# Fruit juice, fruit, and cardiovascular diseases

Submission date 16/01/2018	<b>Recruitment status</b> No longer recruiting	<ul> <li>Prospectively registered</li> <li>Protocol</li> </ul>
<b>Registration date</b> 29/01/2018	<b>Overall study status</b> Completed	<ul> <li>[] Statistical analysis plan</li> <li>[X] Results</li> </ul>
Last Edited 15/01/2019	<b>Condition category</b> Circulatory System	Individual participant data

#### Plain English summary of protocol

Background and study aims

Dietary guidelines for replacing fruit with pure fruit juice differ between countries from 'half of the recommended fruit intake may be replaced by pure fruit juice' up to 'keep consumption of pure fruit juice to a minimum'. Fruit juice contains less dietary fiber and vitamin C than whole fruits. However, pure fruit juice still contains a high concentration of polyphenols which might reduce the risk of cardiovascular (heart) disease (CVD). Research on pure fruit juice is limited to risk factors of CVD such as blood pressure and serum cholesterol. The aim of this study is to investigate the association of pure fruit juice and fruit consumption with CVD, and to assess the association between fruit juice consumption and CVD for low and high fruit consumers.

#### Who can participate?

Participants from the EPIC-NL study: men and women aged 20 – 65 years selected from random samples of the Dutch population in three towns in the Netherlands (Amsterdam, Doetinchem, Maastricht), and women from the Dutch town Utrecht or its vicinity, who participated in a breast cancer screening program

#### What does the study involve?

A food frequency questionnaire is used to estimate fruit and fruit juice consumption of 35,620 Dutch men and women from the EPIC-NL study. CVD, coronary heart disease (CHD) and stroke morbidity (illness) and mortality (death) data are obtained through linkage with national registries.

What are the possible benefits and risks of participating? This study is an observational study and therefore there are neither benefits nor risks of participating. However, participating will contribute to more knowledge about the association between fruit juice consumption and CVD.

#### Where is the study run from?

National Institute for Public Health and the Environment (RIVM) and the Julius Center for Health Sciences and Primary Care (Netherlands)

When is the study starting and how long is it expected to run for? April 2015 to December 2017 Who is funding the study?

1. "Europe against Cancer" Programme of the European Commission (DG SANCO)

2. The Dutch Ministry of Health, Welfare and Sports (VWS)

3. The Netherlands Organisation for Health Research and Development (ZonMW)

4. The World Cancer Research Fund (WCRF)

Who is the main contact? 1. F.R. Scheffers 2. W.M.M. Verschuren 3. A. Blokstra

## **Contact information**

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## Additional identifiers

EudraCT/CTIS number

**IRAS number** 

ClinicalTrials.gov number

Secondary identifying numbers MEC-TNO 93/01

## Study information

**Scientific Title** Pure fruit juice and fruit consumption and the risk of cardiovascular diseases: the EPIC-NL study

#### Study objectives

Pure fruit juice contains less dietary fiber and vitamin C than whole fruits. However, pure fruit juice still contains a high concentration of polyphenols which might reduce the risk of CVD. Therefore, pure fruit juice may protect against CVD.

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

 Prospect cohort: Institutional board of the University Medical Center Utrecht, 28/7/1993, ref: WOM-93/090
 MORGEN cohort: Medical Ethical Committee of TNO Nutrition and Food Research, 06/04 /1993, ref: MEC-TNO 93/01

**Study design** Prospective cohort study

**Primary study design** Observational

**Secondary study design** Cohort study

**Study setting(s)** Community

**Study type(s)** Other

#### Participant information sheet

Not available in web format, please use the contact details to request a patient information sheet

#### Health condition(s) or problem(s) studied

Cardiovascular diseases, coronary heart diseases and stroke

#### Interventions

A validated FFQ was used to estimate the dietary intake of 35,620 Dutch men and women from the EPIC-NL study. CVD, CHD and stroke morbidity and mortality data were obtained through linkage with national registries. Cox regression was used to estimate hazard ratios (HRs) and 95% confidence intervals (CIs) adjusted for several counfounders. Interactions with potential effect modification factors were investigated.

#### Intervention Type

Other

#### Primary outcome measure

CVD morbidity and mortality data obtained through linkage with national registries from baseline (1993 – 1993) to 2010

#### Secondary outcome measures

CHD and stroke morbidity and mortality data obtained through linkage with national registries from baseline (1993 – 1993) to 2010

#### Overall study start date

01/04/2015

#### **Completion date**

01/12/2017

### Eligibility

#### Key inclusion criteria

The EPIC-NL study consists of two cohorts:

1. The MORGEN cohort consists of men and women aged 20 – 65 years selected from random samples of the Dutch population in three towns in the Netherlands (Amsterdam, Doetinchem, Maastricht)

2. The Prospect cohort consists of women from the Dutch town Utrecht or its vicinity, who participated in a breast cancer screening program

#### Participant type(s)

Healthy volunteer

#### Age group

Adult

**Sex** Both

**Target number of participants** 40,000 overall for EPIC-NL

#### Key exclusion criteria

1. Missing food-frequency questionnaire (FFQ)

2. Extremely low or high reported energy intake (i.e. those in the lowest or highest 0.5% of the ratio of energy intake over basal metabolic rate)

3. No permission to link with the Dutch Hospital Discharge Diagnosis Database

4. Missing vital status

5. Missing cause of death

6. Prevalent CVD at baseline based on self-report or identified through linkage with the Dutch Hospital Discharge Diagnosis Database

7. Prevalent Diabetes Mellitus at baseline based on self-report, or missing data on confounders

### Date of first enrolment

11/01/1993

# Date of final enrolment 24/12/1993

### Locations

**Countries of recruitment** Netherlands

#### **Study participating centre National Institute for Public Health and the Environment (RIVM)** Antonie van Leeuwenhoeklaan 9 Bilthoven Netherlands 3721 MA

#### Study participating centre

Julius Center for Health Sciences and Primary Care Huispost nr. STR 6.131 PO Box 85500 Utrecht Netherlands 3508 GA

### Sponsor information

**Organisation** Netherlands Organisation for Scientific Research (NWO)

#### Sponsor details

PO Box 93138 The Hague Netherlands 2509 AC **Sponsor type** Research organisation

ROR https://ror.org/01bnjb948

### Funder(s)

**Funder type** Government

**Funder Name** Ministerie van Volksgezondheid, Welzijn en Sport

**Alternative Name(s)** Dutch Ministry of Health, Welfare and Sport, VWS

**Funding Body Type** Government organisation

Funding Body Subtype National government

**Location** Netherlands

**Funder Name** ZonMw

**Alternative Name(s)** Netherlands Organisation for Health Research and Development

**Funding Body Type** Private sector organisation

**Funding Body Subtype** Other non-profit organizations

**Location** Netherlands

Funder Name World Cancer Research Fund Alternative Name(s) World Cancer Research Fund UK, WCRF, WCRF UK

**Funding Body Type** Private sector organisation

**Funding Body Subtype** Other non-profit organizations

**Location** United Kingdom

**Funder Name** European Commission (DG SANCO)

### **Results and Publications**

#### Publication and dissemination plan

Submission to peer-reviewed journal directly after the registration is finished.

#### Intention to publish date

01/07/2018

#### Individual participant data (IPD) sharing plan

The datasets analysed during the current study and all EPIC-NL data are available upon request for scientific research (no commercial aims) and after signing a material transfer agreement. An EPIC-NL data-request form needs to be filled out and sent to J.J.Metselaar@umcutrecht.nl or epicnl@umcutrecht.nl. Data will be-anonymised to the extent that they are not tracable to any individual, e.g. no names, adresses, birth dates etc. will be provided (only age in years). A data management fee is requested.

#### IPD sharing plan summary

Available on request

#### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<u>Results article</u>	results	01/02/2019	15/01/2019	Yes	No