlation  
16 was also found between CRC risk and spice intake ( $r=-0.301$ , 2-tailed  $p=0.002$ , 95%CI -.470 to -.111).  
17 Surprisingly, vegetable ( $r=0.176$ , 2-tailed  $p=0.080$ , 95%CI -.021 to .360) and fruit intake ( $r=-.035$ , 2-tailed  
18  $p=0.733$ , 95%CI -.230 to .163) had no significant correlation with CRC. The scatter-dot plot for the visualization  
19 of the correlation analysis in **Figure 4G-K** shows the regression line with 95%CI which corresponds to the data  
20 given in the **Table 2**. Further investigation using linear regression analysis of the data showed the model fit or  
21  $R^2$  for red meat was highest ( $R^2=0.596$ ) followed by processed meat ( $R^2=0.111$ ) and spice intake ( $R^2=0.091$ ).  
22 In forward and backward regression analysis (data not shown) we found that the predictive power of CRC risk  
23 is highest in “Average Red Meat Intake”. The partial correlation (**Table 3**) was conducted to answer the question  
24 of interdependence of the dietary factors. As the results show, “Average Red Meat Intake” had a significant  
25 positive partial correlation to CRC (0.727,  $p<0.001$ ), while “Average Processed Meat Intake” (-0.035,  $p=0.735$ )  
26 and “Average Spice Intake” (-0.043,  $p=0.675$ ) had no significant partial correlation.

27

## 1 DISCUSSION.

2  
3 It is worth mentioning that the negative correlation between spice intake and CRC is a novel finding. The positive  
4 correlation of red meat and processed meat with CRC is in agreement with previous studies.<sup>4</sup> Different research  
5 has shown conflicting results regarding vegetable consumption and fruit consumption and their effect on CRC,  
6 where some showed a negative relation, others denied any relation at all.<sup>31,33,34</sup> In our research, we did not find  
7 any significant correlation. Data on spice intake shows high positive skewness with mode value much less than  
8 mean value, this confirms that the majority of the countries have less than average spice intake. Model fit ( $R^2$ )  
9 plays a major role in the forward and backward regression, which explains the decreased predictive power by  
10 “Average Processed Meat Intake” and “Average Spice Intake”. As per the data on partial correlation, red meat  
11 intake is found to be the major cause of CRC irrespective of the processed meat and spice intake, while  
12 processed meat intake has no significant influence on CRC by itself. And most importantly, spice intake does  
13 not influence CRC risk alone, the significant negative correlation is seen when red meat intake is considered.  
14 In conclusion, our results indicate that spice intake can have a beneficial effect among the population with high  
15 red meat intake, which may decrease the risk of CRC in the long term, but vegetable and fruit intake may not  
16 have any additional benefit to deter CRC risk. This new finding in this analysis agrees with the preclinical studies  
17 that demonstrated the anticancer properties of various spices.<sup>5-19</sup>

18  
19 It is important to mention the limitations of this analysis. In the FAO database, there was no mention of any  
20 particular spices in the category ‘others’, which compromises the accuracy of the results to some extent. The  
21 other two categories ‘Paprika’ and ‘Pimento’ were not taken into the analysis. Previous studies suggested that  
22 high amounts of spicy food that are rich in chilies may cause chronic inflammation in gastrointestinal tract and  
23 in long term can trigger cancer, with some conflicting results claiming capsaicin in low doses can have anti-  
24 cancer activities.<sup>25,26</sup> Due to these conflicting results we did not consider ‘Paprika’ and ‘Pimento’ for the analysis.  
25 Recent data for every country was not available. Data of food intake later than the year 2013 was not available  
26 in FAO database, thus we took the data from 1990 to 2013 for our analysis. The GDD had the data only for the  
27 year 1995, 2005, 2010. These three years of data was used in calculation of processed meat intake, which may  
28 have limited the accuracy of the analysis. With more accurate data and a larger sample size the model fit of the  
29 data can be improved and enhance accuracy.

30  
31 The risk of cancer can vary from population to population, depending on multiple factors from behavioral to  
32 biological. For instance, this is seen in Japan where despite high spice intake and low red meat intake, there is  
33 higher CRC risk, possibly due to their genetic predisposition for gastrointestinal cancer. This contrasts with  
34 Europe and North America, where high CRC risk is largely due to unhealthy dietary pattern containing high red  
35 meat.<sup>35</sup> Thus, studies conducted within a particular population may not provide an exact picture of a disease or  
36 treatment. Therefore, an analysis using global databases is important. In recent years, global health has become  
37 an important topic of discussion. It is important to view disease as a global issue which needs a large-scale  
38 solution. It is not enough to improve individual health to create a sustainable future with a healthy population.  
39 To do so requires addressing the social, behavioral and dietary changes which can be implemented on a large  
40 scale within the population. The novel finding in this analysis is the negative correlation of spice intake and CRC  
41 risk. The most important question that arises from this data is: what is the adequate amount of spice intake that

1 can help decrease the CRC risk? Our analysis could not provide the answer yet. To answer this question, further  
2 research needs to be conducted, using different population groups with variable risks. Our results show that a  
3 simple addition of spice in the diet may be beneficial to the population where red meat intake is high, and  
4 provides an incentive to further explore the cancer preventive mechanism of the spices, and their use in the  
5 field of global health and cancer prevention.

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Accepted, In-press

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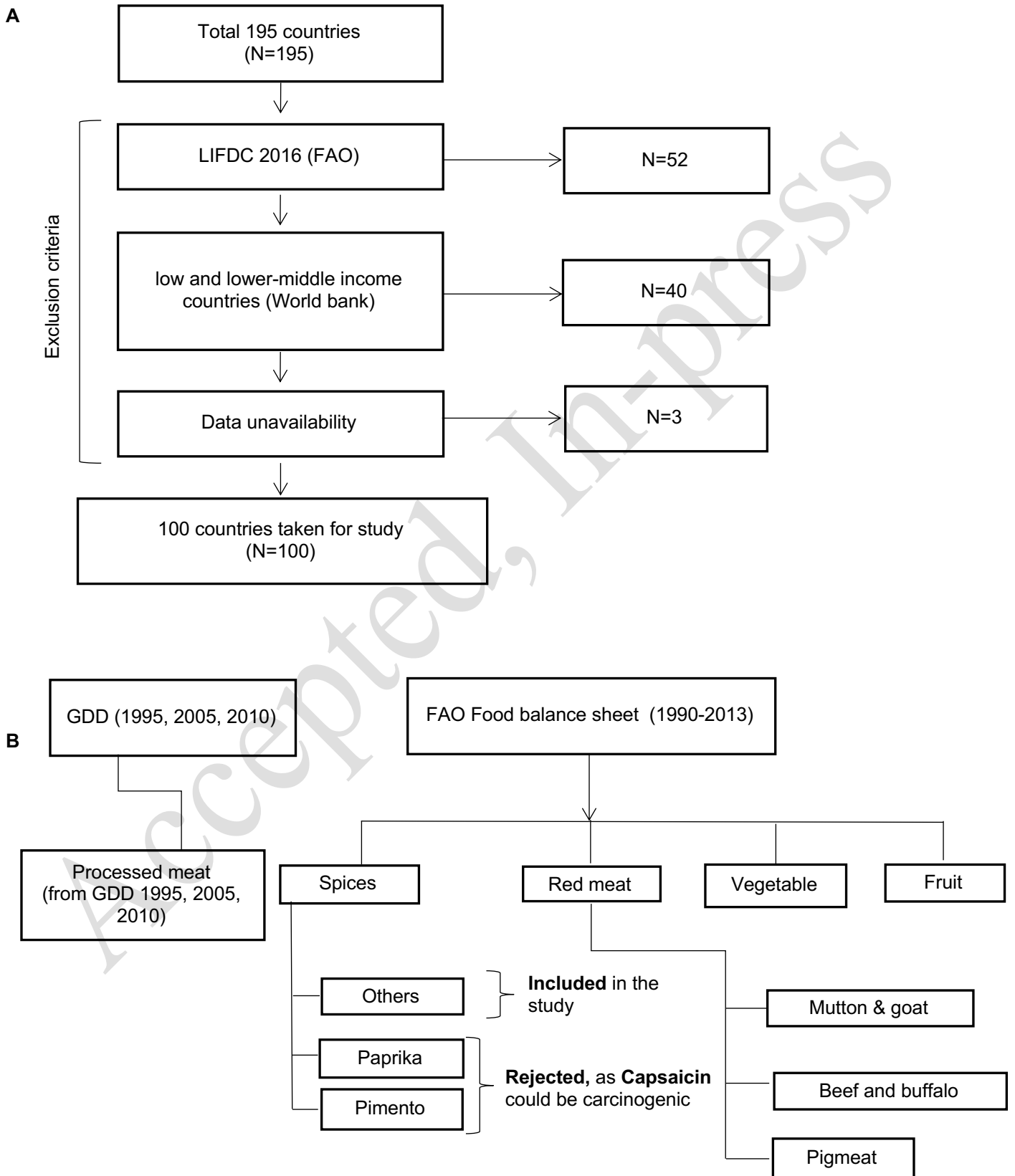
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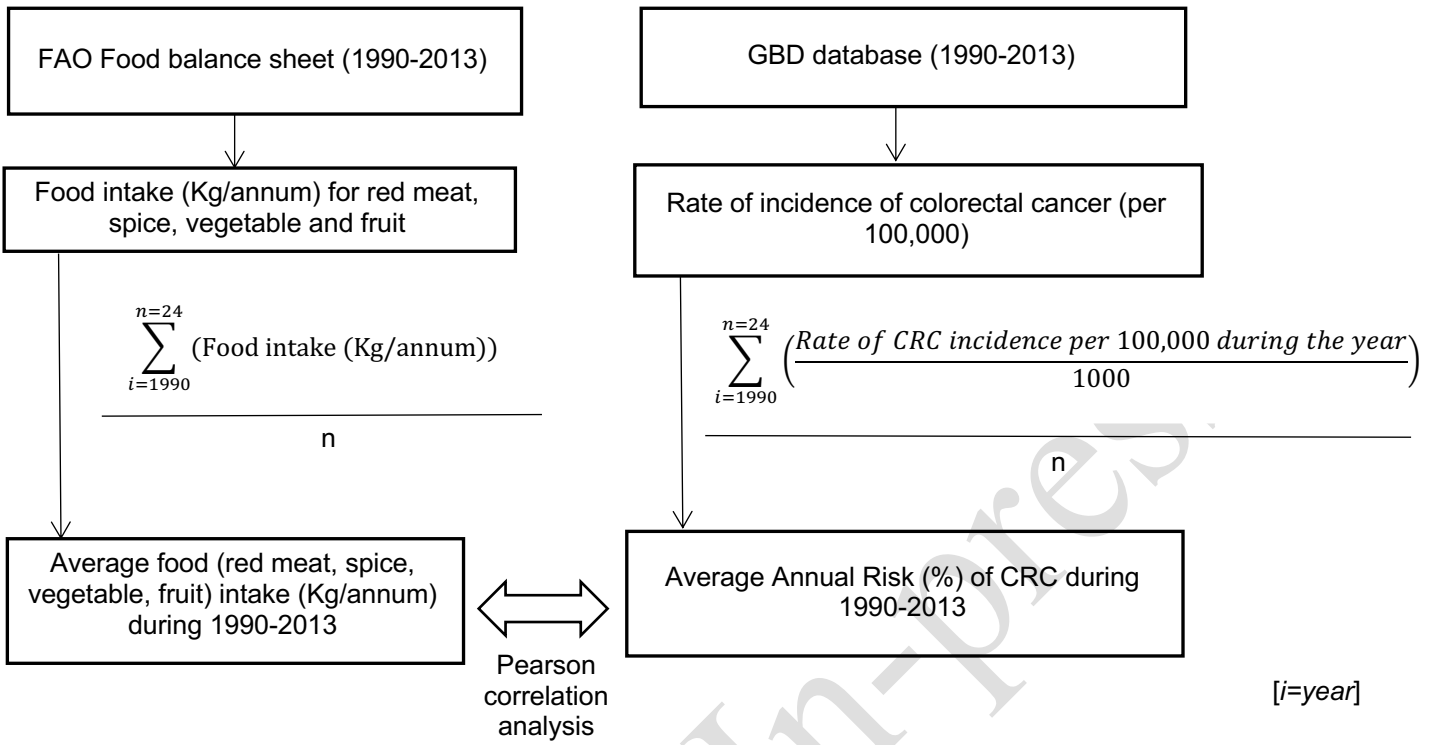
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1 **FIGURES AND TABLES.**

3 **Figure 1.** Inclusion-Exclusion Criteria, Data Collection, and Conversion.

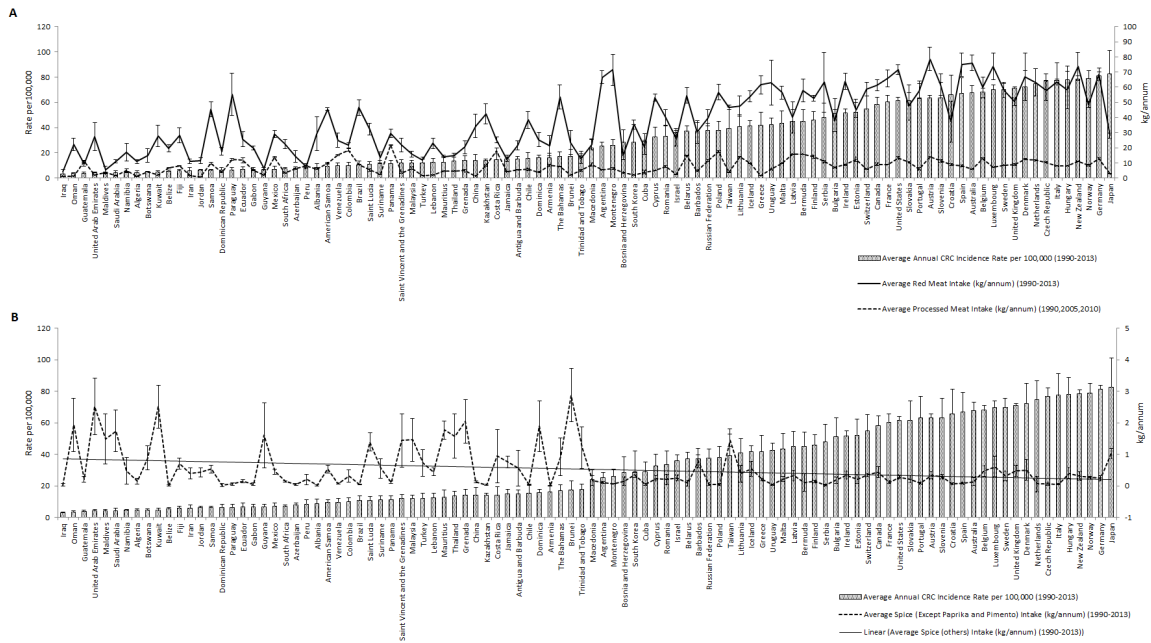


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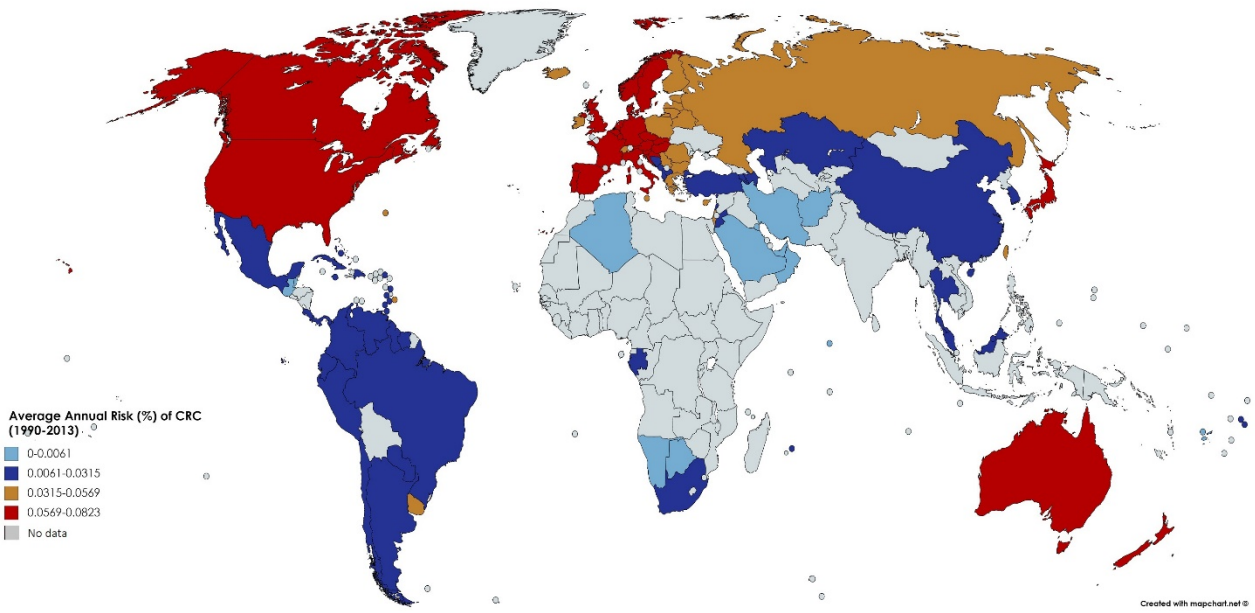
1 **Figure 2.** Data Visualisation According to The Ascending Order of CRC Incidence and Food Intake Pattern. **A.**  
 2 Red meat and processed meat intake (kg/annum) plot shows increasing trend of intake along with increasing  
 3 cancer risk. **B.** Graph shows a decreasing trend of spice intake (Kg/annum) with increasing CRC incidence.  
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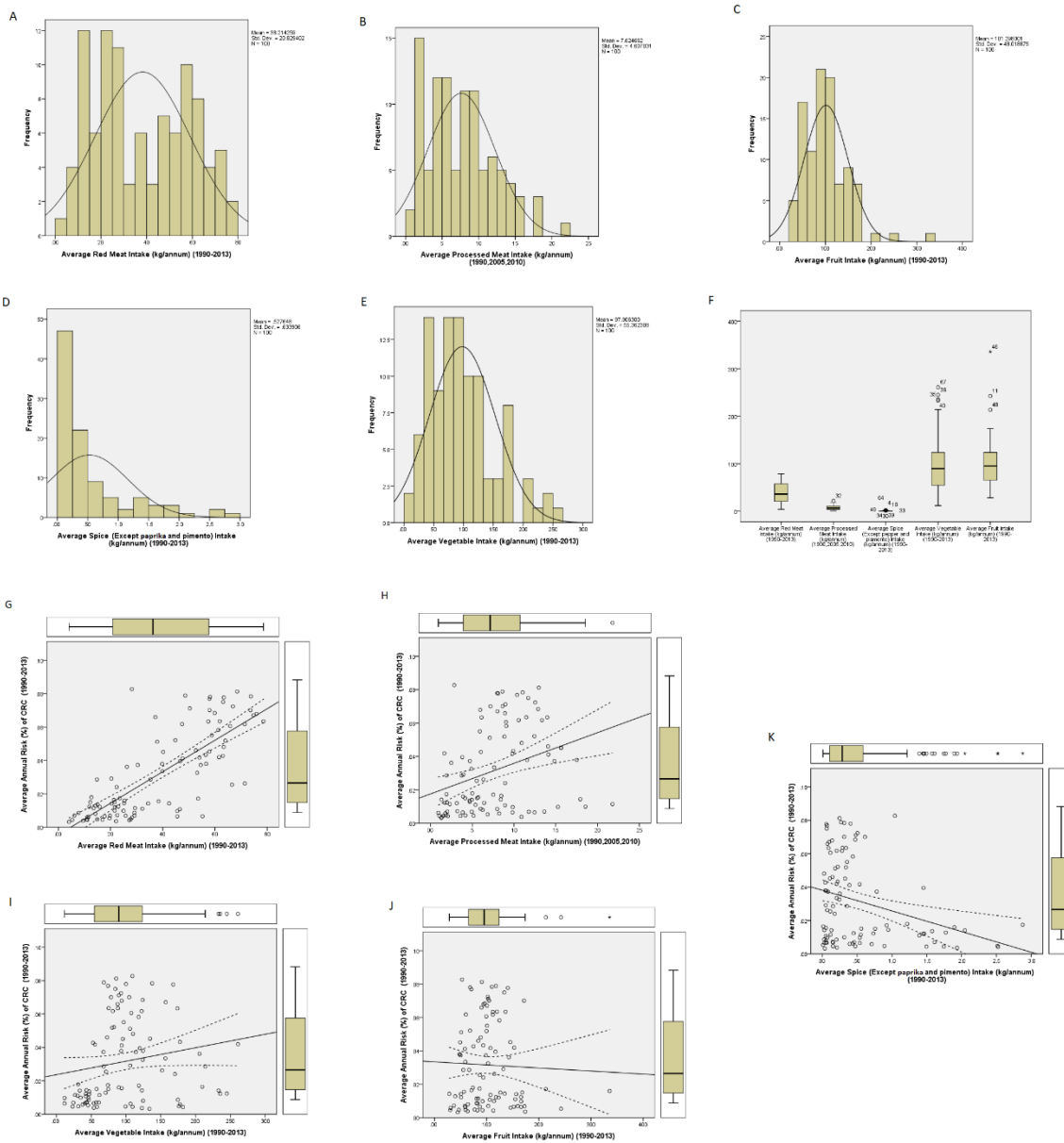
1 **Figure 3.** Average Annual Risk (%) of CRC (1990-2013).  
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1 **Figure 4.** Statistical Analysis of Data Sets. **A-E.** Histogram showing the normal distribution and the skewness  
 2 of the data. **F.** Boxplots to compare between different dietary intake factors. **G-K.** Dotplot distribution,  
 3 visualization of correlation analysis with 95%CI along with the corresponding boxplots.  
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Table 1. Descriptive Statistics .

<b>Descriptive Statistics</b>	<b>Average Annual CRC Incidence Rate per 100,000 (1990-2013)</b>	<b>Average Red Meat Intake (kg/annum) (1990-2013)</b>	<b>Average Processed Meat Intake (kg/annum) (1990,2005,2010)</b>	<b>Average Spice (Except paprika and pimento) Intake (kg/annum) (1990-2013)</b>	<b>Average Vegetable Intake (kg/annum) (1990-2013)</b>	<b>Average Fruit Intake (kg/annum) (1990-2013)</b>
Mean	31.567	38.214	7.625	0.528	97.906	101.298
Median	20.996	36.250	7.135	0.285	89.617	95.118
Mode	#N/A	45.571	7.994	0.473	11.713	166.083
Standard Deviation	25.424	20.829	4.607	0.634	55.362	48.019
Kurtosis	-1.113	-1.269	-0.066	2.739	0.437	4.994
Skewness	0.584	0.184	0.621	1.803	0.895	1.543
Range	79.505	74.545	20.854	2.870	249.170	307.264
Minimum	3.215	4.06	0.937	0.008	11.713	28.351
Maximum	82.720	78.605	21.791	2.878	260.882	335.615
Count	100	100	100	100	100	100

**Table 2.** Results of Pearson Correlation Analysis.

	<b>Average Risk (%) of CRC during the year 1990-2013 (N=100)</b>			
	Pearson Correlation Statistics 'R' (P value - 2 tailed)	95% CI of correlation coefficient*	Regression analysis R square	Regression analysis Unstandardized coeff. (constant, B)
Average Spice Intake (kg/annum) (1990-2013)	-.301 (.002)	-.470 to -.111	.091	(.038, -.012)
Average Red Meat Intake (kg/annum) (1990-2013)	.772 (<.001)	.678 to .841	.596	(-.004, .001)
Average Processed Meat Intake (kg/annum) (1990, 2005, 2010)	.332 (.001)	.145 to .496	.111	(.018, .002)
Average Vegetable Intake (kg/annum) (1990-2013)	.176 (.080)	-.021 to .360	–	–
Average Fruit Intake (kg/annum) (1990-2013)	-.035 (.733)	-.23 to .163	–	–

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1 **Table 3.** Results of Partial Correlation Analysis.

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	<b>Average Risk (%) of CRC during the year 1990-2013 (N=100)</b>	
	Partial Correlation	P value (2-tailed)
Average Red Meat Intake (kg/annum) (1990-2013) (Controlling for spice and processed meat)	.727	<b>&lt;.001</b>
Average Processed Meat Intake (kg/annum) (1990, 2005, 2010) (Controlling for red meat and spice)	-.035	.735
Average Spice Intake (kg/annum) (1990-2013) (Controlling for red meat and processed meat)	-.043	.675

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