## Variations in Lycopene Blood Levels and Tomato Consumption across European Countries Based on the European Prospective Investigation into Cancer and Nutrition (EPIC) Study<sup>1</sup>

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## **EXPANDED ABSTRACT**

Increased plasma concentrations of lycopene, a diet-derived carotenoid, have been suggested to be associated with a decreased risk of chronic diseases, such as cardiovascular disease (1) and prostate cancer (2). Lycopene accounts for  $\sim 50\%$  of the carotenoids found in human blood. It is believed that the major dietary sources of lycopene are tomatoes and tomato products (3,4). However, tomatoes and tomato products vary in their lycopene bioavailability, depending on whether they are processed, consumed raw, or cooked (5). Although in controlled settings, the intake of tomatoes and tomato products has been shown to modulate blood lycopene levels in cancer patients (6,7) and in healthy volunteers (8–11), epidemiological data on the intake of tomatoes and tomato products, estimated from various dietary recall instruments, and

In the over 521,000 subjects who volunteered to participate to the European Prospective Investigation into Cancer and Nutrition (EPIC) study, the consumption of tomatoes (raw and cooked) and tomato products (sauces, pastes, ketchup) has been measured with country-specific dietary questionnaires across 10 countries. Plasma lycopene concentrations have been measured in a subgroup of 3089 subjects from 16 EPIC regions (100 men and 100 women per region). In this communication, these samples are referred to as the EPIC Cross-Sectional Study. The methods of the EPIC study and of the plasma lycopene measurements are detailed elsewhere (15,16). These data were used in the present study to analyze the among-center and the amongsubject/within-center variations in intake of tomatoes and tomato products and to calculate correlations with plasma lycopene concentrations.

correlation with blood lycopene levels are lacking. In epidemiological observational studies, blood lycopene levels have been shown to be only weakly correlated with intake of total fruits and vegetables (12) and tomatoes or tomato products (13,14). From these studies, only a modest variability of blood lycopene concentrations can be explained by these dietary factors, likely because of wide variations in the bioavailability, metabolism, and excretion of lycopene (5).

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TABLE 1

Mean intake of tomatoes and tomato products from country-specific dietary questionnaire data, in a subsample of men and women enrolled in the EPIC Cross-Sectional Study<sup>1</sup>

	Dietary variables										
EPIC region	Tomato and tomato products	Tomato, raw²	Tomato, cooked <sup>2</sup>	Tomato sauce <sup>2</sup>	Tomato ketchup <sup>2,3</sup>	All cooked and processed tomatoes <sup>2,4</sup>	Tomato ketchup + paste + sauces <sup>2,5</sup>	Plasma lycopene (µmol/L)			
				g/d							
Denmark France Germany, east Germany, west Greece Italy, central Italy, north Italy, south Spain, north Spain, south Sweden The Netherlands UK, nonvegetarian UK, vegetarian All EPIC regions	$42.86 \pm 25.63$ $22.04 \pm 17.00$ $26.16 \pm 19.41$ $34.48 \pm 21.20$ $163.62 \pm 83.72$ $85.37 \pm 54.11$ $83.91 \pm 49.48$ $48.94 \pm 32.75$ $69.15 \pm 66.52$ $97.59 \pm 67.62$ $31.87 \pm 32.34$ $15.70 \pm 12.03$ $42.41 \pm 27.13$ $54.07 \pm 39.95$ $59.83 \pm 58.83$	$\begin{array}{c} 12.64 \pm 13.20 \\ 8.64 \pm 9.17 \\ 19.07 \pm 18.56 \\ 23.75 \pm 19.82 \\ 112.5 \pm 77.04 \\ 63.99 \pm 49.94 \\ 63.43 \pm 46.01 \\ 8.65 \pm 19.81 \\ 55.64 \pm 66.61 \\ 77.67 \pm 64.43 \\ 24.53 \pm 26.86 \\ 5.87 \pm 5.85 \\ \hline \\ 42.08 \pm 53.83 \\ \end{array}$	$\begin{array}{c} 13.73 \pm 10.60 \\ 12.76 \pm 13.24 \\ 3.75 \pm 4.48 \\ 7.33 \pm 6.89 \\ 44.05 \pm 19.00 \\ 4.39 \pm 3.04 \\ 3.93 \pm 2.96 \\ 3.47 \pm 3.14 \\ 3.51 \pm 4.81 \\ 11.73 \pm 9.65 \\ 3.19 \pm 6.06 \\ 2.18 \pm 2.46 \\ 0.91 \pm 1.49 \\ 0.77 \pm 1.21 \\ 8.18 \pm 12.81 \\ \end{array}$	$\begin{array}{c} 1.38 \pm 1.97 \\$	$\begin{array}{c}$	$\begin{array}{c} 30.22 \pm 20.17 \\ 13.40 \pm 13.25 \\ 7.09 \pm 6.47 \\ 10.73 \pm 8.43 \\ 51.12 \pm 20.69 \\ 21.39 \pm 18.82 \\ 20.47 \pm 17.39 \\ 40.28 \pm 26.81 \\ 13.51 \pm 11.65 \\ 19.92 \pm 14.43 \\ 7.34 \pm 14.02 \\ 9.83 \pm 9.23 \\ 42.41 \pm 27.13 \\ 54.07 \pm 39.95 \\ 22.69 \pm 24.03 \end{array}$	$\begin{array}{c} 1.81 \pm 2.06 \\ 0.64 \pm 1.03 \\ 3.34 \pm 3.85 \\ 3.40 \pm 3.00 \\ 7.07 \pm 4.93 \\ 17.00 \pm 17.94 \\ 16.54 \pm 16.82 \\ 19.25 \pm 13.44 \\ 8.91 \pm 8.68 \\ 5.04 \pm 6.08 \\ 5.77 \pm 12.51 \\ 7.65 \pm 8.27 \\ 11.13 \pm 9.85 \\ 12.55 \pm 12.90 \\ 8.37 \pm 11.56 \end{array}$	$\begin{array}{c} 0.56 \pm 0.31 \\ 0.69 \pm 0.33 \\ 0.65 \pm 0.32 \\ 0.58 \pm 0.29 \\ 0.86 \pm 0.42 \\ 0.97 \pm 0.37 \\ 0.97 \pm 0.40 \\ 1.31 \pm 0.46 \\ 0.48 \pm 0.31 \\ 0.70 \pm 0.35 \\ 0.50 \pm 0.29 \\ 0.50 \pm 0.30 \\ 0.75 \pm 0.34 \\ 0.93 \pm 0.41 \\ 0.72 \pm 0.42 \end{array}$			

 $<sup>^{1}</sup>$  — indicates missing dietary variable values from country-specific questionnaires. Values are means  $\pm$  SD of intake (g/d). Plasma lycopene values are presented as  $\mu$ mol/L.

The average intake of tomatoes and various tomato products and plasma lycopene concentrations in men and women of the EPIC Cross-Sectional Study are shown in **Tables 1**, 2, and 3. From the dietary questionnaire data, for men and

women combined, the intake of tomatoes and all tomato products combined ranged from an average of  $15.7 \, \text{g/d}$  in The Netherlands to  $97.6 \, \text{g/d}$  in the south of Spain to  $163.6 \, \text{g/d}$  in Greece (Table 1). The intake of raw tomatoes (lowest: The

TABLE 2

Mean intake of tomatoes and tomato products from country-specific dietary questionnaire data, in a subsample of men enrolled in the EPIC Cross-Sectional Study<sup>1</sup>

	Dietary variables										
EPIC region	Tomato and tomato products	Tomato, raw	Tomato, cooked	Tomato sauce	Tomato ketchup	All cooked and processed tomatoes	Tomato ketchup + paste + sauces	Plasma lycopene (µmol/L)			
				g/d							
Denmark Germany, east Germany, west Greece Italy, central Italy, north Italy, south Spain, south Spain, north Sweden The Netherlands UK, nonvegetarian UK, vegetarian All EPIC regions	$40.98 \pm 20.69$ $26.07 \pm 21.76$ $32.83 \pm 19.00$ $162.58 \pm 83.43$ $87.66 \pm 53.54$ $97.38 \pm 52.42$ $50.86 \pm 31.79$ $106.89 \pm 73.67$ $82.69 \pm 77.34$ $31.29 \pm 34.40$ $15.01 \pm 11.67$ $39.35 \pm 24.24$ $51.35 \pm 37.16$ $63.93 \pm 62.97$	$\begin{array}{c} 11.95 \pm 11.79 \\ 17.81 \pm 20.22 \\ 20.26 \pm 16.25 \\ 106.25 \pm 74.73 \\ 58.54 \pm 46.02 \\ 69.38 \pm 48.65 \\ 2.15 \pm 7.05 \\ 83.50 \pm 70.96 \\ 67.49 \pm 77.15 \\ 22.58 \pm 27.51 \\ 5.55 \pm 5.77 \\$	$\begin{array}{c} 15.01 \pm 8.78 \\ 4.34 \pm 5.28 \\ 8.66 \pm 7.90 \\ 48.44 \pm 20.78 \\ 4.99 \pm 3.29 \\ 4.04 \pm 2.89 \\ 2.85 \pm 2.68 \\ 14.25 \pm 11.56 \\ 4.09 \pm 5.34 \\ 3.75 \pm 6.90 \\ 2.24 \pm 2.70 \\ 0.93 \pm 1.52 \\ 0.81 \pm 0.93 \\ 9.15 \pm 14.27 \end{array}$	$\begin{array}{c} 2.00 \pm 2.55 \\ 1.49 \pm 1.48 \\ 3.37 \pm 3.16 \\ 7.59 \pm 4.68 \\ 24.13 \pm 20.34 \\ 23.96 \pm 19.76 \\ 19.17 \pm 10.62 \\ 6.07 \pm 7.05 \\ 10.16 \pm 8.88 \\ 5.39 \pm 13.68 \\ 6.38 \pm 7.67 \\ 9.08 \pm 8.40 \\ 11.28 \pm 10.99 \\ 9.38 \pm 12.97 \\ \end{array}$	$\begin{array}{c}$	$\begin{array}{c} 29.03 \pm 16.32 \\ 8.25 \pm 7.32 \\ 12.57 \pm 9.40 \\ 56.32 \pm 22.12 \\ 29.12 \pm 21.05 \\ 28.00 \pm 20.38 \\ 48.70 \pm 30.66 \\ 23.39 \pm 16.29 \\ 15.20 \pm 12.44 \\ 8.70 \pm 15.62 \\ 9.46 \pm 9.25 \\ 39.35 \pm 24.24 \\ 51.35 \pm 37.16 \\ 25.35 \pm 24.72 \\ \end{array}$	$\begin{array}{c} 2.53 \pm 2.61 \\ 3.91 \pm 4.34 \\ 3.92 \pm 3.46 \\ 7.89 \pm 4.78 \\ 24.13 \pm 20.34 \\ 23.96 \pm 19.76 \\ 19.17 \pm 10.62 \\ 6.09 \pm 7.04 \\ 10.16 \pm 8.88 \\ 6.84 \pm 14.18 \\ 7.21 \pm 8.13 \\ 12.35 \pm 11.08 \\ 13.24 \pm 13.04 \\ 10.22 \pm 13.17 \\ \end{array}$	$\begin{array}{c} 0.59 \pm 0.34 \\ 0.59 \pm 0.30 \\ 0.63 \pm 0.31 \\ 0.90 \pm 0.37 \\ 1.02 \pm 0.38 \\ 1.04 \pm 0.43 \\ 1.30 \pm 0.47 \\ 0.68 \pm 0.35 \\ 0.53 \pm 0.32 \\ 0.52 \pm 0.32 \\ 0.52 \pm 0.34 \\ 0.72 \pm 0.34 \\ 0.74 \pm 0.44 \\ 0.74 \pm 0.44 \end{array}$			

 $<sup>^1</sup>$  — indicates missing dietary variable values from country-specific questionnaires. Values are means  $\pm$  SD of intake (g/d). Plasma lycopene values are presented as  $\mu$ mol/L. For definition of dietary variables, see Table 1.

<sup>&</sup>lt;sup>2</sup> Subgroup of the main tomato and tomato products variable.

<sup>&</sup>lt;sup>3</sup> Tomato ketchup is a subgroup of the Tomato sauces variable.

<sup>&</sup>lt;sup>4</sup> Sum of tomato cooked, tomato sauces, and tomato paste.

<sup>&</sup>lt;sup>5</sup> Sum of tomato sauces (including tomato ketchup) and tomato paste.

TABLE 3

Mean intake of tomatoes and tomato products from country-specific dietary questionnaire data, in a subsample of women enrolled in the EPIC Cross-Sectional Study<sup>1</sup>

	Dietary variables											
EPIC region	Tomato and tomato products	Tomato, raw	Tomato, cooked	Tomato sauce	Tomato ketchup	All cooked and processed tomatoes	Tomato ketchup + paste + sauces	Plasma lycopene (µmol/L)				
				g/d								
Denmark France Germany, east Gerece Italy, central Italy, north Italy, south Spain, south Spain, north Sweden The Netherlands UK, nonvegetarian UK, vegetarian All EPIC regions	$\begin{array}{c} 44.70 \pm 29.69 \\ 22.04 \pm 17.00 \\ 26.26 \pm 16.98 \\ 36.12 \pm 23.17 \\ 164.73 \pm 84.54 \\ 83.08 \pm 54.85 \\ 70.57 \pm 42.61 \\ 47.17 \pm 33.68 \\ 88.48 \pm 59.92 \\ 56.03 \pm 51.07 \\ 32.48 \pm 30.16 \\ 16.37 \pm 12.39 \\ 45.41 \pm 29.51 \\ 56.45 \pm 42.33 \\ 56.04 \pm 54.47 \\ \end{array}$	$\begin{array}{c} 13.31 \pm 14.49 \\ 8.64 \pm 9.17 \\ 20.28 \pm 16.84 \\ 27.24 \pm 22.39 \\ 119.2 \pm 79.36 \\ 69.43 \pm 53.25 \\ 57.55 \pm 42.68 \\ 14.62 \pm 25.21 \\ 71.96 \pm 56.92 \\ 44.15 \pm 52.39 \\ 26.54 \pm 26.10 \\ 6.18 \pm 5.95 \\ \hline \\ 40.54 \pm 50.43 \\ \end{array}$	$\begin{array}{c} 12.48 \pm 12.05 \\ 12.76 \pm 13.24 \\ 3.19 \pm 3.48 \\ 5.99 \pm 5.42 \\ 39.34 \pm 15.67 \\ 3.78 \pm 2.67 \\ 3.83 \pm 3.03 \\ 4.03 \pm 3.43 \\ 9.27 \pm 6.45 \\ 2.95 \pm 4.18 \\ 2.60 \pm 5.00 \\ 2.12 \pm 2.21 \\ 0.89 \pm 1.47 \\ 0.74 \pm 1.41 \\ 7.29 \pm 11.24 \\ \end{array}$	$\begin{array}{c} 0.77 \pm 0.78 \\$	$\begin{array}{c}$	$31.38 \pm 23.37$ $13.40 \pm 13.25$ $5.97 \pm 5.33$ $8.88 \pm 6.90$ $45.53 \pm 17.51$ $13.65 \pm 12.17$ $13.03 \pm 9.01$ $32.55 \pm 19.92$ $16.51 \pm 11.39$ $11.88 \pm 10.63$ $5.94 \pm 12.02$ $10.19 \pm 9.24$ $45.41 \pm 29.51$ $56.45 \pm 42.33$ $20.24 \pm 23.12$	$\begin{array}{c} 1.10 \pm 0.87 \\ 0.64 \pm 1.03 \\ 2.79 \pm 3.26 \\ 2.88 \pm 2.36 \\ 6.19 \pm 4.96 \\ 9.87 \pm 11.44 \\ 9.20 \pm 8.35 \\ 19.33 \pm 15.64 \\ 4.01 \pm 4.77 \\ 7.70 \pm 8.36 \\ 4.67 \pm 10.44 \\ 8.08 \pm 8.42 \\ 9.93 \pm 8.37 \\ 11.95 \pm 12.82 \\ 6.67 \pm 9.52 \end{array}$	$\begin{array}{c} 0.52 \pm 0.29 \\ 0.69 \pm 0.34 \\ 0.69 \pm 0.33 \\ 0.54 \pm 0.25 \\ 0.83 \pm 0.46 \\ 0.92 \pm 0.36 \\ 0.91 \pm 0.36 \\ 1.32 \pm 0.46 \\ 0.72 \pm 0.34 \\ 0.42 \pm 0.29 \\ 0.48 \pm 0.27 \\ 0.77 \pm 0.38 \\ 0.87 \pm 0.40 \\ 0.71 \pm 0.41 \\ \end{array}$				

 $<sup>^1</sup>$  — indicates missing dietary variable values from country-specific questionnaires. Values are means  $\pm$  SD of intake (g/d). Plasma lycopene values are presented as  $\mu$ mol/L. For definition of dietary variables, see Table 1.

Netherlands = 5.9 g/d; highest: Greece = 112.5 g/d) was generally higher than that of cooked tomatoes (lowest: The Netherlands = 2.2 g/d; highest: Greece = 44.1 g/d). Average plasma lycopene measures showed the lowest concentrations in the north of Spain (0.48  $\mu$ mol/L) followed by Sweden (0.49  $\mu$ mol/L) and The Netherlands (0.50  $\mu$ mol/L), and with the highest in southern Italy (1.31  $\mu$ mol/L) (Table 1).

The Pearson correlation coefficients between the plasma lycopene levels and the level of consumption of tomatoes and tomato products in men and women in the EPIC Cross-Sectional Study by EPIC region, adjusted for gender and season of blood donation, are shown in **Table 4**, and the same

values for all regions combined are shown in Table 5. A wide range of weak to moderate correlations is seen for all tomato and tomato products across EPIC regions (Table 4). However, for all EPIC regions combined (Table 5), the correlations were much stronger for tomato sauces and for the sum of all cooked and processed tomato intake. Using a model to break down between- and within-center correlation coefficients (17), the correlation coefficients at an ecological level (among regions) were much stronger than those at the individual level (within regions), particularly for sauces and for the sum of all cooked and processed tomatoes (Table 5). This is expected given that these products have been shown to have generally greater

TABLE 4

Pearson correlation coefficients between plasma lycopene levels and level of consumption of tomatoes and tomato products in men and women enrolled in the EPIC Cross-Sectional Study by EPIC region<sup>1</sup>

	EPIC Region													
Dietary variables	Denmark	France	Germany, east	Germany, west	Greece	Italy, central	Italy, north	Italy, south	Spain, north	Spain, south	Sweden	The Netherlands	UK, nonvegetarian	UK, vegetarian
Tomato and														
tomato products	0.15	0.06	0.30	0.06	0.11	0.12	0.21	0.26	0.22	0.24	0.33	0.42	0.15	0.12
Tomato, raw	0.10	0.07	0.22	-0.03	0.13	0.02	0.07	0.09	0.18	0.20	0.25	0.28	_	_
Tomato, cooked	0.14	0.07	0.14	0.22	0.08	0.06	0.11	0.04	-0.07	0.10	0.15	0.35	0.21	0.07
Tomato, sauce	0.37	_	0.16	0.19	0.15	0.18	0.34	0.29	0.17	0.07	0.19	0.35	0.08	0.09
Tomato, ketchup All cooked and processed	_	-0.03	0.25	0.07	0.02	_	_	_	_	-0.06	0.16	_	0.14	0.20
tomatoes Ketchup + paste	0.13	0.06	0.25	0.23	0.12	0.16	0.31	0.25	0.06	0.11	0.25	0.44	0.15	0.12
+ sauces	0.39	-0.03	0.26	0.18	0.15	0.18	0.34	0.29	0.17	0.06	0.26	0.39	0.11	0.12

<sup>&</sup>lt;sup>1</sup> — indicates missing dietary variable values from country-specific dietary questionnaires. Values are Pearson correlation coefficients, adjusted by gender and season of blood donation, between log transformed plasma lycopene levels (μmol/L) and levels of dietary tomato and tomato product intake from the EPIC Cross-Sectional Study. For definition of dietary variables, see Table 1.

lycopene bioavailability than raw tomatoes (5,10). The overall correlation of the total tomatoes and the tomato product intake with plasma lycopene was 0.33 (Table 5). The within-region correlation coefficient was 0.23, whereas the amongregion correlation was 0.53. The intraclass correlation coefficient, highlighting the amount of variation among groups over total variability, was 0.43.

The modest correlations found between the dietary consumption of tomato and the lycopene concentration in blood may be because of imprecision of measurements of diet as well as variations of bioavailability and absorption of lycopene, depending on the way tomatoes are seasoned or cooked and their method of consumption (e.g., eaten with added fats, which may increase lycopene absorption). In addition, these generally low correlations of tomatoes and tomato products with plasma lycopene may also be because of the time span between the exposure and the blood sampling, given the strong seasonal variations in the intake of tomato and tomato products.

The Mediterranean diet is rich in tomatoes and tomato products (18), as evidenced by the observation that the Greek EPIC cohort has one of the highest intakes of tomato and tomato products in the EPIC study (Tables 1–3). However, the correlation of plasma lycopene with the Mediterranean diet score in the EPIC Cross-Sectional Study was determined to be weak in most EPIC regions (**Table 6**). These results from the EPIC study indicate that in these European populations, measures of tomato consumption and the Mediterranean diet score are poor predictors of blood lycopene concentrations at the individual level.

In studies of the association of lycopene and cancer risk, the use of tomato consumption data would provide only an imprecise proxy variable of the lycopene blood levels and would lead to substantial attenuation of any hypothetical association. This was the rationale for initiating a study in which 7 carotenoids, including lycopene, are being measured in subjects who developed prostate cancer during the follow-up period

TABLE 5

Pearson correlation coefficients between plasma lycopene levels and level of consumption of tomatoes and tomato products in men and women enrolled in the EPIC Cross-Sectional Study, all EPIC regions combined

		icients for ry variables	
Dietary variables	Ecological correlation among regions <sup>1</sup>	Individual correlation within regions <sup>1</sup>	Total correlation
Tomato and tomato			
products	0.53	0.23	0.33
Tomato, raw	0.17	0.16	0.16
Tomato, cooked	0.07	0.12	0.09
Tomato, sauce	0.79	0.18	0.37
Tomato, ketchup All cooked and	0.34	0.10	0.15
processed tomatoes	0.69	0.20	0.37
Ketchup + paste + sauces	0.67	0.20	0.34

<sup>&</sup>lt;sup>1</sup> Among- and within-region correlation coefficients, adjusted by gender, between biomarker levels, and all dietary variables. For definition of dietary variables, see Table 1.

TABLE 6

The Mediterranean diet score and correlations with plasma lycopene levels in EPIC regions

EPIC region	Mean Mediterranean diet score <sup>1</sup>	Correlation with plasma lycopene <sup>2</sup>
Denmark	3.53	0.16
France	4.54	0.00
Germany, east	2.90	0.16
Germany, west	3.03	-0.12
Greece	6.18	0.09
Italy, central	5.43	0.11
Italy, north	5.14	0.12
Italy, south	5.77	0.10
Spain, north	5.32	0.06
Spain, south	5.79	0.08
Sweden	2.76	0.12
The Netherlands	2.73	0.10
UK, nonvegetarians	4.06	0.18
UK, vegetarian	5.99	0.07
All EPIC regions	4.45	0.30

 $<sup>^{1}</sup>$  Ranges from 0 to 9, with higher scores indicating greater adherence to the Mediterranean diet, based on the sum of 0/1 scores given, depending on intake of 9 specific food groups, based on data from country-specific dietary questionnaires: Vegetables, legumes, fruits and nuts, cereals, fish (score 0 if intake below the gender-specific median; 1 if above); Meat and poultry, dairy products (score 1 if intake below the gender-specific median, 0 if above); ethanol (for men, score 1 for intake > 10 g/d; for women, score 1 for intake > 5 g/d); score 0 if monounsaturated/saturated fatty acid intake ratio is less than 1 and score 1 if ratio is greater than 1.

<sup>2</sup> Values are Pearson correlation coefficients adjusted by gender and season of blood collection.

and in a group of control subjects who remained free of cancer during the corresponding follow-up time.

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