We aimed to identify the latest scientific evidence on specific foods groups and beverages identified to be related to NCDs risk including CVD, diabetes, obesity, cancer, and all-cause mortality. Search criteria included PubMed-cited publications, meta-analyses, and publication dates within the last 5 years [1-26]. Scientific evidence that supports the association between specific foods groups and NCD risk is briefly described as follows.

*Fruits and Vegetables*

Some cancers, stroke and CVD can be reduced with an optimal consumption of fruits and vegetables. According to WHO [27], the adequate consumption of fruits and vegetables is able to reduce overall mortality and is a dietary factor to prevent CVD. The literature provides meta-analysis based evidence supporting risk reduction of CVD, hypertension, type 2 diabetes, coronary heart disease, stroke, heart failure, and cancer. In addition, total mortality (including non-cardiovascular mortality) is decreased with high consumption of fruits and vegetables [1-3, 9, 21, 28-30].

*Legumes/Beans*

Legumes –also called beans in some regions– show a healthy nutritional profile due to high mineral content, good source of vegetal protein, and fiber composition. A complete literature review together with meta-analyses and cohort data reports support a positive association between an high legume consumption and health benefits, such as risk reduction of heart ischemic disease, coronary heart disease, type 2 diabetes as well as all-cause mortality and non-cardiovascular mortality [1, 2, 23, 28, 31].

*Nuts and Seeds*

Nuts and seeds have a very peculiar nutritional composition with more than half weight constituted by lipids, predominantly made of monounsaturated and polyunsaturated fatty acids [32]. The lipid profile of nuts may be responsible of their protective effect on CVD [33]. Meta-analyses, cohort, and interventional studies provide evidence that ideal consumption of nuts and seeds is inversely associated with CVD, coronary heart disease, type 2 diabetes, total cancer, all-cause mortality, and mortality caused by respiratory diseases [1, 2, 7, 34, 35].

*Whole grains*

Recently, different meta-analyses reported risk reduction of NCDs (CVD, coronary heart disease, stroke, type 2 diabetes, total cancer, colorectal, pancreatic, and gastric cancers, all-cause mortality, cardiovascular and total cancer mortality, and death from respiratory, infectious, and nervous system diseases) associated with high consumption of whole grains [1, 2, 6, 8, 13, 15, 17].

*Fish and Seafood*

Unsaturated (mono- or poly-) fatty acids are considered protective nutrients for cardiovascular health based on evidence showing that omega-3 polyunsaturated fatty acids (ω-3 PUFAs) intake is strongly associated with CVD prevention [36-40] . However, the effects of concentrated ω-3 PUFAs administered as a supplement may be different from omega-3 provided by marine foods (fish and seafood) [39]. Also, fish or seafood consumption are sources of additional nutrients (e.g., taurine) that often have low intake prevalence among populations [38, 41]. Literature provides evidence that fish or seafood intake can prevent cardiovascular diseases, such as coronary heart disease, stroke, heart failure, acute coronary syndrome, and reduce risk of cardiovascular and all-cause mortality [1, 2, 25, 26, 40, 42].

*Yogurt*

Milk and dairy products are foods with positive nutritional properties –included in a unique food matrix- that provide benefits to health [43]. Milk-derived products, such as cheeses and yogurts, contain fermented milk –with different fat and protein content– together with bacteria determining unique characteristics on each dairy product and making difficult the assessment of the impact of these foods on health outcomes in meta-analyses. Indeed, the literature shows significant inconsistencies, with neutral and/or favorable outcomes relating dairy consumption and cardiovascular-related events [4, 5, 12, 18, 44]. In this context, the health benefits of yogurt intake seem to be more evident and promising [11, 45, 46].

*Red Meat*

Red meat consumption is frequently analyzed including unprocessed and processed formulations together. There is a controversial association between intake of this food group and health/disease. Red meat is an important source of essential nutrients, such as proteins, iron, and B vitamins. Evidence suggests that moderate consumption of red meat does not affect CVD risk factors, such as blood cholesterol and triglycerides and blood pressure, and is not associated with higher risk of type 2 diabetes, coronary heart disease, stroke, and neither increased mortality (all-cause, cardiovascular and cancer) [1, 2, 16, 19, 22, 47]. However, there is a positive association between risk of mortality and unprocessed red meat intake [1, 2, 19].

*Processed Meats*

Recent investigations have established a correlation between processed meat consumption and NCDs (e.g., coronary heart disease, stroke, and type 2 diabetes) risk and mortality (all-cause, cancer, and cardiovascular mortality) [1, 2, 19, 22, 47]. This association was corroborated in the literature by meta-analyses.

*Sugar-Sweetened Beverages*

WHO recognizes that a diet with high levels of free sugars, mainly those that come from sugar-sweetened beverages (SSB) (both ready-to-drink and homemade), is associated with a higher risk of NCDs and obesity [48]. Meta-analyses have linked SSB consumption with higher risk of CVD and cancer mortality, even though type 2 diabetes seems to be the main NCD outcome related to this food grouo [1, 14, 20, 24, 49, 50].

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