Research Article

ABO Blood Group and Risk of Colorectal Cancer

Hamed Khalili1, Brian M. Wolpin2,4, Edward S. Huang1, Edward L. Giovannucci3,5, Peter Kraft5, Charles S. Fuchs2,3,4, and Andrew T. Chan1,3

Abstract

Background: Recent studies have shown an association between non-O blood group and risk of pancreatic cancer. It is unclear whether this association is observed with other gastrointestinal malignancies, including colorectal cancers.

Methods: We examined the relationship between ABO blood group and the risk of incident colorectal cancer in two large prospective cohorts. We calculated HR using Cox proportional hazard modeling while adjusting for known risk factors of colorectal cancer.

Results: During 996,779 person-years of follow-up, we documented 1,025 incident cases of colorectal cancers. Compared to individuals with blood group O, the multivariate-adjusted HR were 1.08 (95% CI, 0.94–1.24) for blood group A, 1.20 (95% CI, 1.00–1.45) for blood group B, and 1.08 (95% CI, 0.85–1.36) for blood group AB.

Conclusion: In two large prospective cohorts, we did not observe a statistically significant association between ABO blood group and risk of colorectal cancer.

Impact: These results do not support an association between ABO blood group and risk of colorectal cancer.

Cancer Epidemiol Biomarkers Prev; 20(5); 1017–20. ©2011 AACR.

Introduction

Studies have suggested a link between inherited human blood group antigens and the risk of various cancers (1, 2). Recently, we have shown an association between non-O blood group serotype and risk of pancreatic cancer that has been confirmed in other studies (3–7). Whether this association is also observed with other gastrointestinal malignancies, including colorectal cancer, is unclear. We therefore sought to examine the relationship between ABO blood group and colorectal cancer risk in two large prospective cohort studies.

Materials and Methods

Our methods have been previously described in detail (3). Briefly, we examined male and female health professionals enrolled in the Nurses’ Health Study (NHS) and Health Professional Follow Up Study (HPFS) who returned the 1996 biennial questionnaire in which they were specifically queried about their blood group (A, B, AB, O, or unknown). In a subsample of 98 participants, this self-reported blood group was 91% concordant with the results of serological testing in the medical record (3). Among 187 participants, self-reported blood group was 92% concordant with the results of genotype-derived blood typing (4). As previously reported, the distributions of ABO blood groups in these cohorts are similar to those for other US white populations.3 We excluded participants with ulcerative colitis or history of cancer (except nonmelanoma skin). In both cohorts, when a participant (or next-of-kin for decedents) reported a diagnosis of colorectal cancer we obtained their hospital records and pathology reports. We identified deaths through the National Death Index and next-of-kin. A study physician reviewed records to confirm cancer diagnoses.

Follow-up time was calculated from the date of return of the 1996 questionnaire to the date of colorectal cancer diagnosis, death, or June 30, 2006, whichever came first. We used Cox proportional hazards models to calculate adjusted HR and 95% CIs. We evaluated effect modification by diabetes mellitus, based on prior report suggesting potential interactions between diabetes and blood group type using cross-classified categories (8); significance of the interaction was assessed using the log–likelihood ratio test. Based on the number of cases of colorectal cancer and prevalence of each blood group, our study had greater than 80% power at a significance level of 0.05 to detect a HR of 1.2 when comparing non-O blood groups with blood group O.
Results

Among 104,885 participants (76,408 females and 28,477 males), we documented 1,025 colorectal cancer cases after a mean follow up of 9.8 years. Baseline characteristics of the participants were similar with regards to regular aspirin use, family history of colorectal cancer, and history of polyps (Table 1). The risk of developing colorectal cancer did not significantly differ by ABO blood group (Table 2). Compared with blood group O, we did observe a modest association of blood group B with colon cancer, but not rectal cancer that was statistically significant only in the multivariate analysis. However, there did not appear to be statistically significant risk associated with blood group AB.

Among subgroups defined by the presence or absence of diabetes mellitus, there was no statistically significant association between any blood group and colorectal cancer ($P_{interaction} = 0.91$).

Discussion

Several lines of evidence had suggested a potential association between ABO blood group and risk of colorectal cancer (1, 2). Human blood group antigens are expressed on the surface of red blood cells and other tissues, including cells of the gastrointestinal tract. These glycoconjugates may participate in modifying intercellular adhesion, membrane signaling, and immune surveillance, which could in turn influence tumorigenesis (9). In addition, recent genome-wide association studies (GWAS) have linked single nucleotide polymorphisms (SNPs) at the ABO blood locus with serum levels of circulating TNF-α and diabetes mellitus (8, 10). TNF-α


ABO Blood Group and Risk of Colorectal Cancer


Cancer Epidemiol Biomarkers Prev 2011;20:1017-1020. Published OnlineFirst March 17, 2011.

Updated version
Access the most recent version of this article at:
doi:10.1158/1055-9965.EPI-10-1250

Cited articles
This article cites 12 articles, 2 of which you can access for free at:
http://cebp.aacrjournals.org/content/20/5/1017.full#ref-list-1

E-mail alerts
Sign up to receive free email-alerts related to this article or journal.

Reprints and Subscriptions
To order reprints of this article or to subscribe to the journal, contact the AACR Publications Department at pubs@aacr.org.

Permissions
To request permission to re-use all or part of this article, contact the AACR Publications Department at permissions@aacr.org.