

Review

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From Mutation to Metabolism: Environmental and Dietary Toxins as Upstream Drivers of Mitochondrial Dysfunction and Chronic Disease

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Review

From Mutation to Metabolism: Environmental and Dietary Toxins as Upstream Drivers of Mitochondrial Dysfunction and Chronic Disease

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Abstract

Environmental and dietary exposures contribute to the modern burden of cancer, atherosclerotic cardiovascular disease (ASCVD), and type 2 diabetes mellitus (T2DM). While mutagenesis remains central to carcinogenesis, many exposures impair mitochondrial function—disrupting electron transport, depolarizing membranes, damaging mitochondrial DNA, and amplifying reactive oxygen species. These mitochondrial injuries converge on oxidative stress, chronic inflammation, endothelial dysfunction, and insulin resistance, thereby linking diverse hazards (industrial solvents, pesticides, heavy metals, air pollution) and dietary patterns (ultra-processed foods, high glycemic load) to common chronic diseases. This narrative review synthesizes human epidemiology with mechanistic evidence to map exposures → mitochondrial injury → disease end points, grading the strength of evidence and distinguishing hazard from risk. We highlight robust associations (e.g., benzene–leukemia, PM_{2.5}–ASCVD, cadmium–CVD/T2DM) and areas of uncertainty (e.g., EMF, omega-6 oils). By centering mitochondria, we offer a unifying framework for prevention policy and clinical practice, and outline research priorities for exposomic measurement, mitochondrial biomarkers, and intervention trials.

Keywords: mitochondria; oxidative stress; environmental exposures; carcinogens; heavy metals; PM_{2.5}; ultra-processed foods; insulin resistance; cancer; atherosclerosis; type 2 diabetes

Series Note

This article is part of the *From Mutation to Metabolism* series, which re-examines chronic disease etiology through the lens of metabolic and mitochondrial dysfunction. In the first installment—*From Mutation to Metabolism: Root Cause Analysis of Cancer's Initiating Drivers* (Preprints 2025, DOI:10.20944/preprints202509.0903.v1)—we proposed a systems-based framework identifying upstream drivers such as toxins, dietary stressors, micronutrient deficiencies, and hormonal imbalances. The present review expands on that foundation by focusing specifically on environmental and dietary toxins as upstream initiators of mitochondrial injury, oxidative stress, and systemic metabolic disruption, connecting these mechanisms to cancer, atherosclerotic cardiovascular disease, type 2 diabetes, and other chronic illnesses.

Highlights (Key Points)

- Many established carcinogens also damage mitochondria, driving oxidative stress, inflammation, and insulin resistance.
- Shared mitochondrial mechanisms plausibly link toxins to cancer, ASCVD, T2DM, neurodegeneration, and skin aging.
- Diet patterns (high carbohydrate intake, ultra-processed foods, excess omega-6 seed oils) function as metabolic/toxic stressors.
- Risk mitigation should combine exposure reduction with mitochondrial support within an integrative framework.

This review explores the underrecognized role of environmental toxins in chronic disease development. By focusing on mitochondrial damage—rather than genetic mutations—as a shared mechanism linking cancer, heart disease, and type 2 diabetes, this work offers a new framework for understanding the modern epidemic of chronic illness. The document systematically reviews categories of toxins and the biological pathways they disrupt, including oxidative stress, inflammation, and insulin resistance. This reference is intended for health professionals, researchers, and informed readers seeking a science-based, integrative view of toxic-driven disease.

Table of Contents

Introduction

Chapter 1: The Mitochondrial Connection to Chronic Disease

Chapter 2: Toxins Categorized by Source

2.1 Industrial Chemicals

- 2.1.1 Benzene
- 2.1.2 Formaldehyde
- 2.1.3 Phthalates

2.2 Pesticides

- 2.2.1 Glyphosate
- 2.2.2 Atrazine

2.3 Heavy Metals

- 2.3.1 Lead
- 2.3.2 Mercury
- 2.3.3 Cadmium

2.4 Airborne Pollutants

- 2.4.1 PM2.5 (Particulate Matter)

2.5 Food Additives and Contaminants

- 2.5.1 Nitrosamines
- 2.5.2 Aflatoxins

2.6 Household Chemicals and Personal Care Products

- 2.6.1 Parabens
- 2.6.2 Triclosan

2.7 Radiation and Electronic Emissions

- 2.7.1 Radon
- 2.7.2 Electromagnetic Fields (EMF)

2.8 Toxins Used in Cancer Therapy

- 2.8.1 Cisplatin

2.9 Dietary Toxins

- 2.9.1 High Carbohydrate Diet
- 2.9.2 Ultra-Processed Foods
- 2.9.3 Omega-6 Rich Seed Oils

Chapter 3: Shared Mechanisms of Mitochondrial Injury

Chapter 4: Systemic Effects on Major Diseases

- 4.1 Cancer
- 4.2 Atherosclerotic Cardiovascular Disease (ASCVD)
- 4.3 Type 2 Diabetes Mellitus (T2DM)
- 4.4 Neurodegeneration and Skin Aging

Introduction

Chronic diseases such as cancer, heart disease, and type 2 diabetes mellitus (T2DM) have become the leading causes of morbidity and mortality worldwide. Although often treated as distinct conditions, these diseases share a common and often overlooked foundation—environmental and industrial toxins.

For decades, the dominant theory of cancer pathogenesis has centered on genetic mutations. While mutations are real, this view is increasingly seen as narrow and incomplete. A growing body of evidence now reveals that many carcinogens—substances officially classified as known or probable human carcinogens by authoritative agencies such as the World Health Organization's International Agency for Research on Cancer (IARC), the U.S. Environmental Protection Agency (EPA), and the National Toxicology Program (NTP)—inflict damage far beyond the genome. Compounds such as benzene, formaldehyde, cadmium, aflatoxins, and radon are not only mutagenic but also disrupt cellular function at multiple levels.

In particular, many of these toxins directly impair mitochondrial function, compromising cellular energy production and triggering cascades of oxidative stress, chronic inflammation, and metabolic imbalance. These mitochondrial and non-genetic injuries represent a powerful and underappreciated mechanism of disease.

Moreover, the health impact of these toxins is not confined to cancer. Mounting research shows that the same carcinogens contributing to tumor development also play major roles in cardiovascular disease, neurodegenerative disorders, liver disease, and endocrine dysfunction. In other words, carcinogens damage more than just DNA—they damage the heart, the brain, the liver, and virtually every organ system.

This book focuses on recognizing and understanding this hidden link: how toxins contribute to the development of chronic diseases through mitochondrial and systemic cellular damage. While prevention, detoxification, and therapeutic strategies are important topics, they are beyond the scope of this volume. The goal here is to reframe our understanding of chronic illness by highlighting an often-ignored but scientifically supported mechanism—one that may fundamentally alter how we approach modern disease.

1. Industrial Chemicals

1. **Benzene**, commonly found in plastics, detergents, pesticides, and cigarette smoke, has well-documented toxic effects on overall health. Its mechanisms of toxicity include damaging mitochondrial DNA (mtDNA), disrupting the electron transport chain (ETC), promoting oxidative stress, increasing reactive oxygen species (ROS), causing genetic mutations, and impairing glucose metabolism [1–5]. Long-term overexposure to benzene can lead to a wide range of diseases, including but not limited to:
 - **Cancer Risk:** Causes leukemia by damaging bone marrow and inducing chromosomal aberrations [1–7].
 - **Heart Disease Risk:** Increases oxidative stress, leading to endothelial dysfunction and atherosclerosis [8,9].
 - **T2DM Risk:** Alters pancreatic beta-cell function, increases insulin resistance, and promotes chronic inflammation [10,11].
 - **Ageing (Skin):** Causes dryness, reduced elasticity, early signs of aging like wrinkles and fine lines, disrupts the skin barrier and collagen production, increases susceptibility to environmental damage, and may lead to dermatitis, irritation, and potential skin cancer through oxidative stress [11].
2. **Formaldehyde**, commonly found in building materials, furniture, and cosmetics, with well-documented toxic effects on overall health. Its mechanisms of toxicity include forming DNA crosslinks, disrupting mitochondrial DNA (mtDNA) replication, and altering glucose homeostasis [1–5,12]. Despite regulations, formaldehyde exposure often exceeds national standards in various environments, particularly in China, the world's largest producer and

consumer of formaldehyde [13]. Long-term overexposure to formaldehyde can lead to a wide range of diseases, including but not limited to:

- **Cancer Risk:** Linked to nasopharyngeal cancer and leukemia [12,14–16].
 - **Heart Disease Risk:** Promotes vascular stiffness and oxidative stress [14,15,17,18].
 - **T2DM Risk:** Increases insulin resistance by disrupting mitochondrial function and inducing inflammation in adipose tissue [17,18].
 - **Aging (Skin):** Causes irritation and inflammation, accelerating collagen breakdown, leading to premature wrinkles, loss of skin tone, contact dermatitis, eczema, sensitization, dryness, and skin irritation [19,20].
3. **Phthalates:** widely used plasticizers in consumer products, commonly found in plastics, food packaging, and cosmetics, have well-documented toxic effects on overall health [1–5,21–23]. Their mechanisms of toxicity include mimicking estrogen, interfering with mitochondrial membrane potential, increased oxidative stress and impairing insulin signaling. Long-term overexposure to formaldehyde can lead to a wide range of diseases, including but not limited to:
- **Cancer Risk:** Linked to hormone-dependent cancers.
 - **Heart Disease Risk:** Disrupts lipid metabolism and accelerates plaque formation [24–26].
 - **T2DM Risk:** Promotes insulin resistance, dyslipidemia, and beta-cell dysfunction [27].
 - **Aging (Skin):** Disrupts hormones, contributing to acne, premature aging, altered skin elasticity, fine lines, dullness, and reduced hydration.

2. Pesticides

1. **Glyphosate:** one of the world's most commonly used herbicides (e.g., Roundup), has well-documented toxic effects on overall health [1–5]. Its mechanisms include impairing mitochondrial complex II, reducing ATP production, and affecting glucose metabolism. Long-term overexposure to formaldehyde can lead to a wide range of diseases, including but not limited to:
- **Cancer Risk:** Probable carcinogen linked to lymphoma [28,29].
 - **Heart Disease Risk:** Contributes to vascular dysfunction and hypertension [30,31].
 - **T2DM Risk:** Alters gut microbiota, disrupts insulin signaling, and promotes chronic inflammation and insulin resistance [32–34].
 - **Aging (Skin):** Linked to dermatitis, skin irritation, and potential disruptions in skin microbiota and causes inflammation, which accelerates skin thinning and sensitivity [29,35–37].
2. **Atrazine:** one of the world's most commonly used herbicides, has well-documented toxic effects on overall health [1–5,38,39]. Its mechanisms include increasing reactive oxygen species (ROS), damaging mitochondrial DNA (mtDNA) leading to mitochondrial dysfunction, and interfering with insulin receptor function, disrupting endocrine system, leading to following diseases.
- **Cancer Risk:** Linked to breast and ovarian cancers [40,41].
 - **Heart Disease Risk:** Increases atherosclerotic cardiovascular disease risk [42–44].
 - **T2DM Risk:** Associated with insulin resistance, metabolic syndrome, and disrupted lipid metabolism [45,46].
 - **Aging (Skin):** Atrazine induces oxidative stress and damage, impairing skin repair mechanisms and leading to chronic inflammation, premature aging, and early wrinkle formation.

3. Heavy Metals

1. **Lead:** Sources of lead exposure include paint, contaminated water, and industrial emissions. As a common staple food, rice can be a significant source of lead exposure in

some populations due to irrigation with contaminated water. Lead exposure increases risks of cancer, ASCVD, T2DM, and aging (including skin aging) by inducing oxidative stress, DNA damage, vascular inflammation, and disrupting glucose metabolism. Lead exposure accelerates cellular senescence and collagen degradation, disrupts mitochondrial function, shortens telomeres, and degrades collagen, contributing to systemic and skin aging, emphasizing the need to minimize environmental lead exposure and detox for better health and longevity [1–5].

- **Cancer Risk:** Linked to kidney and brain cancers.
 - **Heart Disease Risk:** Promotes arterial stiffness and hypertension, increases ASCVD risk and mortality [47–51].
 - **T2DM Risk:** Impairs pancreatic beta-cell function and exacerbates insulin resistance [52–56].
 - **Aging (Skin):** Reduces skin elasticity, inhibits collagen production, causes discoloration, and may lead to sagging skin, uneven tone, hair loss, and brittle nails [57].
2. **Mercury:** Mercury exposure primarily comes from contaminated fish and seafood, industrial emissions, gold mining, mercury-containing products (e.g., dental amalgams, cosmetics), and occupational or environmental contamination. Mercury exposure increases risks of cancer, ASCVD, T2DM, and aging (including skin aging) by inducing oxidative stress, chronic inflammation, mitochondrial dysfunction, and DNA damage [1–5]. These mechanisms accelerate cellular senescence, disrupt glucose metabolism, damage vascular and skin integrity, and promote carcinogenesis.
- **Cancer Risk:** Linked to kidney and skin cancers [58].
 - **Heart Disease Risk:** Increases oxidative stress and endothelial dysfunction [59,60].
 - **T2DM Risk:** Disrupts insulin secretion, reduces beta-cell viability, and increases systemic inflammation, increases insulin resistance [61–63].
 - **Aging (Skin):** Causes skin rashes, depigmentation, inflammation, mercury-induced erythema, pigmentation disorders, and reduced skin resilience, accelerating the aging process [64].
3. **Cadmium:** Common sources of cadmium exposure include contaminated food (especially rice, leafy vegetables, and shellfish), cigarette smoke, industrial emissions, and occupational exposure in mining, smelting, and battery production. Cadmium exposure increases risks of cancer, ASCVD, T2DM, and aging (including skin aging) by inducing oxidative stress, chronic inflammation, and DNA damage, while disrupting glucose metabolism and endothelial function. It accelerates cellular senescence, impairs collagen synthesis, and promotes carcinogenesis and vascular dysfunction, contributing to systemic and skin aging [1–5].
- **Cancer Risk:** Causes lung, prostate, and kidney cancers [65–71].
 - **Heart Disease Risk:** Promotes vascular calcification and hypertension [47,72–77].
 - **T2DM Risk:** Induces pancreatic beta-cell damage and impairs glucose uptake in muscle cells [52–55,78,79].
 - **Aging (Skin):** Accelerates skin aging by triggering oxidative stress, breaking down skin proteins, impairing wound healing, and increasing wrinkle depth [80,81].

4. Airborne Pollutants

1. **Particulate Matter (PM_{2.5})** Air pollution (PM_{2.5}) increases risks of cancer, ASCVD, T2DM, systemic and skin aging by inducing oxidative stress, chronic inflammation, DNA damage, and cellular dysfunction, emphasizing the need for protective measures and air quality improvement [1–5].
- **Cancer Risk:** Linked to lung cancer and other types of cancer [82–85].
 - **Heart Disease Risk:** Increases ASCVD, myocardial infarction and arrhythmias [86–90].

- **T2DM Risk:** Linked to insulin resistance and systemic inflammation through oxidative stress [91–95].
- **Ageing (Skin):** penetrates deep into the skin, causing mitochondrial dysfunction, oxidative damage, inflammation, hyperpigmentation, reduced elasticity, and exacerbating acne, eczema, wrinkles, pigmented spots and skin aging [96–99].

5. Food Additives and Contaminants

1. **Nitrosamines:** Nitrosamines, found in tobacco, and contaminated water, and processed meats, and even common prescription drugs [100–105], increase risks of cancer, ASCVD, T2DM, and aging (including skin aging) by impairing mitochondrial complexes, disrupting insulin signaling, and increasing reactive oxygen species (ROS) [1–5].
 - **Cancer Risk:** Linked to stomach and colorectal cancer [106–110].
 - **Heart Disease Risk:** Promotes arterial damage [111].
 - **T2DM Risk:** Alters beta-cell function and increases systemic inflammation [112–114].
 - **Ageing (Skin):** Increases skin cancer risk, exacerbates inflammation, impairs collagen synthesis, and accelerates skin sagging and wrinkle formation [113,115].
2. **Aflatoxins:** Aflatoxin contamination, a common foodborne toxin from fungi in grains, nuts, and dairy, significantly increases risks of cancer (especially liver cancer), ASCVD, T2DM, and aging (including skin aging) by causing DNA damage, oxidative stress, mitochondrial dysfunction—depolarizing mitochondrial membranes, reducing ATP production, and altering glucose metabolism—inflammation, and disrupted metabolic processes [1–5].
 - **Cancer Risk:** Strongly associated with liver cancer.
 - **Heart Disease Risk:** Contributes to vascular inflammation.
 - **T2DM Risk:** Impairs beta-cell viability and increases insulin resistance.
 - **Ageing (Skin):** Impairs skin repair processes, weakens the skin barrier, disrupts pigmentation, and causes uneven tone and reduced skin integrity.

6. Household Chemicals and Personal Care Products

1. **Parabens:** Parabens, widely used preservatives in cosmetics, personal care products and processed foods, increase risks of cancer (especially hormone-related, with parabens detected in 99% of human breast tissue samples [116]), ASCVD, T2DM, autism [117] and aging (including skin aging) by mimicking estrogen [118], disrupting mitochondrial membrane potential, and impairing glucose uptake [1–5]. Parabens has been found in 99% of human breast tissue samples.
 - **Cancer Risk:** Linked to breast cancer [116,119–121].
 - **Heart Disease Risk:** Promotes vascular inflammation [122].
 - **T2DM Risk:** Disrupts insulin sensitivity and promotes adipocyte dysfunction [123–126].
 - **Ageing (Skin):** Disrupts hormonal balance, leading to acne, dryness, reduced skin elasticity, premature aging, and sensitization that may result in dermatitis. Increases mortality risks [127–130].
2. **Triclosan,** a common antimicrobial found in personal care products (such as antibacterial soaps and toothpaste) and household items, increases risks of cancer, ASCVD, T2DM, and aging (including skin aging) by disrupting thyroid [131] and other endocrine function [132], impairing mitochondrial activity, promoting oxidative stress, impairing insulin signaling, and altering lipid and glucose metabolism [1–5,133–136].
 - **Cancer Risk:** Potentially promotes skin cancer [137–141].
 - **Heart Disease Risk:** Impairs vascular function, disrupts lipid metabolism, leading to cardiovascular and renal damage [142].
 - **T2DM Risk:** Increases insulin resistance and beta-cell dysfunction, and fatty liver [143,144].

- **Aging (Skin):** Disrupts the skin microbiome, increases oxidative stress, and causes eczema, skin irritation, loss of natural hydration, and accelerated aging signs [145–147].

7. Radiation and Electronic Emissions

1. **Radon**, a radioactive gas from soil and building materials, increases risks of cancer (especially lung cancer), ASCVD, T2DM, and aging (including skin aging) through mechanisms such as DNA damage, oxidative stress, chronic inflammation, and mitochondrial dysfunction [1–5].
 - **Cancer Risk:** Leading cause of lung cancer after smoking [148,149].
 - **Heart Disease Risk:** Increases risks for cerebral (stroke) and cardiovascular disease risks [150–154].
 - **Aging (Skin):** Induces oxidative damage, weakens the skin's cellular structure, and increases the risk of premature aging and skin cancer [155,156].
2. **Electromagnetic Fields (EMF):** Electromagnetic fields (EMF) from electronic devices and power lines increase risks of cancer, ASCVD, T2DM, and aging (including skin aging) by inducing oxidative stress, DNA damage, mitochondrial dysfunction, increasing ROS, impairing insulin receptor signaling, promoting inflammation, and disrupting cellular signaling and metabolic processes [1–5].
 - **Cancer Risk:** Increases cancer risk [157–159].
 - **Heart Disease Risk:** Alters cardiac electrical stability, may increase CVD risk [160,161].
 - **T2DM Risk:** Disrupts glucose metabolism by interfering with mitochondrial function in insulin-sensitive tissues [162,163].
 - **Aging (Skin):** Induces oxidative stress, impairs mitochondrial function, slows skin cell renewal, and weakens the skin barrier, increasing sensitivity to environmental stressors [164–166].

8. Toxins Used in Cancer Therapy

1. **Cisplatin**, primarily from chemotherapy or environmental contamination, increases risks of secondary cancers, ASCVD, T2DM, and accelerated aging, including skin aging. Its mechanisms include oxidative stress, DNA damage, mitochondrial dysfunction, and chronic inflammation, which disrupt cellular repair, impair endothelial function, promote insulin resistance, and degrade skin collagen and elastin. Additionally, cisplatin depletes antioxidants and damages stem cell populations, exacerbating systemic and skin aging processes [1–5,167,168].
 - **Cancer Risk:** Is a chemotherapeutic agent but also a carcinogen [169] and may cause secondary malignancies [170,171].
 - **Heart Disease Risk:** Causes cardiotoxicity [172–176].
 - **T2DM Risk:** Damages pancreatic beta-cells and impairs insulin secretion [177–181].
 - **Aging (Skin):** Damages DNA and mitochondrial function, causing dryness, pigmentation changes, reduced skin resilience, and increased sensitivity to UV radiation [182,183].

9. Dietary Toxins

1. **High Carbohydrate Diet:** In addition to the above traditionally recognized toxins, dietary high carbohydrate intake has been receiving increasing attention as to their link to increased risks of chronic diseases, including cancer, cardiovascular diseases, diabetes and accelerated aging, through several mechanisms including hyperglycemia, advanced glycation end products (AGEs) formation, insulin resistance, increased inflammation, leaky gut and mitochondrial dysfunction. High carb diet increases risks for many diseases including but not limited to:

- **Cancer Risk:** Increases cancer risk, including breast cancer [184–187] and colon, bladder, and diabetes-related cancers [188].
 - **Heart Disease Risk:** Increases cardiovascular disease risk [189–191].
 - **T2DM Risk:** Increased type 2 diabetes mellitus risk [192–197].
 - **Aging (Skin):** Increases risks of accelerated skin aging, increased collagen damage, wrinkles, skin atrophy [198–200].
2. **High Ultra-Processed Foods Intake:** increase risks of cancer, ASCVD, T2DM, and aging by promoting chronic inflammation, oxidative stress, hormonal imbalances, and gut dysbiosis while lacking essential nutrients. **Cancer Risk:** Increases risk for various cancers [201–204]. **Heart Disease Risk:** Increases cardiovascular disease risk [205–211]. **T2DM Risk:** Increases type 2 diabetes mellitus risk [212–216]. **Aging:** Accelerates biological aging, shortens telomere, and increased overall mortality [217–220], as well as accelerated skin aging [221].
 3. **High Intake of Omega-6 Rich Seed Oils in the Diet:** Emerging research suggests high dietary intake of omega-6-rich seed oils (e.g., soybean, sunflower, and corn oils) may increase risks of cancer, ASCVD, T2DM, and aging by promoting chronic inflammation, oxidative stress, and an imbalance in the omega-6 to omega-3 ratio. These oils generate pro-inflammatory eicosanoids, exacerbate insulin resistance, and increase lipid peroxidation, leading to cellular damage and accelerated aging. Reducing omega-6 intake and restoring omega-3 balance is critical for lowering these risks and improving health.
 - **Cancer Risk:** Increases risk for various cancers [222–225].
 - **Heart Disease Risk:** Increases cardiovascular disease risk [226,227].
 - **T2DM Risk:** Increases type 2 diabetes mellitus risk [222].

Key Takeaways

- **T2DM Risk:** Many of these toxins disrupt insulin sensitivity, glucose metabolism, and pancreatic beta-cell function through oxidative stress and mitochondrial dysfunction.
- **Interconnected Risks:** The overlap between cancer, heart disease, and T2DM highlights the critical role

Discussion

The impact of toxins on human health extends beyond the direct induction of genetic mutations. These substances target mitochondria, impairing their ability to produce ATP and regulate ROS. Mitochondrial damage lies at the heart of systemic pathologies, linking cancer, heart disease, and T2DM in a shared network of dysfunction.

1. **Cancer:** Toxins such as benzene, formaldehyde, and heavy metals are well-documented carcinogens. They induce DNA damage, disrupt repair mechanisms, and increase oxidative stress, creating an environment conducive to cancer development. However, their mitochondrial effects amplify this risk by impairing cellular energy homeostasis and promoting chronic inflammation—a hallmark of cancer progression.
2. **Heart Disease:** Many toxins, including particulate matter, pesticides, and heavy metals, damage vascular endothelial cells and increase arterial stiffness through oxidative stress and mitochondrial dysfunction. By disrupting mitochondrial signaling, these substances impair the heart's energy supply and contribute to hypertension, atherosclerosis, and myocardial dysfunction.
3. **Type 2 Diabetes Mellitus:** The link between toxins and T2DM is increasingly evident, with substances such as phthalates, cadmium, and glyphosate implicated in insulin resistance and beta-cell dysfunction. Toxins disrupt mitochondrial function in insulin-sensitive tissues, leading to impaired glucose uptake and systemic metabolic imbalances.

The interconnected nature of these diseases highlights the role of toxins as systemic disruptors. They act on multiple pathways simultaneously, reinforcing the need for a holistic approach to

prevention and treatment. Addressing mitochondrial health, reducing environmental exposures, and improving cellular resilience through nutrition and lifestyle changes are essential steps in mitigating the impact of these toxins.

Conclusion

The pervasive presence of environmental and industrial toxins presents a significant challenge to global health. These substances not only induce genetic mutations but also cause widespread mitochondrial dysfunction, fueling the development of cancer, heart disease, T2DM, and other chronic illnesses. Recognizing the shared mechanisms underlying these conditions underscores the importance of a unified approach to disease prevention and management.

Efforts to mitigate the impact of these toxins must include regulatory policies to reduce exposure, advancements in medical research to address mitochondrial damage, and public health initiatives promoting awareness and prevention. Furthermore, leveraging strategies such as antioxidant therapies, detoxification protocols, and lifestyle modifications can enhance mitochondrial resilience and improve overall health outcomes. By addressing the root causes of chronic disease, we can move toward a future where these illnesses are not only managed but also prevented.

The evidence is clear: protecting mitochondrial health is central to combating the interconnected epidemics of cancer, heart disease, and T2DM, offering hope for improved public health and longevity.

References

1. Whysner DJ. *The Alchemy of Disease: How Chemicals and Toxins Cause Cancer and Other Illnesses*. 1st edition. New York, New York Chichester: Columbia University Press; 2020. 352 p.
2. Bernicker EH, editor. *Environmental Oncology: Theory and Impact* [Internet]. Cham: Springer International Publishing; 2023 [cited 2024 Nov 22]. Available from: <https://link.springer.com/10.1007/978-3-031-33750-5>
3. TOX-SICK: From Toxic to Not Sick: Somers, Suzanne: 9780385347747: Amazon.com: Books [Internet]. [cited 2024 Nov 22]. Available from: https://www.amazon.com/TOX-SICK-Toxic-Sick-Suzanne-Somers/dp/038534774X?utm_source=chatgpt.com
4. Snook AE. *Toxins and Cancer Therapy* [Internet]. MDPI; 2021. 104 p. Available from: <https://www.mdpi.com/books/reprint/3435-toxins-and-cancer-therapy>
5. Marusic K, Landrigan PJ. *A New War on Cancer: The Unlikely Heroes Revolutionizing Prevention*. Washington, DC: Island Press; 2023. 224 p.
6. Smith MT. Advances in understanding benzene health effects and susceptibility. *Annu Rev Public Health*. 2010;31.
7. Kalf GF. Recent advances in the metabolism and toxicity of benzene. *Crit Rev Toxicol*. 1987;18(2):141–59.
8. Bahadar H, Mostafalou S, Abdollahi M. Current understandings and perspectives on non-cancer health effects of benzene: a global concern. *Toxicol Appl Pharmacol*. 2014 Apr 15;276(2):83–94.
9. Abplanalp W, DeJarnett N, Riggs DW, Conklin DJ, McCracken JP, Srivastava S, et al. Benzene exposure is associated with cardiovascular disease risk. *PloS One*. 2017;12(9):e0183602.
10. Abplanalp WT, Wickramasinghe NS, Sithu SD, Conklin DJ, Xie Z, Bhatnagar A, et al. Benzene Exposure Induces Insulin Resistance in Mice. *Toxicol Sci Off J Soc Toxicol*. 2019 Feb 1;167(2):426–37.
11. Gist GL, Burg JR. Benzene--a review of the literature from a health effects perspective. *Toxicol Ind Health*. 1997;13(6):661–714.
12. Tesfaye S. Full article: Occupational formaldehyde exposure linked to increased systemic health impairments and counteracting beneficial effects of selected antioxidants [Internet]. [cited 2024 Nov 23]. Available from: <https://www.tandfonline.com/doi/full/10.1080/20905068.2021.1926172>
13. Tang X, Bai Y, Duong A, Smith MT, Li L, Zhang L. Formaldehyde in China: production, consumption, exposure levels, and health effects. *Environ Int*. 2009 Nov;35(8):1210–24.

14. Utuh IA, Ugwoha E. Effects of Formaldehyde Exposure on Human Body-A Review Article. *Asian J Med Health*. 2021 Dec 23;131–42.
15. Solomons K, Cochrane JW. Formaldehyde toxicity. Part II. Review of acute and chronic effects on health. *South Afr Med J Suid-Afr Tydskr Vir Geneesk*. 1984 Jul 21;66(3):103–6.
16. Protano C. [PDF] The Carcinogenic Effects of Formaldehyde Occupational Exposure: A Systematic Review | Semantic Scholar [Internet]. [cited 2024 Nov 23]. Available from: <https://www.semanticscholar.org/reader/d198a58fb98504d5b445dafde9ca4003a9787301>
17. Zhang Y, Yang Y, He X, Yang P, Zong T, Sun P, et al. The cellular function and molecular mechanism of formaldehyde in cardiovascular disease and heart development. *J Cell Mol Med*. 2021 May 10;25(12):5358.
18. Tan T, Zhang Y, Luo W, Lv J, Han C, Hamlin JNR, et al. Formaldehyde induces diabetes-associated cognitive impairments. *FASEB J Off Publ Fed Am Soc Exp Biol*. 2018 Jul;32(7):3669–79.
19. Saito A, Tanaka H, Usuda H, Shibata T, Higashi S, Yamashita H, et al. Characterization of skin inflammation induced by repeated exposure of toluene, xylene, and formaldehyde in mice. *Environ Toxicol*. 2011 Jun;26(3):224–32.
20. Latorre N, Silvestre JF, Monteagudo AF. [Allergic contact dermatitis caused by formaldehyde and formaldehyde releasers]. *Actas Dermosifiliogr*. 2011 Mar;102(2):86–97.
21. Brassea-Pérez E, Hernández-Camacho CJ, Labrada-Martagón V, Vázquez-Medina JP, Gaxiola-Robles R, Zenteno-Savín T. Oxidative stress induced by phthalates in mammals: State of the art and potential biomarkers. *Environ Res*. 2022 Apr 15;206:112636.
22. Chang WH, Herianto S, Lee CC, Hung H, Chen HL. The effects of phthalate ester exposure on human health: A review. *Sci Total Environ*. 2021 Sep 10;786:147371.
23. Benjamin S, Masai E, Kamimura N, Takahashi K, Anderson RC, Faisal PA. Phthalates impact human health: Epidemiological evidences and plausible mechanism of action. *J Hazard Mater*. 2017 Oct 15;340:360–83.
24. Mariana M, Cairrao E. Phthalates Implications in the Cardiovascular System. *J Cardiovasc Dev Dis*. 2020 Jul 22;7(3):26.
25. Mariana M, Castelo-Branco M, Soares AM, Cairrao E. Phthalates' exposure leads to an increasing concern on cardiovascular health. *J Hazard Mater*. 2023 Sep 5;457:131680.
26. Lucas A, Herrmann S, Lucas M. The role of endocrine-disrupting phthalates and bisphenols in cardiometabolic disease: the evidence is mounting. *Curr Opin Endocrinol Diabetes Obes*. 2022 Apr 1;29(2):87–94.
27. Mariana M, Cairrao E. The Relationship between Phthalates and Diabetes: A Review. *Metabolites*. 2023 Jun 11;13(6):746.
28. Samsel A, Seneff S. Glyphosate, pathways to modern diseases II: Celiac sprue and gluten intolerance. *Interdiscip Toxicol*. 2013 Dec;6(4):159–84.
29. Begum J. Health Risks of Glyphosate Herbicide [Internet]. [cited 2024 Nov 23]. Available from: <https://www.webmd.com/cancer/herbicide-glyphosate-cancer>
30. Roy NM, Ochs J, Zambrzycka E, Anderson A. Glyphosate induces cardiovascular toxicity in *Danio rerio*. *Environ Toxicol Pharmacol*. 2016 Sep;46:292–300.
31. Lu J, Wang W, Zhang C, Xu W, Chen W, Tao L, et al. Characterization of glyphosate-induced cardiovascular toxicity and apoptosis in zebrafish. *Sci Total Environ*. 2022 Dec 10;851(Pt 2):158308.
32. Prasad M, Gatasheh MK, Alshuniaber MA, Krishnamoorthy R, Rajagopal P, Krishnamoorthy K, et al. Impact of Glyphosate on the Development of Insulin Resistance in Experimental Diabetic Rats: Role of NFκB Signalling Pathways. *Antioxid Basel Switz*. 2022 Dec 9;11(12):2436.
33. Tang P, Wang Y, Liao Q, Zhou Y, Huang H, Liang J, et al. Relationship of urinary glyphosate concentrations with glycosylated hemoglobin and diabetes in US adults: a cross-sectional study. *BMC Public Health*. 2024 Jun 20;24(1):1644.
34. Beyond Pesticides. Beyond Pesticides. [cited 2024 Nov 23]. Pesticide-Induced Diseases: Diabetes. Available from: <https://www.beyondpesticides.org/resources/pesticide-induced-diseases-database/diabetes>
35. George J, Prasad S, Mahmood Z, Shukla Y. Studies on glyphosate-induced carcinogenicity in mouse skin: a proteomic approach. *J Proteomics*. 2010 Mar 10;73(5):951–64.

36. Pintas M. Roundup Skin Absorption? [Internet]. [cited 2024 Nov 23]. Available from: <https://www.pintas.com/lawsuit/roundup-weed-killer/can-roundup-be-absorbed-through-skin/>
37. Amerio P, Motta A, Toto P, Pour SM, Pajand R, Feliciani C, et al. Skin toxicity from glyphosate-surfactant formulation. *J Toxicol Clin Toxicol*. 2004;42(3):317–9.
38. Pathak RK, Dikshit AK. Atrazine and Human Health. *Int J Ecosyst*. 2012 Aug 31;1(1):14–23.
39. Zimmerman AD, Mackay L, Kempainen RJ, Jones MA, Read CC, Schwartz D, et al. The Herbicide Atrazine Potentiates Angiotensin II-Induced Aldosterone Synthesis and Release From Adrenal Cells. *Front Endocrinol*. 2021;12:697505.
40. Remigio RV, Andreotti G, Sandler DP, Erickson PA, Koutros S, Albert PS, et al. An Updated Evaluation of Atrazine-Cancer Incidence Associations among Pesticide Applicators in the Agricultural Health Study Cohort. *Environ Health Perspect*. 2024 Feb;132(2):27010.
41. Rusiecki JA, De Roos A, Lee WJ, Dosemeci M, Lubin JH, Hoppin JA, et al. Cancer incidence among pesticide applicators exposed to atrazine in the Agricultural Health Study. *J Natl Cancer Inst*. 2004 Sep 15;96(18):1375–82.
42. Lin J, Li HX, Xia J, Li XN, Jiang XQ, Zhu SY, et al. The chemopreventive potential of lycopene against atrazine-induced cardiotoxicity: modulation of ionic homeostasis. *Sci Rep*. 2016 Apr 26;6:24855.
43. Olayinka ET. Evaluation of the toxicological effects of atrazine-metolachlor in male rats: in vivo and in silico studies [Internet]. [cited 2024 Nov 25]. Available from: <https://eaht.org/journal/view.php?doi=10.5620/eaht.2022021>
44. Gammon DW, Aldous CN, Carr WC, Sanborn JR, Pfeifer KF. A risk assessment of atrazine use in California: human health and ecological aspects. *Pest Manag Sci*. 2005 Apr;61(4):331–55.
45. Montgomery MP, Kamel F, Saldana TM, Alavanja MCR, Sandler DP. Incident diabetes and pesticide exposure among licensed pesticide applicators: Agricultural Health Study, 1993-2003. *Am J Epidemiol*. 2008 May 15;167(10):1235–46.
46. Evangelou E, Ntritsos G, Chondrogiorgi M, Kavvoura FK, Hernández AF, Ntzani EE, et al. Exposure to pesticides and diabetes: A systematic review and meta-analysis. *Environ Int*. 2016 May;91:60–8.
47. Choi S, Kwon J, Kwon P, Lee C, Jang SI. Association between Blood Heavy Metal Levels and Predicted 10-Year Risk for A First Atherosclerosis Cardiovascular Disease in the General Korean Population. *Int J Environ Res Public Health*. 2020 Jan;17(6):2134.
48. Cook MK, Zhang J, Wei Y. Blood Lead Levels and Risk of Deaths from Cardiovascular Disease. *Am J Cardiol*. 2022 Jun 15;173:132–8.
49. Prokopowicz A, Sobczak A, Szuła-Chraplewska M, Zaciera M, Kurek J, Szołtysek-Bołdys I. Effect of occupational exposure to lead on new risk factors for cardiovascular diseases. *Occup Environ Med*. 2017 May;74(5):366–73.
50. Chowdhury R, Ramond A, O’Keeffe LM, Shahzad S, Kunutsor SK, Muka T, et al. Environmental toxic metal contaminants and risk of cardiovascular disease: systematic review and meta-analysis. *BMJ*. 2018 Aug 29;362:k3310.
51. Lamas GA, Bhatnagar A, Jones MR, Mann KK, Nasir K, Tellez-Plaza M, et al. Contaminant Metals as Cardiovascular Risk Factors: A Scientific Statement From the American Heart Association. *J Am Heart Assoc*. 2023 Jul 4;12(13):e029852.
52. Leff T, Stemmer P, Tyrrell J, Jog R. Diabetes and Exposure to Environmental Lead (Pb). *Toxics*. 2018 Sep;6(3):54.
53. Yimthiang S, Pouyfung P, Khamphaya T, Kuraiad S, Wongrith P, Vesey DA, et al. Effects of Environmental Exposure to Cadmium and Lead on the Risks of Diabetes and Kidney Dysfunction. *Int J Environ Res Public Health*. 2022 Jan;19(4):2259.
54. Wang B, Chen C, Zhang W, Chen Y, Xia F, Wang N, et al. Exposure to lead and cadmium is associated with fasting plasma glucose and type 2 diabetes in Chinese adults. *Diabetes Metab Res Rev*. 2022 Nov;38(8):e3578.
55. Little BB, Reilly R, Walsh B, Vu GT. Cadmium Is Associated with Type 2 Diabetes in a Superfund Site Lead Smelter Community in Dallas, Texas. *Int J Environ Res Public Health*. 2020 Jan;17(12):4558.

56. Tyrrell JB, Hafida S, Stemmer P, Adhami A, Leff T. Lead (Pb) exposure promotes diabetes in obese rodents. *J Trace Elem Med Biol Organ Soc Miner Trace Elem GMS*. 2017 Jan;39:221–6.
57. Fletcher J, Noghanibehambari H. Toxicified to the Bone: Early-Life and Childhood Exposure to Lead and Men's Old-Age Mortality [Internet]. National Bureau of Economic Research; 2023 [cited 2024 Nov 25]. (Working Paper Series). Available from: <https://www.nber.org/papers/w31957>
58. J R, T V, A Q, E C, R R. Association of blood mercury levels with non-melanoma skin cancer in the United States using NHANES data from 2003–2016. *Environ Epidemiol*. 2019 Oct;3:341.
59. Virtanen JK, Voutilainen S, Rissanen TH, Mursu J, Tuomainen TP, Korhonen MJ, et al. Mercury, fish oils, and risk of acute coronary events and cardiovascular disease, coronary heart disease, and all-cause mortality in men in eastern Finland. *Arterioscler Thromb Vasc Biol*. 2005 Jan;25(1):228–33.
60. Hu XF, Lowe M, Chan HM. Mercury exposure, cardiovascular disease, and mortality: A systematic review and dose-response meta-analysis. *Environ Res*. 2021 Feb;193:110538.
61. Tsai TL, Kuo CC, Pan WH, Wu TN, Lin P, Wang SL. Type 2 diabetes occurrence and mercury exposure - From the National Nutrition and Health Survey in Taiwan. *Environ Int*. 2019 May;126:260–7.
62. He K. Mercury Exposure in Young Adulthood and Incidence of Diabetes Later in Life | Diabetes Care | American Diabetes Association [Internet]. [cited 2024 Nov 25]. Available from: <https://diabetesjournals.org/care/article/36/6/1584/33259/Mercury-Exposure-in-Young-Adulthood-and-Incidence>
63. Roy C, Tremblay PY, Ayotte P. Is mercury exposure causing diabetes, metabolic syndrome and insulin resistance? A systematic review of the literature. *Environ Res*. 2017 Jul;156:747–60.
64. Pamphlett R. The prevalence of inorganic mercury in human cells increases during aging but decreases in the very old. *Sci Rep*. 2021 Aug 18;11(1):16714.
65. McElroy JA, Shafer MM, Trentham-Dietz A, Hampton JM, Newcomb PA. Cadmium exposure and breast cancer risk. *J Natl Cancer Inst*. 2006 Jun 21;98(12):869–73.
66. Lin YS, Caffrey JL, Lin JW, Bayliss D, Faramawi MF, Bateson TF, et al. Increased risk of cancer mortality associated with cadmium exposures in older Americans with low zinc intake. *J Toxicol Environ Health A*. 2013;76(1):1–15.
67. Kazantzis G, Lam TH. Cancer mortality of cadmium workers. *Br J Ind Med*. 1986 Jun;43(6):430–1.
68. Verougstraete V, Lison D, Hotz P. Cadmium, Lung and Prostate Cancer: A Systematic Review of Recent Epidemiological Data. *J Toxicol Environ Health Part B*. 2003 Jan 1;6(3):227–56.
69. Florez-Garcia VA, Guevara-Romero EC, Hawkins MM, Bautista LE, Jenson TE, Yu J, et al. Cadmium exposure and risk of breast cancer: A meta-analysis. *Environ Res*. 2023 Feb 15;219:115109.
70. Adams SV, Passarelli MN, Newcomb PA. Cadmium exposure and cancer mortality in the Third National Health and Nutrition Examination Survey cohort. *Occup Environ Med*. 2012 Feb;69(2):153–6.
71. Larsson SC, Orsini N, Wolk A. Urinary cadmium concentration and risk of breast cancer: a systematic review and dose-response meta-analysis. *Am J Epidemiol*. 2015 Sep 1;182(5):375–80.
72. Verzelloni P, Urbano T, Wise LA, Vinceti M, Filippini T. Cadmium exposure and cardiovascular disease risk: A systematic review and dose-response meta-analysis. *Environ Pollut Barking Essex* 1987. 2024 Mar 15;345:123462.
73. Ma S, Zhang J, Xu C, Da M, Xu Y, Chen Y, et al. Increased serum levels of cadmium are associated with an elevated risk of cardiovascular disease in adults. *Environ Sci Pollut Res Int*. 2022 Jan;29(2):1836–44.
74. Tellez-Plaza M, Guallar E, Howard BV, Umans JG, Francesconi KA, Goessler W, et al. Cadmium exposure and incident cardiovascular disease. *Epidemiol Camb Mass*. 2013 May;24(3):421–9.
75. Lee MS, Park SK, Hu H, Lee S. Cadmium exposure and cardiovascular disease in the 2005 Korea National Health and Nutrition Examination Survey. *Environ Res*. 2011 Jan;111(1):171–6.
76. Hecht EM, Landy DC, Ahn S, Hlaing WM, Hennekens CH. Hypothesis: cadmium explains, in part, why smoking increases the risk of cardiovascular disease. *J Cardiovasc Pharmacol Ther*. 2013 Nov;18(6):550–4.
77. Li H, Fagerberg B, Sallsten G, Borné Y, Hedblad B, Engström G, et al. Smoking-induced risk of future cardiovascular disease is partly mediated by cadmium in tobacco: Malmö Diet and Cancer Cohort Study. *Environ Health Glob Access Sci Source*. 2019 Jun 14;18(1):56.

78. Shi P, Yan H, Fan X, Xi S. A benchmark dose analysis for urinary cadmium and type 2 diabetes mellitus. *Environ Pollut Barking Essex* 1987. 2021 Jan 19;273:116519.
79. Filippini T, Wise LA, Vinceti M. Cadmium exposure and risk of diabetes and prediabetes: A systematic review and dose-response meta-analysis. *Environ Int*. 2022 Jan;158:106920.
80. Son YO, Lee JC, Hitron JA, Pan J, Zhang Z, Shi X. Cadmium induces intracellular Ca²⁺- and H₂O₂-dependent apoptosis through JNK- and p53-mediated pathways in skin epidermal cell line. *Toxicol Sci Off J Soc Toxicol*. 2010 Jan;113(1):127–37.
81. Zhang Y, Liu M, Xie R. Associations between cadmium exposure and whole-body aging: mediation analysis in the NHANES. *BMC Public Health*. 2023 Aug 31;23(1):1675.
82. Ghazipura M, Garshick E, Cromar K. Ambient PM_{2.5} exposure and risk of lung cancer incidence in North America and Europe*. *Environ Res Commun*. 2019 Feb;1(1):015004.
83. Wong CM, Tsang H, Lai HK, Thomas GN, Lam KB, Chan KP, et al. Cancer Mortality Risks from Long-term Exposure to Ambient Fine Particle. *Cancer Epidemiol Biomark Prev Publ Am Assoc Cancer Res Cosponsored Am Soc Prev Oncol*. 2016 May;25(5):839–45.
84. Gupta A, Singh A, Tarimci B, Sindhu AK, Bathvar P, Bedi S, et al. PM 2.5 and risk of lung cancer and associated mortality: An umbrella meta-analysis. *J Clin Oncol*. 2024 Jun;42(16_suppl):e20012–e20012.
85. Mokbel K. Breath of Danger: Unveiling PM_{2.5}'s Stealthy Impact on Cancer Risks. *Anticancer Res*. 2024 Apr;44(4):1365–8.
86. Li J, Tang W, Li S, He C, Dai Y, Feng S, et al. Ambient PM_{2.5} and its components associated with 10-year atherosclerotic cardiovascular disease risk in Chinese adults. *Ecotoxicol Environ Saf*. 2023 Sep 15;263:115371.
87. Wang S, Zhao G, Zhang C, Kang N, Liao W, Wang C, et al. Association of Fine Particulate Matter Constituents with the Predicted 10-Year Atherosclerotic Cardiovascular Disease Risk: Evidence from a Large-Scale Cross-Sectional Study. *Toxics*. 2023 Sep 26;11(10):812.
88. Ma T, Knobel P, Hadley M, Colicino E, Amini H, Federman A, et al. PM_{2.5} components mixture and atherosclerotic cardiovascular disease mortality: a national analysis of Medicare enrollees [Internet]. medRxiv; 2024 [cited 2024 Nov 25]. p. 2024.03.23.24304739. Available from: <https://www.medrxiv.org/content/10.1101/2024.03.23.24304739v1>
89. Yuan C, Liu F, Huang K, Shen C, Li J, Liang F, et al. Association of Long-Term Exposure to Ambient Fine Particulate Matter with Atherosclerotic Cardiovascular Disease Incidence Varies across Populations with Different Predicted Risks: The China-PAR Project. *Environ Sci Technol*. 2023 Jul 11;57(27):9934–42.
90. Yuan C, Liu F, Huang K, Shen C, Li J, Liang F, et al. Association of Long-Term Exposure to Ambient Fine Particulate Matter with Atherosclerotic Cardiovascular Disease Incidence Varies across Populations with Different Predicted Risks: The China-PAR Project. *Environ Sci Technol*. 2023 Jul 11;57(27):9934–42.
91. Liu C, Yang C, Zhao Y, Ma Z, Bi J, Liu Y, et al. Associations between long-term exposure to ambient particulate air pollution and type 2 diabetes prevalence, blood glucose and glycosylated hemoglobin levels in China. *Environ Int*. 2016;92–93:416–21.
92. Qiu H, Schooling CM, Sun S, Tsang H, Yang Y, Lee RSY, et al. Long-term exposure to fine particulate matter air pollution and type 2 diabetes mellitus in elderly: A cohort study in Hong Kong. *Environ Int*. 2018 Apr;113:350–6.
93. Li CY, Wu CD, Pan WC, Chen YC, Su HJ. Association Between Long-term Exposure to PM_{2.5} and Incidence of Type 2 Diabetes in Taiwan: A National Retrospective Cohort Study. *Epidemiol Camb Mass*. 2019 Jul;30 Suppl 1:S67–75.
94. Chen H, Burnett RT, Kwong JC, Villeneuve PJ, Goldberg MS, Brook RD, et al. Risk of incident diabetes in relation to long-term exposure to fine particulate matter in Ontario, Canada. *Environ Health Perspect*. 2013 Jul;121(7):804–10.
95. Chilian-Herrera OL, Tamayo-Ortiz M, Texcalac-Sangrador JL, Rothenberg SJ, López-Ridaura R, Romero-Martínez M, et al. PM_{2.5} exposure as a risk factor for type 2 diabetes mellitus in the Mexico City metropolitan area. *BMC Public Health*. 2021 Nov 13;21(1):2087.
96. Kim KE, Cho D, Park HJ. Air pollution and skin diseases: Adverse effects of airborne particulate matter on various skin diseases. *Life Sci*. 2016 May 1;152:126–34.

97. Vierkötter A, Schikowski T, Ranft U, Sugiri D, Matsui M, Krämer U, et al. Airborne particle exposure and extrinsic skin aging. *J Invest Dermatol*. 2010 Dec;130(12):2719–26.
98. Ding A, Yang Y, Zhao Z, Hüls A, Vierkötter A, Yuan Z, et al. Indoor PM2.5 exposure affects skin aging manifestation in a Chinese population. *Sci Rep*. 2017 Nov 10;7(1):15329.
99. Ryu YS, Kang KA, Piao MJ, Ahn MJ, Yi JM, Bossis G, et al. Particulate matter-induced senescence of skin keratinocytes involves oxidative stress-dependent epigenetic modifications. *Exp Mol Med*. 2019 Sep 24;51(9):1–14.
100. Li K, Ricker K, Tsai FC, Hsieh CJ, Osborne G, Sun M, et al. Estimated Cancer Risks Associated with Nitrosamine Contamination in Commonly Used Medications. *Int J Environ Res Public Health*. 2021 Sep 8;18(18):9465.
101. Horne S, Vera MD, Nagavelli LR, Sayeed VA, Heckman L, Johnson D, et al. Regulatory Experiences with Root Causes and Risk Factors for Nitrosamine Impurities in Pharmaceuticals. *J Pharm Sci*. 2023 May;112(5):1166–82.
102. Charoo NA, Dharani S, Khan MA, Rahman Z. Nitroso Impurities in Drug Products: An Overview of Risk Assessment, Regulatory Milieu, and Control Strategy. *AAPS PharmSciTech*. 2023 Feb 9;24(2):60.
103. Schlingemann J, Burns MJ, Ponting DJ, Martins Avila C, Romero NE, Jaywant MA, et al. The Landscape of Potential Small and Drug Substance Related Nitrosamines in Pharmaceuticals. *J Pharm Sci*. 2023 May;112(5):1287–304.
104. Doshi C. Nitrosodimethylamine Impurities in Metformin Drug Products Physician Insight. *J Diabetol*. 2021 Jun;12(2):120–7.
105. Ponting DJ, Dobo KL, Kenyon MO, Kalgutkar AS. Strategies for Assessing Acceptable Intakes for Novel N-Nitrosamines Derived from Active Pharmaceutical Ingredients. *J Med Chem*. 2022 Dec 8;65(23):15584–607.
106. Tricker AR, Preussmann R. Carcinogenic N-nitrosamines in the diet: occurrence, formation, mechanisms and carcinogenic potential. *Mutat Res*. 1991;259(3–4):277–89.
107. Ramírez N, Özel MZ, Lewis AC, Marcé RM, Borrull F, Hamilton JF. Exposure to nitrosamines in thirdhand tobacco smoke increases cancer risk in non-smokers. *Environ Int*. 2014 Oct;71:139–47.
108. Loh YH, Jakszyn P, Luben RN, Mulligan AA, Mitrou PN, Khaw KT. N-Nitroso compounds and cancer incidence: the European Prospective Investigation into Cancer and Nutrition (EPIC)-Norfolk Study. *Am J Clin Nutr*. 2011 May;93(5):1053–61.
109. Jakszyn P, Gonzalez CA. Nitrosamine and related food intake and gastric and oesophageal cancer risk: a systematic review of the epidemiological evidence. *World J Gastroenterol*. 2006 Jul 21;12(27):4296–303.
110. Lin K, Shen W, Shen Z, Cai S, Wu Y. Estimation of the potential for nitrosation and its inhibition in subjects from high- and low-risk areas for esophageal cancer in southern China. *Int J Cancer*. 2003 Dec 20;107(6):891–5.
111. Sheweita SA, El-Bendery HA, Mostafa MH. Novel study on N-nitrosamines as risk factors of cardiovascular diseases. *BioMed Res Int*. 2014;2014:817019.
112. Tong M, Neusner A, Longato L, Lawton M, Wands JR, de la Monte SM. Nitrosamine exposure causes insulin resistance diseases: relevance to type 2 diabetes mellitus, non-alcoholic steatohepatitis, and Alzheimer's disease. *J Alzheimers Dis JAD*. 2009;17(4):827–44.
113. Tong M, Longato L, de la Monte SM. Early limited nitrosamine exposures exacerbate high fat diet-mediated type 2 diabetes and neurodegeneration. *BMC Endocr Disord*. 2010 Mar 19;10:4.
114. Nguyen NN, Tran TDL, Ho DKN, Nguyen SH, Huynh BPL, Chen YC. A systematic review and meta-analysis investigating the association between dietary nitrate, nitrite, and nitrosamine and diabetes. *Clin Nutr ESPEN*. 2023 Dec 1;58:636.
115. Lim DS. Risk assessment of N-nitrosodiethylamine (NDEA) and N-nitrosodiethanolamine (NDELA) in cosmetics: *Journal of Toxicology and Environmental Health, Part A: Vol 81 , No 12 - Get Access [Internet]*. [cited 2024 Nov 27]. Available from: <https://www.tandfonline.com/doi/full/10.1080/15287394.2018.1460782>
116. Darbre PD, Harvey PW. Parabens can enable hallmarks and characteristics of cancer in human breast epithelial cells: a review of the literature with reference to new exposure data and regulatory status. *J Appl Toxicol JAT*. 2014 Sep;34(9):925–38.

117. Barkoski JM, Busgang SA, Bixby M, Bennett D, Schmidt RJ, Barr DB, et al. Prenatal phenol and paraben exposures in relation to child neurodevelopment including autism spectrum disorders in the MARBLES study. *Environ Res.* 2019 Dec;179(Pt A):108719.
118. Hager E, Chen J, Zhao L. Minireview: Parabens Exposure and Breast Cancer. *Int J Environ Res Public Health.* 2022 Jan;19(3):1873.
119. Gaberc T. Life Habits, Frequency of Application and Long-Term Exposure to Cosmetic Products Containing Parabens Can Cause Higher Breast Cancer Risk among Women. *J Biomed Res [Internet].* 2023 Feb 23;4(2). Available from: <https://www.jelsciences.com/articles/jbres1674.pdf>
120. Downs CA, Amin MM, Tabatabaieian M, Chavoshani A, Amjadi E, Afshari A, et al. Parabens preferentially accumulate in metastatic breast tumors compared to benign breast tumors and the association of breast cancer risk factors with paraben accumulation. *Environ Adv.* 2023 Apr 1;11:100325.
121. Amin MM, Tabatabaieian M, Chavoshani A, Amjadi E, Hashemi M, Ebrahimpour K, et al. Paraben Content in Adjacent Normal-malignant Breast Tissues from Women with Breast Cancer. *Biomed Environ Sci BES.* 2019 Dec;32(12):893–904.
122. Yin T, Zhu X, Cheang I, Zhou Y, Liao S, Lu X, et al. Urinary Phenols and Parabens Metabolites with Cardiovascular Disease in United States Adult [Internet]. *Research Square;* 2021 [cited 2024 Nov 26]. Available from: <https://www.researchsquare.com/article/rs-562561/v1>
123. Song Y, Wang M, Nie L, Liao W, Wei D, Wang L, et al. Exposure to parabens and dysglycemia: Insights from a Chinese population. *Chemosphere.* 2023 Nov;340:139868.
124. Li AJ, Xue J, Lin S, Al-Malki AL, Al-Ghamdi MA, Kumosani TA, et al. Urinary concentrations of environmental phenols and their association with type 2 diabetes in a population in Jeddah, Saudi Arabia. *Environ Res.* 2018 Oct;166:544–52.
125. Liu W, Zhou Y, Li J, Sun X, Liu H, Jiang Y, et al. Parabens exposure in early pregnancy and gestational diabetes mellitus. *Environ Int.* 2019 May;126:468–75.
126. Bellavia A, Chiu YH, Brown FM, Mínguez-Alarcón L, Ford JB, Keller M, et al. Urinary concentrations of parabens mixture and pregnancy glucose levels among women from a fertility clinic. *Environ Res.* 2019 Jan 1;168:389–96.
127. Hendryx M, Luo J. Association between exposure to parabens and total mortality in US adults. *Environ Res.* 2022 Apr 1;205:112415.
128. Yan W, Li M, Guo Q, Li X, Zhou S, Dai J, et al. Chronic exposure to propylparaben at the humanly relevant dose triggers ovarian aging in adult mice. *Ecotoxicol Environ Saf.* 2022 Apr 15;235:113432.
129. Li M, Zhou S, Wu Y, Li Y, Yan W, Guo Q, et al. Prenatal exposure to propylparaben at human-relevant doses accelerates ovarian aging in adult mice. *Environ Pollut Barking Essex 1987.* 2021 Sep 15;285:117254.
130. Darbre PD. Paraben esters: review of recent studies of endocrine toxicity, absorption, esterase and human exposure, and discussion of potential human health risks - Darbre - 2008 - *Journal of Applied Toxicology - Wiley Online Library.* *J Appl Toxicol [Internet].* 2008 Jun 20 [cited 2024 Nov 27]; Available from: <https://analyticalsciencejournals.onlinelibrary.wiley.com/doi/10.1002/jat.1358>
131. Crofton KM, Paul KB, Devito MJ, Hedge JM. Short-term in vivo exposure to the water contaminant triclosan: Evidence for disruption of thyroxine. *Environ Toxicol Pharmacol.* 2007 Sep;24(2):194–7.
132. Wang CF, Tian Y. Reproductive endocrine-disrupting effects of triclosan: Population exposure, present evidence and potential mechanisms. *Environ Pollut Barking Essex 1987.* 2015 Nov;206:195–201.
133. Milanović M, Đurić L, Milošević N, Milić N. Comprehensive insight into triclosan-from widespread occurrence to health outcomes. *Environ Sci Pollut Res Int.* 2023 Feb;30(10):25119–40.
134. Fang JL, Stingley RL, Beland FA, Harrouk W, Lumpkins DL, Howard P. Occurrence, efficacy, metabolism, and toxicity of triclosan. *J Environ Sci Health Part C Environ Carcinog Ecotoxicol Rev.* 2010 Jul;28(3):147–71.
135. Lin JY, Yin RX. Exposure to Endocrine-Disrupting Chemicals and Type 2 Diabetes Mellitus in Later Life. *Expo Health.* 2023 Mar 1;15(1):199–229.
136. Dann AB, Hontela A. Triclosan: environmental exposure, toxicity and mechanisms of action. *J Appl Toxicol.* 2011;31(4):285–311.

137. Winitthana T, Lawanprasert S, Chanvorachote P. Triclosan Potentiates Epithelial-To-Mesenchymal Transition in Anoikis-Resistant Human Lung Cancer Cells. *PLOS ONE*. 2014 Oct 16;9(10):e110851.
138. Lee HR, Hwang KA, Nam KH, Kim HC, Choi KC. Progression of breast cancer cells was enhanced by endocrine-disrupting chemicals, triclosan and octylphenol, via an estrogen receptor-dependent signaling pathway in cellular and mouse xenograft models. *Chem Res Toxicol*. 2014 May 19;27(5):834–42.
139. Yang H, Wang W, Romano KA, Gu M, Sanidad KZ, Kim D, et al. A common antimicrobial additive increases colonic inflammation and colitis-associated colon tumorigenesis in mice. *Sci Transl Med*. 2018 May 30;10(443):eaan4116.
140. Yueh MF, Taniguchi K, Chen S, Evans RM, Hammock BD, Karin M, et al. The commonly used antimicrobial additive triclosan is a liver tumor promoter. *Proc Natl Acad Sci U S A*. 2014 Dec 2;111(48):17200–5.
141. Dinwiddie MT, Terry PD, Chen J. Recent Evidence Regarding Triclosan and Cancer Risk. *Int J Environ Res Public Health*. 2014 Feb;11(2):2209–17.
142. Huang W, Cao G, Deng C, Chen Y, Wang T, Chen D, et al. Adverse effects of triclosan on kidney in mice: Implication of lipid metabolism disorders. *J Environ Sci China*. 2023 Feb;124:481–90.
143. Xie X, Lu C, Wu M, Liang J, Ying Y, Liu K, et al. Association between triclocarban and triclosan exposures and the risks of type 2 diabetes mellitus and impaired glucose tolerance in the National Health and Nutrition Examination Survey (NHANES 2013–2014). *Environ Int*. 2020 Mar;136:105445.
144. Yueh MF, He F, Chen C, Vu C, Tripathi A, Knight R, et al. Triclosan leads to dysregulation of the metabolic regulator FGF21 exacerbating high fat diet-induced nonalcoholic fatty liver disease. *Proc Natl Acad Sci U S A*. 2020 Dec 8;117(49):31259–66.
145. Alfhili MA, Lee MH. Triclosan: An Update on Biochemical and Molecular Mechanisms. *Oxid Med Cell Longev*. 2019;2019:1607304.
146. Weatherly LM, Shane HL, Friend SA, Lukomska E, Baur R, Anderson SE. Topical Application of the Antimicrobial Agent Triclosan Induces NLRP3 Inflammasome Activation and Mitochondrial Dysfunction. *Toxicol Sci Off J Soc Toxicol*. 2020 Jul 1;176(1):147–61.
147. Baur R, Gandhi J, Marshall NB, Lukomska E, Weatherly LM, Shane HL, et al. Dermal Exposure to the Immunomodulatory Antimicrobial Chemical Triclosan Alters the Skin Barrier Integrity and Microbiome in Mice. *Toxicol Sci Off J Soc Toxicol*. 2021 Nov 24;184(2):223–35.
148. Baysson H, Tirmarche M. [Indoor radon exposure and lung cancer risk: a review of case-control studies]. *Rev Epidemiol Sante Publique*. 2004 Apr;52(2):161–71.
149. Krewski D, Lubin JH, Zielinski JM, Alavanja M, Catalan VS, Field RW, et al. Residential Radon and Risk of Lung Cancer: A Combined Analysis of 7 North American Case-Control Studies. *Epidemiology*. 2005 Mar;16(2):137.
150. Villeneuve PJ, Morrison HI. Coronary heart disease mortality among Newfoundland fluorspar miners. *Scand J Work Environ Health*. 1997;23(3):221–6.
151. Nusinovici S, Vacquier B, Leuraud K, Metz-Flamant C, Caër-Lorho S, Acker A, et al. Mortality from circulatory system diseases and low-level radon exposure in the French cohort study of uranium miners, 1946–1999. *Scand J Work Environ Health*. 2010;36(5):373–83.
152. Buchheit SF, Collins JM, Anthony K, Love S ann M, Stewart J, Gondalia R, et al. Abstract 025: Radon Exposure And Incident Stroke Risk In The Women’s Health Initiative. *Circulation*. 2022 Mar;145(Suppl_1):A025–A025.
153. Anthony KM, Collins JM, Love SAM, Stewart JD, Buchheit SF, Gondalia R, et al. Radon Exposure, Clonal Hematopoiesis, and Stroke Susceptibility in the Women’s Health Initiative. *Neurology*. 2024 Jan 23;102(2):e208055.
154. Goldsborough E, Osuji N, Blaha MJ. Assessment of Cardiovascular Disease Risk: A 2022 Update. *Endocrinol Metab Clin North Am*. 2022 Sep;51(3):483–509.
155. Wada T, Kinugawa T, Tanaka S. ON RADIATION-INDUCED AGING: ACCELERATED OR PREMATURE AGING. *Radiat Prot Dosimetry*. 2022 Sep 1;198(13–15):1155–9.
156. Al-Jumayli M, Brown SL, Chetty IJ, Extermann M, Movsas B. The Biological Process of Aging and the Impact of Ionizing Radiation. *Semin Radiat Oncol*. 2022 Apr;32(2):172–8.

157. Sun JW, Li XR, Gao HY, Yin JY, Qin Q, Nie SF, et al. Electromagnetic Field Exposure and Male Breast Cancer Risk: A Meta-analysis of 18 Studies. *Asian Pac J Cancer Prev*. 2013;14(1):523–8.
158. Zhang Y, Lai J, Ruan G, Chen C, Wang DW. Meta-analysis of extremely low frequency electromagnetic fields and cancer risk: a pooled analysis of epidemiologic studies. *Environ Int*. 2016 Mar;88:36–43.
159. Zhao G, Lin X, Zhou M, Zhao J. Relationship between exposure to extremely low-frequency electromagnetic fields and breast cancer risk: a meta-analysis. *Eur J Gynaecol Oncol*. 2014;35(3):264–9.
160. Bandara P, Weller S. Cardiovascular disease: Time to identify emerging environmental risk factors. *Eur J Prev Cardiol*. 2017 Nov;24(17):1819–23.
161. Parizek D, Visnovcova N, Hamza Sladicekova K, Misek J, Jakus J, Jakusova J, et al. Electromagnetic fields - do they pose a cardiovascular risk? *Physiol Res*. 2023 Apr 30;72(2):199–208.
162. Diabetes&Environment. Diabetes and the Environment - Radiation [Internet]. [cited 2024 Nov 27]. Available from: <https://www.diabetesandenvironment.org/home/environmental-chemicals/radiation>
163. Havas M. Dirty electricity elevates blood sugar among electrically sensitive diabetics and may explain brittle diabetes. *Electromagn Biol Med*. 2008;27(2):135–46.
164. Author ASCG. Can Your Cell Phone Age You Faster? (Probably) [Internet]. *Annmarie Skin Care*. 2018 [cited 2024 Nov 27]. Available from: <https://www.annmariegianni.com/emfs-non-tinfoil-guide/>
165. Kim K, Lee YS, Kim N, Choi HD, Kang DJ, Kim HR, et al. Effects of Electromagnetic Waves with LTE and 5G Bandwidth on the Skin Pigmentation In Vitro. *Int J Mol Sci*. 2020 Dec 26;22(1):170.
166. Techwellness. Tech Wellness. [cited 2024 Nov 27]. TECH SKIN. How the Light And Invisible EMF From Our Screens Causes Damage and Wrinkles. Available from: <https://techwellness.com/blogs/expertise/tech-skin-how-the-light-from-our-screens-causes-damage-and-wrinkles>
167. Chattaraj A. Cisplatin-Induced Ototoxicity: A Concise Review of the Burden, Prevention, and Interception Strategies | *JCO Oncology Practice*. *JCO Oncol Pract* [Internet]. 2023 Mar 15 [cited 2024 Nov 30];19(5). Available from: <https://ascopubs.org/doi/10.1200/OP.22.00710>
168. Seng SM. Risk of venous thromboembolism in cancer patients treated with cisplatin: A systematic review and meta-analysis. | *Journal of Clinical Oncology*. *J Clin Oncol* [Internet]. 2012 May 20 [cited 2024 Nov 30];30(15). Available from: https://ascopubs.org/doi/10.1200/jco.2012.30.15_suppl.e21016
169. Ministerie van Volksgezondheid W en S. Cisplatin; Health-based calculated occupational cancer risk values - Advisory report - The Health Council of the Netherlands [Internet]. Ministerie van Volksgezondheid, Welzijn en Sport; 2005 [cited 2024 Nov 30]. Available from: <https://www.healthcouncil.nl/documents/advisory-reports/2005/04/19/cisplatin>
170. Travis LB, Holowaty EJ, Bergfeldt K, Lynch CF, Kohler BA, Wiklund T, et al. Risk of leukemia after platinum-based chemotherapy for ovarian cancer. *N Engl J Med*. 1999 Feb 4;340(5):351–7.
171. Dertinger SD, Avlasevich SL, Torous DK, Bemis JC, Phonethepswath S, Labash C, et al. Persistence of Cisplatin-Induced Mutagenicity in Hematopoietic Stem Cells: Implications for Secondary Cancer Risk Following Chemotherapy. *Toxicol Sci*. 2014 Aug 1;140(2):307–14.
172. Kadambi S, Clasen SC, Fung C. How to Manage Cisplatin-Based Chemotherapy-Related Cardiovascular Disease in Patients With Testicular Cancer. *JACC CardioOncology*. 2022 Sep;4(3):409–12.
173. van den Belt-Dusebout AW, Nuver J, de Wit R, Gietema JA, ten Bokkel Huinink WW, Rodrigus PTR, et al. Long-term risk of cardiovascular disease in 5-year survivors of testicular cancer. *J Clin Oncol Off J Am Soc Clin Oncol*. 2006 Jan 20;24(3):467–75.
174. Feldman DR, Schaffer WL, Steingart RM. Late cardiovascular toxicity following chemotherapy for germ cell tumors. *J Natl Compr Cancer Netw JNCCN*. 2012 Apr;10(4):537–44.
175. Clasen SC, Dinh PC, Hou L, Fung C, Sesso HD, Travis LB. Cisplatin, environmental metals, and cardiovascular disease: an urgent need to understand underlying mechanisms. *Cardio-Oncol*. 2021 Oct 10;7(1):34.
176. Herradón E, González C, Uranga JA, Abalo R, Martín MI, López-Miranda V. Characterization of Cardiovascular Alterations Induced by Different Chronic Cisplatin Treatments. *Front Pharmacol*. 2017;8:196.
177. Basu L, Smith A, Rick K, Hoyeck M, Fadzeyeva E, Mulvihill E, et al. Cisplatin Impairs Mitochondrial Function and Insulin Secretion in Mouse Islets. *Can J Diabetes*. 2022 Nov 1;46(7):S30.

178. Muhammad SA, Qousain Naqvi ST, Nguyen T, Wu X, Munir F, Jamshed MB, et al. Cisplatin's potential for type 2 diabetes repositioning by inhibiting CDKN1A, FAS, and SESN1. *Comput Biol Med.* 2021 Aug;135:104640.
179. Haugnes HS, Aass N, Fosså SD, Dahl O, Klepp O, Wist EA, et al. Components of the metabolic syndrome in long-term survivors of testicular cancer. *Ann Oncol Off J Eur Soc Med Oncol.* 2007 Feb;18(2):241–8.
180. Huang CY. Hyperglycemia crisis in head and neck cancer patients with platinum-based chemotherapy. *J Chin Med Assoc JCMSA.* 2008 Dec;81(12):1060–4.
181. Nan DN. Diabetes Mellitus Following Cisplatin Treatment: *Acta Oncologica: Vol 42, No 1.* *Acta Oncol.* 2009 Jul 8;42(1):75–8.
182. Chiang ACA, Huo X, Kavelaars A, Heijnen CJ. Chemotherapy accelerates age-related development of tauopathy and results in loss of synaptic integrity and cognitive impairment. *Brain Behav Immun.* 2019 Jul 1;79:319–25.
183. Hurria A, Jones L, Muss HB. Cancer Treatment as an Accelerated Aging Process: Assessment, Biomarkers, and Interventions. *Am Soc Clin Oncol Educ Book Am Soc Clin Oncol Annu Meet.* 2016;35:e516-522.
184. Romieu I, Lazcano-Ponce E, Sanchez-Zamorano LM, Willett W, Hernandez-Avila M. Carbohydrates and the risk of breast cancer among Mexican women. *Cancer Epidemiol Biomark Prev Publ Am Assoc Cancer Res Cosponsored Am Soc Prev Oncol.* 2004 Aug;13(8):1283–9.
185. Lajous M, Boutron-Ruault MC, Fabre A, Clavel-Chapelon F, Romieu I. Carbohydrate intake, glycemic index, glycemic load, and risk of postmenopausal breast cancer in a prospective study of French women. *Am J Clin Nutr.* 2008 May;87(5):1384–91.
186. Wen W, Shu XO, Li H, Yang G, Ji BT, Cai H, et al. Dietary carbohydrates, fiber, and breast cancer risk in Chinese women. *Am J Clin Nutr.* 2009 Jan;89(1):283–9.
187. Amadou A, Degoul J, Hainaut P, Chajes V, Biessy C, Torres Mejia G, et al. Dietary Carbohydrate, Glycemic Index, Glycemic Load, and Breast Cancer Risk Among Mexican Women. *Epidemiol Camb Mass.* 2015 Nov;26(6):917–24.
188. Sieri S, Agnoli C, Pala V, Grioni S, Brighenti F, Pellegrini N, et al. Dietary glycemic index, glycemic load, and cancer risk: results from the EPIC-Italy study. *Sci Rep.* 2017 Aug 29;7(1):9757.
189. McKeown NM, Meigs JB, Liu S, Rogers G, Yoshida M, Saltzman E, et al. Dietary carbohydrates and cardiovascular disease risk factors in the Framingham offspring cohort. *J Am Coll Nutr.* 2009 Apr;28(2):150–8.
190. Jo U, Park K. Carbohydrate Intake and Risk of Cardiovascular Disease: A Systematic Review and Meta-Analysis of Prospective Studies. *Nutrients.* 2023 Apr 2;15(7):1740.
191. Chan HT, Chan YH, Yiu KH, Li SW, Tam S, Lau CP, et al. Worsened arterial stiffness in high-risk cardiovascular patients with high habitual carbohydrate intake: a cross-sectional vascular function study. *BMC Cardiovasc Disord.* 2014 Feb 21;14:24.
192. Hosseini F, Jayedi A, Khan TA, Shab-Bidar S. Dietary carbohydrate and the risk of type 2 diabetes: an updated systematic review and dose-response meta-analysis of prospective cohort studies. *Sci Rep.* 2022 Feb 15;12(1):2491.
193. Alhazmi A, Stojanovski E, McEvoy M, Garg ML. Macronutrient intakes and development of type 2 diabetes: a systematic review and meta-analysis of cohort studies. *J Am Coll Nutr.* 2012 Aug;31(4):243–58.
194. Sluijs I, Cadier E, Beulens JWJ, van der A DL, Spijkerman AMW, van der Schouw YT. Dietary intake of carotenoids and risk of type 2 diabetes. *Nutr Metab Cardiovasc Dis NMCD.* 2015 Apr;25(4):376–81.
195. Sluijs I, van der Schouw YT, van der A DL, Spijkerman AM, Hu FB, Grobbee DE, et al. Carbohydrate quantity and quality and risk of type 2 diabetes in the European Prospective Investigation into Cancer and Nutrition-Netherlands (EPIC-NL) study. *Am J Clin Nutr.* 2010 Oct;92(4):905–11.
196. AlEsa HB, Bhupathiraju SN, Malik VS, Wedick NM, Campos H, Rosner B, et al. Carbohydrate quality and quantity and risk of type 2 diabetes in US women. *Am J Clin Nutr.* 2015 Dec;102(6):1543–53.
197. Sawicki CM, Braun KV, Haslam DE, Alessa HB, Willett WC, Hu FB, et al. Abstract P216: Carbohydrate Quantity and Quality, and Risk of Type 2 Diabetes: Results From Three Large Prospective US Cohorts. *Circulation.* 2023 Feb 28;147(Suppl_1):AP216–AP216.
198. Danby FW. Nutrition and aging skin: sugar and glycation. *Clin Dermatol.* 2010;28(4):409–11.

199. Umbayev B, Askarova S, Almabayeva A, Saliev T, Masoud AR, Bulanin D. Galactose-Induced Skin Aging: The Role of Oxidative Stress. *Oxid Med Cell Longev*. 2020;2020:7145656.
200. Cosgrove MC, Franco OH, Granger SP, Murray PG, Mayes AE. Dietary nutrient intakes and skin-aging appearance among middle-aged American women. *Am J Clin Nutr*. 2007 Oct;86(4):1225–31.
201. Isaksen IM, Dankel SN. Ultra-processed food consumption and cancer risk: A systematic review and meta-analysis. *Clin Nutr Edinb Scotl*. 2023 Jun;42(6):919–28.
202. Lian Y, Wang GP, Chen GQ, Chen HN, Zhang GY. Association between ultra-processed foods and risk of cancer: a systematic review and meta-analysis. *Front Nutr*. 2023;10:1175994.
203. Chang K, Gunter MJ, Rauber F, Levy RB, Huybrechts I, Kliemann N, et al. Ultra-processed food consumption, cancer risk and cancer mortality: a large-scale prospective analysis within the UK Biobank. *EClinicalMedicine*. 2023 Feb;56:101840.
204. Kliemann N, Al Nahas A, Vamos EP, Touvier M, Kesse-Guyot E, Gunter MJ, et al. Ultra-processed foods and cancer risk: from global food systems to individual exposures and mechanisms. *Br J Cancer*. 2022 Jul;127(1):14–20.
205. Srour B, Fezeu LK, Kesse-Guyot E, Allès B, Méjean C, Andrianasolo RM, et al. Ultra-processed food intake and risk of cardiovascular disease: prospective cohort study (NutriNet-Santé). *BMJ*. 2019 May 29;365:l1451.
206. Juul F, Vaidean G, Lin Y, Deierlein AL, Parekh N. Ultra-Processed Foods and Incident Cardiovascular Disease in the Framingham Offspring Study. *J Am Coll Cardiol*. 2021 Mar 30;77(12):1520–31.
207. Du S, Kim H, Rebholz CM. Higher Ultra-Processed Food Consumption Is Associated with Increased Risk of Incident Coronary Artery Disease in the Atherosclerosis Risk in Communities Study. *J Nutr*. 2021 Dec 3;151(12):3746–54.
208. Pagliai G, Dinu M, Madarena MP, Bonaccio M, Iacoviello L, Sofi F. Consumption of ultra-processed foods and health status: a systematic review and meta-analysis. *Br J Nutr*. 2021 Feb 14;125(3):308–18.
209. Lane MM, Davis JA, Beattie S, Gómez-Donoso C, Loughman A, O'Neil A, et al. Ultraprocessed food and chronic noncommunicable diseases: A systematic review and meta-analysis of 43 observational studies. *Obes Rev Off J Int Assoc Study Obes*. 2021 Mar;22(3):e13146.
210. Chen X, Zhang Z, Yang H, Qiu P, Wang H, Wang F, et al. Consumption of ultra-processed foods and health outcomes: a systematic review of epidemiological studies. *Nutr J*. 2020 Aug 20;19(1):86.
211. Qu Y, Hu W, Huang J, Tan B, Ma F, Xing C, et al. Ultra-processed food consumption and risk of cardiovascular events: a systematic review and dose-response meta-analysis. *EClinicalMedicine*. 2024 Mar;69:102484.
212. Delpino FM, Figueiredo LM, Bielemann RM, da Silva BGC, Dos Santos FS, Mintem GC, et al. Ultra-processed food and risk of type 2 diabetes: a systematic review and meta-analysis of longitudinal studies. *Int J Epidemiol*. 2022 Aug 10;51(4):1120–41.
213. Srour B. Ultra-processed food intake and risk of type 2 diabetes in a French cohort of middle-aged adults | *European Journal of Public Health* | Oxford Academic [Internet]. [cited 2024 Nov 25]. Available from: https://academic.oup.com/eurpub/article/29/Supplement_4/ckz185.388/5624712?login=false
214. Llaverro-Valero M, Escalada-San Martín J, Martínez-González MA, Basterra-Gortari FJ, de la Fuente-Arrillaga C, Bes-Rastrollo M. Ultra-processed foods and type-2 diabetes risk in the SUN project: A prospective cohort study. *Clin Nutr Edinb Scotl*. 2021 May;40(5):2817–24.
215. Levy RB, Rauber F, Chang K, Louzada ML da C, Monteiro CA, Millett C, et al. Ultra-processed food consumption and type 2 diabetes incidence: A prospective cohort study. *Clin Nutr Edinb Scotl*. 2021 May;40(5):3608–14.
216. Moradi S, Hojjati Kermani MA, Bagheri R, Mohammadi H, Jayedi A, Lane MM, et al. Ultra-Processed Food Consumption and Adult Diabetes Risk: A Systematic Review and Dose-Response Meta-Analysis. *Nutrients*. 2021 Dec 9;13(12):4410.
217. Esposito S, Gialluisi A, Di Castelnuovo A, Costanzo S, Ruggiero E, Iacoviello L, et al. Ultra-Processed Food Consumption and Biological Aging in Italian Adults from the Moli-Sani Study Cohort. *Proceedings*. 2023;91(1):97.

218. Alonso-Pedrero L, Ojeda-Rodríguez A, Martínez-González MA, Zalba G, Bes-Rastrollo M, Marti A. Ultra-processed food consumption and the risk of short telomeres in an elderly population of the Seguimiento Universidad de Navarra (SUN) Project. *Am J Clin Nutr.* 2020 Jun 1;111(6):1259–66.
219. Sandoval-Insausti H, Blanco-Rojo R, Graciani A, López-García E, Moreno-Franco B, Laclaustra M, et al. Ultra-processed Food Consumption and Incident Frailty: A Prospective Cohort Study of Older Adults. *J Gerontol A Biol Sci Med Sci.* 2020 May 22;75(6):1126–33.
220. Rico-Campà A, Martínez-González MA, Alvarez-Alvarez I, Mendonça R de D, de la Fuente-Arrillaga C, Gómez-Donoso C, et al. Association between consumption of ultra-processed foods and all cause mortality: SUN prospective cohort study. *BMJ.* 2019 May 29;365:l1949.
221. Cao C, Xiao Z, Wu Y, Ge C. Diet and Skin Aging—From the Perspective of Food Nutrition. *Nutrients.* 2020 Mar;12(3):870.
222. Yam D, Eliraz A, Berry EM. Diet and disease—the Israeli paradox: possible dangers of a high omega-6 polyunsaturated fatty acid diet. *Isr J Med Sci.* 1996 Nov;32(11):1134–43.
223. Shapira N. Israeli “cancer shift” over heart disease mortality may be led by greater risk in women with high intake of n-6 fatty acids. *Eur J Cancer Prev Off J Eur Cancer Prev Organ ECP.* 2007 Oct;16(5):486–94.
224. Rose DP, Connolly JM, Meschter CL. Effect of dietary fat on human breast cancer growth and lung metastasis in nude mice. *J Natl Cancer Inst.* 1991 Oct 16;83(20):1491–5.
225. Montecillo-Aguado M, Tirado-Rodríguez B, Antonio-Andres G, Morales-Martinez M, Tong Z, Yang J, et al. Omega-6 Polyunsaturated Fatty Acids Enhance Tumor Aggressiveness in Experimental Lung Cancer Model: Important Role of Oxylipins. *Int J Mol Sci.* 2022 May 31;23(11):6179.
226. DiNicolantonio JJ, O’Keefe JH. Omega-6 vegetable oils as a driver of coronary heart disease: the oxidized linoleic acid hypothesis. *Open Heart.* 2018;5(2):e000898.
227. DiNicolantonio JJ, O’Keefe J. The Importance of Maintaining a Low Omega-6/Omega-3 Ratio for Reducing the Risk of Autoimmune Diseases, Asthma, and Allergies. *Mo Med.* 2021;118(5):453–9.

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