

## The Critical Role of Systematic Reviews in Identifying Common Risk Factors for Gastrointestinal Cancers

Hossein Akhondi<sup>1</sup> , Mohammad Hassan Lotfi<sup>1\*</sup> 

1. Center for Healthcare Data Modeling, Departments of Biostatistics and Epidemiology, School of Public Health, Shahid Sadoughi University of Medical Sciences, Yazd, Iran

### ARTICLE INFO

#### Letter to the Editor

Received: 18 Jan 2025

Accepted: 27 Feb 2025



#### Corresponding Author:

Mohammad Hassan Lotfi  
mhlotfi56359@gmail.com

#### How to cite this paper:

Akhondi H, Lotfi MH. The Critical Role of Systematic Reviews in Identifying Common Risk Factors for Gastrointestinal Cancers. J Community Health Research 2025; 14(1): 161-163.

#### Dear Editor-in-Chief

Gastrointestinal (GI) cancers, including colorectal, stomach, pancreatic, and esophageal malignancies, remain among the leading causes of global cancer morbidity and mortality (1). These cancers are highly prevalent worldwide, with colorectal cancer being the most common. Its incidence is rising across both developed and developing countries, underscoring the need for global attention (2). Likewise, cancer in the stomach remains a significant issue in East Asia, especially in Korea and Japan (3), while pancreatic cancer, with its high mortality rate and limited effective treatments, remains a daunting challenge (4). Esophageal cancer, showing significant geographic variation, presents higher rates in regions such as Eastern Europe and parts of Asia (5).

Despite major progress made in cancer studies

and treatment, because GI cancers have a multi-factorial pathogenesis, holistic and systematic strategies are required to confront common risk factors. The complexity of GI cancers, coupled with their diverse risk factors, emphasizes the importance of systematic reviews in identifying common risk factors. These reviews offer a comprehensive view of the interconnected common factors that contribute to the development of these malignancies.

Risk factors for GI cancers span modifiable behaviors such as smoking, alcohol consumption, and unhealthy dietary patterns; environmental exposures like air pollution and chemical toxins; and non-modifiable elements, including genetic predisposition (6, 7). Through synthesizing current studies, systematic reviews not only quantify the magnitude of these risks but also identify key areas where intervention and prevention can be targeted.

A major advantage of systematic reviews lies in how they are able to synthesize disparate evidence from a multitude of studies, revealing trends that can inform clinical practice and public health policies (8). For instance, combining findings related to the impact of dietary fibers, antioxidants, and omega-3 fatty acids with behavioral risk data can help develop more personalized and effective prevention strategies. Furthermore, addressing disparities in healthcare access is essential for reducing the burden of GI cancers, particularly in low-resource settings where early detection and treatment may be less accessible (9, 10).

While global rates of GI cancers are increasing, most notably in transition economies (11), the role of systematic reviews becomes even more critical. These reviews bridge research gaps by identifying actionable insights and helping to inform evidence-based policies. By prioritizing the most significant

interventions, systematic reviews empower stakeholders to create targeted strategies that can reduce the burden of these devastating diseases (12).

In conclusion, I commend the efforts to consolidate knowledge on this critical issue and urge researchers, clinicians, and policymakers to continue leveraging systematic reviews to drive progress in GI cancer prevention and management. By doing so, we can enhance our collective ability to tackle the growing challenge of GI cancers on a global scale.

### Acknowledgments

The authors appreciate the valuable insights and support of colleagues and experts who contributed to this editorial.

This article was translated with the assistance of an artificial intelligence tool. The authors have thoroughly reviewed and edited the final text to ensure its accuracy and fluency.

### Conflicts of interest

The authors declared no conflict of interests.

### Funding

No specific funding was received for the

preparation or publication of this editorial.

### Ethical considerations

This editorial did not involve any studies with human participants or animals performed by the author. All ethical standards, including proper citation and acknowledgment of sources, were fully observed.

### Code of ethics

Not applicable.

### Authors' contributions

All authors made substantial contributions to the conception and design of the study.

### Open access policy

JCHR does not charge readers and their institution for access to its papers. Full text download of all new and archived papers are free of charge.

### Keywords

Gastrointestinal (GI) Cancers, Systematic reviews, Common Risk Factors, Public health policies

### References

1. Arnold M, Abnet CC, Neale RE, et al. Global burden of 5 major types of gastrointestinal cancer. *Gastroenterology*. 2020; 159(1): 335-49. e15.
2. Xi Y, Xu P. Global colorectal cancer burden in 2020 and projections to 2040. *Translational oncology*. 2021; 14(10): 101174.
3. Sekiguchi M, Oda I, Matsuda T, et al. Epidemiological trends and future perspectives of gastric cancer in Eastern Asia. *Digestion*. 2022; 103(1): 22-8.
4. Abbas M, Alqahtani M, Alshahrani MY, et al. Aggressive and drug-resistant pancreatic cancer: challenges and novel treatment approaches. *Discovery Medicine*. 2022; 34(173): 158-64.
5. Gupta B, Kumar N. Worldwide incidence, mortality and time trends for cancer of the oesophagus. *European journal of cancer prevention*. 2017; 26(2): 107-18.
6. Jardim SR, de Souza LMP, de Souza HSP. The rise of gastrointestinal cancers as a global phenomenon: unhealthy behavior or progress? *International journal of environmental research and public health*. 2023; 20(4): 3640.
7. Pritchett N, Spangler EC, Gray GM, et al. Exposure to outdoor particulate matter air pollution and risk of gastrointestinal cancers in adults: a systematic review and meta-analysis of epidemiologic evidence. *Environmental health perspectives*. 2022; 130(3): 036001.
8. Liberati A, Altman DG, Tetzlaff J, et al. The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. *Annals of internal medicine*. 2009; 151(4): W-65-W-94.
9. Masood S, Kothari A, Regan S. The use of research in public health policy: a systematic review. *Evidence & Policy*. 2020; 16(1): 7-43.

10. Jushua J, Hussein MR, Utterman S, Thomas M. Unpacking Social Determinants of Cancer Disparities: A Systematic Review and Strategic Framework for Equitable Prevention and Control. medRxiv. 2024: 2024-07.
11. Shams AZ, Haug U. Strategies for prevention of gastrointestinal cancers in developing countries: a systematic review. *Journal of global health*. 2017; 7(2).
12. Chang SM, Carey TS, Kato EU, et al. Identifying research needs for improving health care. *Annals of internal medicine*. 2012; 157(6): 439-45.