Table 1: Green tea for cancer prevention

Source: Karen Pilkington, CAM-Cancer Consortium. Green tea for cancer prevention [online document]. http://cam-cancer.org/en/green-tea, date 2020.

General review characteristics: Filippini T, Malavolti M, Borrelli F, Izzo AA, Fairweather-Tait SJ,Horneber M, Vinceti M. Green tea (Camellia sinensis) for the prevention of cancer. Cochrane Database of Systematic Reviews 2020, Issue 3. Art.No.: CD005004. DOI: 10.1002/14651858.CD005004.pub3

Type of review: Cochrane review **Search strategy**: dates, databases, restrictions: Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE (Ovid) Embase (Ovid), to January 2019; Amed, CancerLit, PsycInfo and Phytobase. to January 2009; also reference lists and reviews for non-English language papers; Clinical trials registry **Quality assessment**: Cochrane risk of bias and Newcastle-Ottawa Scale **Measure of treatment effect**: Risk ratio (RR) for dichotomous outcomes (i.e. cancer risk), for experimental and nonexperimental studies; Mean difference for continuous outcomes (evaluation of quality of life scores) **Data synthesis**: meta-analysis	**Studies: n and design (e.g. RCT)** 142 epidemiological studies of 11 experimental and 131 nonexperimental design **Participants: n and diagnosis** 1795 participants in experimental studies ; over 957,000 participants in cohort studies and 47,973 cases and 130,306 referents in case-control studies Cancers of the digestive tract and the female reproductive system, breast, prostate, kidney and urinary tract, nasopharynx, lung, blood, skin, thyroid and brain.	**Intervention:** Consumption of green tea or green tea extract (only monotherapy preparations for oral consumption in liquid, powder or tablet form). (green tea is defined as non-fermented tea leaves, and studies had to mention that green tea, non-fermented tea or 'matsu-cha' had been consumed) **Control**: placebo for intervention studies; different levels of consumption for nonexperimental studies **Outcome measures**: Cancer risk: number of participants developing cancer (incidence); number of participants dying from cancer (mortality). Quality of life	**Results for outcome measures:** Cancer risk: Findings were found to be inconsistent with limited evidence of a benefit for overall cancer risk or for risk of specific cancers. Quality of life: Three studies found quality of life was slightly improved in the intervention group compared to the placebo group and one found no difference. Adverse effects: Several side effects were associated supplemental intakes of green tea: most commonly gastrointestinal disorders (mild-to-moderate nausea, diarrhoea, constipation and reflux), raised liver enzymes, insomnia and dizziness, frequency of hypertension, rash and allergic skin reactions. **Results quality assessment:** The 11 RCTs were judged to be high quality were generally of high quality (low- or very low-certainty evidence from both experimental and nonexperimental studies) **Conclusions:** '*A beneficial effect of green tea consumption on cancer prevention remains unproven so far. Caution is advised regarding supplementation with high-dose green tea extracts due to the possible adverse effects*'.	Any other comments: Interpretation of the risk ratios and corresponding confidence intervals.