

Vitamin D Scientists' Call to Action Statement

We are aware of substantial scientific evidence supporting the role of vitamin D in prevention of cancer. It has been reasonably established that adequate serum vitamin D metabolite levels are associated with substantially lower incidence rates of several types of cancer, including those of the breast, colon, and ovary, and other sites.

We have concluded that the vitamin D status of most individuals in North America will need to be greatly improved for substantial reduction in incidence of cancer. Epidemiological studies have shown that higher vitamin D levels are also associated with lower risk of Type I diabetes in children and of multiple sclerosis. Several studies have found that markers of higher vitamin D levels are associated with lower incidence and severity of influenza and several other infectious diseases.

Higher vitamin D status can be achieved in part by increased oral intake of vitamin D3. The appropriate intake of vitamin D3 for cancer risk reduction depends on the individual's age, race, lifestyle, and latitude of residence. New evidence indicates that the intake should be 2000 IU per day. Intake of 2000 IU/day is the current upper limit of the National Academy of Sciences, Institute of Medicine, Food and Nutrition Board. New evidence also indicates that the upper limit should be raised substantially. The levels that are needed to prevent a substantial proportion of cancer would also be effective in substantially reducing risk of fractures, Type I childhood diabetes and multiple sclerosis.

Greater oral intakes of vitamin D3 may be needed in the aged and in individuals who spend little time outdoors, because of reduced cutaneous synthesis. Choice of a larger dose may be based on the individual's wintertime serum 25(OH)D level.

For those choosing to have serum 25-hydroxyvitamin D tested, a target serum level should be chosen in consultation with a health care provider, based on the characteristics of the individual. An approximate guide-line for health care providers who choose to measure serum 25-hydroxyvitamin D in their patients would to aim for 40-60 ng/ml, unless there are specific contraindications. Contraindications are extremely rare, and are well known to physicians. No intervention is free of all risk, including this one. Patients should be advised of this, and advised in detail of risks that may be specific to the individual.

Any risks of vitamin D inadequacy considerably exceed any risks of taking 2000 IU/day of vitamin D3, which the NAS-IOM regards as having no adverse health effect.

A substantially higher level of support for research on the role of vitamin D for the prevention of cancer is urgently needed. However, delays in taking reasonable preventive action on cancer by ensuring nearly universal oral intake of vitamin D3 of 2000 IU/day is costing thousands of lives unnecessarily each year that are lost due to fractures, cancer, diabetes, multiple sclerosis, and other diseases for which vitamin D deficiency plays a major role.

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