In Vivo Nitrosoproline Formation and Other Risk Factors in Costa Rican Children from High- and Low-Risk Areas for Gastric Cancer

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Abstract
The hypothesis that intragastric synthesis of N-nitroso compounds (NOC) in early life could play a role in gastric carcinogenesis was tested by applying the N-nitrosoproline (NPRO) test to about 50 children living in high- and low-risk areas for stomach cancer in Costa Rica. The median values of excretion of NPRO and the sum of three nitrosamino acids (pg/12 h urine) were 10–20% of those in adults from other geographical high-risk areas for stomach cancer. The urinary NPRO level after proline intake was higher in children from the high-risk area (P < 0.04) and markedly reduced after ingestion of ascorbic acid together with proline (P < 0.05). NPRO levels on the day of proline intake were highly correlated with levels of nitrate excretion (P < 0.001).

Mean levels of total NOC in an aqueous (pH 2) extract of cooked beans from the high- and low-risk areas were similar. Acid-catalyzed nitrosation of the extract increased the total NOC concentration up to 1000-fold, but there was no difference between samples from the two areas. About 10% of bean extracts from both areas showed weak direct-acting genotoxicity in Escherichia coli; after acid-catalyzed nitrosation, all samples were genotoxic at similar levels.

The diet of children in the low-risk area satisfied recommended levels of intake of energy and most nutrients except riboflavin and retinol equivalents. Diets from the high-risk area were deficient in energy intake and all nutrients except protein and vitamin C.

Blood samples were collected from 276 children and young adults from the same areas and analyzed for serum antibodies against Helicobacter pylori. Although very high, no significant difference was found in the prevalence of IgG or IgA antibodies between the two regions (R. Sierra, et al., Cancer Epidemiol., Biomarkers & Prev., 1:449–454, 1992). The results implicate intra- gastrically formed NOC or other nitrite-derived carcinogens in stomach cancer etiology.

Introduction
Stomach cancer, the most common cause of death from cancer in Costa Rica, in 1984 caused 31% of deaths in males and 19% in females (1). Although the incidence rates are declining, they are the highest in Latin America, and internationally they are second only to those observed in Japan (2). For the period 1984–1988, the age-adjusted incidence rates were 46.4/100,000 men and 21.6/100,000 women. There is, however, great variation in rates in this small country (51,000 km²), which has a fairly homogenous population; for men, the rate varies from 66.1/100,000 in the center of the country to 26.8/100,000 in the coastal area. These data suggest that environmental factors and habits in the different regions are responsible for the differences in risk.

On the basis of studies of patients with chronic atrophic gastritis, a precancerous condition of the stomach, it has been postulated that NOC, in particular N-nitrosamides, are formed intragastrically in the colonized stomach via bacterial reduction of ingested NO₂⁻ to NO₃⁻, and subsequent nitrosation of precursors by bacterial enzymes could play a role in the cancer etiology (3, 4). However, it is still unclear whether the level of NOC formed in the stomach of patients with precancerous conditions is higher than that of normal subjects. In most studies (reviewed in Ref. 5), patients with chronic atrophic gastritis did not excrete more NPRO than subjects with a histologically normal stomach after ingestion of proline and nitrate (6). Similarly, gastric juice from patients with precancerous gastric conditions did not contain higher levels of total NOC than that of asymptomatic subjects (7, 8). On the basis of these and other data (in particular from epidemiological studies of migrants), it has been hypothesized that carcinogenic NOC formed in the normal stomach by acid-catalyzed (chemical) nitrosation in early life could play a crucial role in gastric carcinogenesis (6, 9). To collect support for these hypotheses, we have applied the NPRO-test to Costa Rican children living in high- and low-risk areas for stomach cancer.

Chronic infection by the bacterium Helicobacter pylori in human stomach mucosa has been identified as a possible etiological agent causing gastritis that may contribute to gastric carcinogenesis by inducing chronic irritation or inflammation. Therefore, in addition, serum levels of antibodies to H. pylori and of pepsinogens were measured in young.

Received 3/4/93; revised 6/28/93; accepted 6/28/93.

1 In part presented at the Relevance to Human Cancer of N-nitroso Compounds (Tobacco Smoke and Mycotoxins) meeting held in Lyon, France, in September of 1989 (IARC Scientific Pub. No. 105; 1991).

2 To whom requests for reprints should be addressed, at International Agency for Research on Cancer, 150 cours Albert-Thomas, 69372 Lyon Cedex 08, France.

The abbreviations used are: NOC, N-nitroso compounds; NPRO, N-nitrosoproline; NAA, N-nitrosamino acids.
people (8–20 years of age) from the same two areas. Detailed results have been reported elsewhere (10). Food consumption data on children from the high- and low-risk areas were compared. As nitrosation of fava beans produced a powerful mutagen (11, 12), we measured the mutagenicity and levels of total NOC before and after nitrosation of aqueous extracts of beans that are commonly consumed by inhabitants of the two study areas.

Methods

Study Subjects

One community in a high-risk area for stomach cancer (Turrubares; age-adjusted incidence rate, 66.1/100,000 in males) and one in a low-risk area (Hojancha; 26.8/100,000) (2) were selected in Costa Rica on the basis of the following criteria: rural community; a sufficiently large population of school children; and similar ethnic characteristics and accessibility.

NPRO Test. We randomly selected 26 children (19 boys and 7 girls) and 25 children (15 boys and 10 girls) from high- and low-risk areas for stomach cancer, respectively, to participate in the study. Their mean ages ± SD (range) were 11.3 ± 2.2 (8–14) and 10.5 ± 1.7 (8–14) years, and mean body weights ± SD (range) were 37 ± 10.4 (19–65) and 34 ± 7.1 (20–52) kg, respectively. Two samples of 12-h overnight urine were collected from the children after they had ingested 500 mg of proline together with 200 mg of vitamin C 1 h after the evening meal on day 1 or 500 mg of proline alone on day 2. The urine samples were collected and analyzed for N-nitrosamino acids and nitrate as exposure markers, as described previously (13).

Analysis of Raw and Cooked Beans

Sixty-two samples of beans (Phaseolus vulgaris L.) that had been cooked by the families and stored at room temperature for up to 9 days were collected from the two study areas and kept frozen at −30°C before analyses. Both the raw and cooked beans were analyzed for nitrate according to Green et al. (14).

Aqueous extracts of boiled beans were prepared as follows: 4 g of cooked beans were mixed with 4 ml of 0.4 M KCl-HCl buffer of pH 2. After vigorous shaking, the pH was adjusted to pH 2 with 0.2 N HCl. The mixture was incubated with gentle shaking in the dark for 10 min at 37°C and then centrifuged for 10 min at 1900 g. Levels of NOC and genotoxic activity before and after in vitro nitrosation were measured in the supernatant. Nitrosation was carried out in vitro at pH 2 at 37°C for 60 min with 100 mmol/liter NaNO2.

Determination of Total NOC

Total NOC in acidic aqueous extracts of boiled bean samples before and after in vitro nitrosation (NaNO2, 100 mmol/liter; pH 2; 1 h at 37°C) were determined by a group-selective method as previously described (15). The limit of detection was 0.01 µmol/liter.

Genotoxic Activity

Aqueous extracts of cooked bean samples, before and after in vitro nitrosation, were assayed for genotoxicity by the SOS chromotest as previously described (16).

Food Consumption

Fifty school-aged children, including all of those participating in the NPRO test (7 to 14 years of age), were randomly selected from each area from the total populations of school-aged children in Hojancha and Turrubares. Data on the food consumption were recorded over a 2-day period for each subject. On day 1 each child was given instructions on how to record foods and drinks consumed during that and the following day. On day 2 the child and mother were interviewed by a final-year nutrition student in order to note the recalled types and amounts of food consumed on day 1. The amounts of food were estimated by weighing similar portions of foods available in the houses or local shops and in a few cases from household measures and life-sized drawings. The same procedure was repeated on day 3. The nutritional adequacy of the diet in each community was determined by comparison with recommended intakes (21–23).

A comparison of food consumed between the two communities was performed for foods or food groups with at least 10 measurements in each community. For each of the foods or food groups and nutrients, the distribution of the consumption values was tested for normality with the Kolmogorov-Smirnov one-sample test. For foods with distributions found to be normal, a comparison of the means was performed by using the z-test, and for the distributions differing significantly from normal, the Mann-Whitney test was used. In the case of nutrients without normal distributions, the distribution of the log-transformed values was tested for normality. The means (real or log-transformed values) of nutrient intake were, therefore, excluded from further analysis. In the case of vitamin C, some of the records included zero values and these were converted to one-tenth of the minimum value found in order to compare the means of the log-transformed data.

Results

Demographic Comparison of Study Areas. Data taken from the family of children who participated in the dietary study showed that the mean monthly family income (means ± SD in colones, 6532 ± 4945 versus 6179 ± 3376) was slightly higher in the low-risk area than in the high-risk area. The proportion of household heads who cultivate their own land was greater in the low-risk area (37.5% versus 0%) and a higher proportion of household heads was agricultural laborers in the high- (44%) than in the low-risk area (18.8%). Also, significantly more household heads in the low-risk area (48.8%) worked on a permanent basis than in the high-risk area (46.2%). The percentage of families who owned refrigerators was similar in the two communities (40.6% in the low-risk area versus 46.2% in the high-risk area).

Levels of NAA and Nitrate in Urine. The results of analyses for NAA and nitrate in the 12-h urine and P values for compar-
of proline plus vitamin C intake. These results indicate that
with the urinary nitrate levels (P < 0.001) but not on the day
The NPRO levels on the day of proline intake correlated well
with that seen with proline alone (low-risk area, P < 0.05; Wilcoxon test). Levels of
NPRO excretion was reduced in both areas after in-
gestion of ascorbic acid together with proline, as compared
with the seen with proline alone (low-risk area, P < 0.01; high-risk area, P < 0.05; Wilcoxon test). Levels of N-nitrosodithiazoline-4-carboxylic acid, N-nitroso-2-methylthiazolidine 4-carboxylic acid and nitrate in urine were not
similar. Acid-catalyzed nitrosation of the extracts pro-
duced a maximal level of total NOC of 1.8 μmol/g wet
weight of cooked beans, but there was no difference in the
mean level of (nitrosation-dependent) total NOC between
the two areas. Storage at room temperature up to 9 days before
freezing of cooked beans from the 2 areas had no effect on
their nitrosation-dependent genotoxicity (data not shown).
Only 2 of 11 extracts prepared from cooked beans from the
low-incidence area and 2 of 14 from the high-incidence area
showed weak, direct genotoxicity; after acid-catalyzed ni-
trosation, all bean samples were genotoxic, with the mean
genotoxicity being similar in samples from the two areas.
The mean nitrate concentration ± SD of raw beans from the
high-risk area (0.76 ± 0.54 μmol/g dry weight; n = 9) was
about twice as high as that of beans from the low-risk area
(0.36 ± 0.12 μmol/g, n = 6), while no significant difference
was seen in the nitrate levels in boiled beans from the two
areas (0.97 ± 0.49 μmol/g, n = 32, versus 0.89 ± 0.53 μmol/g, n = 32, respectively). Furthermore, there was no
clear increase or decrease in nitrite or nitrate concentrations
in cooked beans stored in a refrigerator or at room tem-
perature for up to 9 days.

**Dietary Comparisons.** The consumption of milk products,
vegetables, maize, sugar, jams, honey, and vegetable fat was
significantly greater in the low-risk area and the consump-
tion of processed meat products, bread, and wheat flour was
significantly higher in the high-risk area (P < 0.05).

Table 3 shows the average intakes of energy and nu-
trients of the subjects in the two areas. The following nu-
trients were consumed in significantly greater amounts in the
low-risk area: fat; calcium; phosphorus; thiamine; and di-
etary fiber (P < 0.001); energy, protein, carotenes and ri-
boflavin (P < 0.01); and carbohydrates and iron (P < 0.05).
The average amounts of niacin and vitamin C did not differ
significantly between the two communities. The values for
vitamin E, retinol, and retinol equivalents were not compa-
red because the log-transformed values were not distrib-
uted normally.

Table 3 also shows the mean intakes, expressed as per-
centages of the recommended daily intake, for each area.
The diet in the low-risk area satisfies recommended levels of
intake of energy and most nutrients except riboflavin and
retinol equivalents. In the high-risk area it was deficient in
energy and all the nutrients except protein and vitamin C.
The study in the high-risk area took place during the green
mango season, a major source of vitamin C for these chil-
dren, and the high vitamin C intake may not apply to other
periods of the year. Although several differences in nutrient

<table>
<thead>
<tr>
<th>Urinary component</th>
<th>Low-risk area</th>
<th>High-risk area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 (proline plus vitamin C)</td>
<td>Day 2 (proline)</td>
<td>Day 1 (proline plus vitamin C)</td>
</tr>
<tr>
<td>Volume (ml)</td>
<td>415.0 (370-520)</td>
<td>445.0 (395-570)</td>
</tr>
<tr>
<td>NPRO</td>
<td>0.28 (0.20-0.36)</td>
<td>0.54 (0.36-0.86)</td>
</tr>
<tr>
<td>NTCA</td>
<td>0.48 (0.17-0.80)</td>
<td>0.52 (0.13-0.80)</td>
</tr>
<tr>
<td>NMTCA</td>
<td>0.05 (0.05-0.05)</td>
<td>0.05 (0.05-0.05)</td>
</tr>
<tr>
<td>Sum of 3</td>
<td>0.75 (0.53-1.31)</td>
<td>1.25 (0.57-1.85)</td>
</tr>
<tr>
<td>Nitrate</td>
<td>0.23 (0.18-0.41)</td>
<td>0.20 (0.16-0.41)</td>
</tr>
</tbody>
</table>

- **P values of comparison**
  - NPRO vs. NMTCA: 0.02, 0.97, 0.41, 0.17
  - NTCA vs. Sum: 0.61, 0.24, 0.27, 0.21
  - Nitrate vs. NPRO: 0.82

- **Limit of detection.**
- **NTCA, N-nitrosodithiazoline-4-carboxylic acid; NMTCA, N-nitroso-2-methylthiazolidine 4-carboxylic acid.**
- **Mann-Whitney test.**
- **Wilcoxon test.**
The hypothesis that intragastnc formation of nitrite-derived carcinogens in the acidic stomach in early life could play a crucial role in inducing atrophic gastritis and intestinal metaplasia in later life was tested in about 50 Costa Rican children (aged 8–14 years) living in high- and low-risk areas for stomach cancer. By applying the NPRO test, we have demonstrated that the levels of NPRO were significantly higher in urine samples collected in the high-risk area than those for a low-risk area. On the day of proline intake, NPRO was positively correlated with urinary NO\textsuperscript{2−} level \((P < 0.001)\). Urinary concentrations and absolute amounts of NAA excreted in 12-h urine were only 10–20% of those detected previously in urine samples from adults in other high-risk countries for gastric cancer; the nitrate level was 30–50% lower than that in the urine of adults \((5)\). It is not known whether these low levels in Costa Rican children are due to a lower body weight or other factors related to age, or diet, such as high intake of ascorbic acid \((Table 3)\). When expressed by body weight (mean body weight of children, 35 kg), NPRO excretion was 20–40% as for adults while nitrate excretion was 0–15% lower in children.

Although the excreted values for NPRO were lower in children than in adults, the results in Table 1 demonstrate that the in vivo NPRO formation after proline intake in children from the high-risk area was elevated and this suggests that increased intragastric formation of nitrite-derived carcinogens could occur, if nitrosatable precursors were present in the high-risk area. On the day of proline intake, NPRO was positively correlated with urinary NO\textsuperscript{2−} level \((P < 0.001)\). Urinary concentrations and absolute amounts of NAA excreted in 12-h urine were only 10–20% of those detected previously in urine samples from adults in other high-risk countries for gastric cancer; the nitrate level was 30–50% lower than that in the urine of adults \((5)\). It is not known whether these low levels in Costa Rican children are due to a lower body weight or other factors related to age, or diet, such as high intake of ascorbic acid \((Table 3)\). When expressed by body weight (mean body weight of children, 35 kg), NPRO excretion was 20–40% as for adults while nitrate excretion was 0–15% lower in children.

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### Table 2: Concentrations of total NO\textsuperscript{2−} and genotoxicity in the SOS chromotest (SOS induction potency) of aqueous extracts of cooked beans collected at high- and low-risk areas for stomach cancer in Costa Rica.

<table>
<thead>
<tr>
<th>Study area</th>
<th>No. of samples analyzed</th>
<th>Mean (range) of total NO\textsuperscript{2−} mmol/g cooked beans Before nitrosation</th>
<th>Mean (range) of SOSIP/\mu mol total NO\textsuperscript{2−} Before nitrosation</th>
<th>Mean (range) of SOSIP/\mu mol total NO\textsuperscript{2−} After nitrosation</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-risk</td>
<td>14/11</td>
<td>0.57 (0.17–1.71)</td>
<td>1231 (560–1600)</td>
<td>40 (0–28)</td>
</tr>
<tr>
<td>Low-risk</td>
<td>11/11</td>
<td>0.42 (0.18–1.81)</td>
<td>1322 (798–1810)</td>
<td>80 (0–44)</td>
</tr>
</tbody>
</table>

\* SOSIP, SOS induction potency.

### Table 3: Comparison of (a) the mean intake of energy and nutrients and (b) of nutritional adequacy of mean food intake in a low- and high-risk area of gastric cancer in Costa Rica.

<table>
<thead>
<tr>
<th>Energy and nutrients</th>
<th>Low-risk area</th>
<th>High-risk area</th>
<th>Comparison of the two areas</th>
<th>Nutritional adequacy* (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy (kcal)</td>
<td>2103 ± 714.0</td>
<td>1774 ± 665</td>
<td>0.01 &gt; P &gt; 0.001</td>
<td>Low-risk 98</td>
</tr>
<tr>
<td>Protein (g)</td>
<td>54.7 ± 19.4</td>
<td>46.1 ± 19.8</td>
<td>0.01 &gt; P &gt; 0.001</td>
<td>High-risk 118</td>
</tr>
<tr>
<td>Fat (g)</td>
<td>65.6 ± 13.9</td>
<td>49.0 ± 11.6</td>
<td>P &lt; 0.001</td>
<td></td>
</tr>
<tr>
<td>Retinol (mg)</td>
<td>319 ± 1476</td>
<td>265 ± 1488</td>
<td>NA*</td>
<td></td>
</tr>
<tr>
<td>Carotenes (mg)</td>
<td>838 ± 9.38</td>
<td>470 ± 70.0</td>
<td>0.01 &gt; P &gt; 0.001</td>
<td></td>
</tr>
<tr>
<td>Vitamin E (mg)</td>
<td>10.6 ± 8.5</td>
<td>7.1 ± 6.6</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Carbohydrates (g)</td>
<td>334 ± 118.2</td>
<td>296 ± 118.0</td>
<td>0.05 &gt; P &gt; 0.01</td>
<td></td>
</tr>
<tr>
<td>Calcium (mg)</td>
<td>679 ± 695</td>
<td>412 ± 178</td>
<td>P &lt; 0.001</td>
<td></td>
</tr>
<tr>
<td>Phosphorus (mg)</td>
<td>878 ± 126</td>
<td>697 ± 307</td>
<td>P &lt; 0.001</td>
<td></td>
</tr>
<tr>
<td>Iron (mg)</td>
<td>14.7 ± 5.0</td>
<td>12.8 ± 5.6</td>
<td>0.05 &gt; P &gt; 0.01</td>
<td></td>
</tr>
<tr>
<td>Retinol equivalents (mg)</td>
<td>454 ± 1523</td>
<td>140 ± 1547</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Niacin' (mg)</td>
<td>11.5 ± 5.5</td>
<td>10.7 ± 5.8</td>
<td>NS*</td>
<td></td>
</tr>
<tr>
<td>Vitamin C (mg)</td>
<td>90 ± 93</td>
<td>151.0 ± 193</td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td>Thiamin (mg)</td>
<td>1.13 ± 0.54</td>
<td>0.86 ± 0.52</td>
<td>P &lt; 0.001</td>
<td></td>
</tr>
<tr>
<td>Riboflavin (mg)</td>
<td>0.96 ± 0.67</td>
<td>0.73 ± 0.61</td>
<td>0.01 &gt; P &gt; 0.001</td>
<td></td>
</tr>
<tr>
<td>Dietary fiber (g)</td>
<td>25.8 ± 12.4</td>
<td>18.8 ± 11.0</td>
<td>P &lt; 0.001</td>
<td></td>
</tr>
</tbody>
</table>

* Nutritional adequacy of mean food intake in high- and low-risk areas is expressed as a percentage of recommended daily intake.

* NA, not analyzed.

* Does not include niacin derived from tryptophan.

* NS, not significant.
infection with *H. pylori*, have been linked with gastric cancer (although causality has not been established) and this could well be due to the generation of nitric oxide, nitrite, and nitrate by macrophages and other cell types in inflamed tissues (24–27). In cases of persistent bacterial infection and colonization of the stomach, this source of nitrite/nitrate might be of considerable importance for nitrosation reactions *in vivo* also leading to increased nitrate excretion in urine.

Beans have been associated with increased gastric cancer risk (28) and have been found to be mutagenic after nitrosation (11–12); salt increased the mutagenicity of nitrosated black beans collected in Costa Rica (29). In the present study, no differences were found in the frequency of bean consumption, of total NOC content and genotoxicity of cooked beans collected from families living in the high- and low-risk areas. However, the more than 1000-fold increase in total NOC and about 20-fold increase in genotoxicity after nitrosation of bean extract confirm the formation of NOC and mutagens, possibly including nitrosation of the precursor 4-chloro-6-methoxy-indole (12).

The diet of the high-risk area was lower in quantity and quality than that of the low-risk area (Table 3). The latest national nutrition survey in Costa Rica found that the population in general has a high and adequate intake of vitamin C but that of vitamin A is inadequate (30). Our results confirm this observation and showed that the intake of carotenoids and other nutrients was significantly lower in the high-risk population.

Results from a related study showed a high prevalence of IgG and IgA antibodies against *H. pylori* in children and young adults in Costa Rica, but the excess prevalence did not differ significantly between the high- and low-risk areas (10). Although early infection and high prevalence of *H. pylori* infection are not always associated with high rates of gastric cancer (31), several studies have found a moderate but significant association between *H. pylori* infection and risk of gastric cancer (32–35). Therefore, we must assume that in Costa Rica other factors in addition to *H. pylori* play an important etiological role. Although endoscopy and gastric biopsies were not performed in the present study, the high pepsinogen C levels and their correlation with the *H. pylori* antibodies titers suggest that a high proportion of these children and young adults had gastritis while it is predominantly antral (10), but no difference was found in the prevalence rate of gastritis in children between the two areas. Salas (36) reported that intestinal metaplasia, considered to be a precancerous lesion, was three times more frequent in young people from the high-risk area of Costa Rica and also found at earlier ages in these areas. Our results on the increased NPRO formation in Costa Rican children of the high-risk area suggest that other mutagenic NOC formed *in vivo* might be one of the factors responsible for progression of *H. pylori*-related gastritis to metaplasia and gastric cancer. This process may be accelerated by two factors: (a) the low dietary carotene and retinol intake by inhabitants of the high-risk area as revealed by our dietary survey (Table 3); and (b) a lowered antioxidant defense state and reduced nitrite-scavenging capacity of the stomach in patients with gastric precancerous conditions. The gastric juice of patients with chronic superficial and, in particular, atrophic gastritis has been reported to contain significantly lower ascorbic acid and vitamin C levels (sum of ascorbic acid and dehydroascorbic acid) (8, 37). However, plasma levels of vitamin C were similar in patients with and without gastric precancerous conditions.

**Acknowledgments**

We thank J. Cheney for editorial assistance and M. Wrisz for secretarial help. The skilled technical assistance of I. Brouet, A. Hautefeuille, and P. Thuillier is also acknowledged.

**References**


Gastric Cancer Risk Factors in Costa Rican Children

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