

# The Carcinogen Most Patients Consume

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A known carcinogen is being naively consumed by many, if not most of your patients, who have little to no understanding of how dangerous it really is. Depending on the age of the patient, this carcinogen is a leading, if not *the leading*, risk factor for death and disability.

According to the National Cancer Institute (an NIH agency), consumption of this carcinogen increases your patients' risk of:

- *Head and neck cancer*: Consumption is associated with higher risks of certain head and neck cancers, including 1.8-fold higher risks of oral cavity (excluding the lips) and pharynx (throat) cancers, and 1.4-fold higher risks of larynx (voice box) cancers.<sup>1-2</sup>
- *Esophageal cancer*: Consumption is associated with an increased risk of a type of esophageal cancer called esophageal squamous cell carcinoma. The risks range from 1.3-fold higher to nearly fivefold higher.<sup>1-2</sup>
- *Liver cancer*: Consumption is associated with approximately twofold increased risks of two types of liver cancer (hepatocellular carcinoma and intrahepatic cholangiocarcinoma).<sup>1-4</sup>
- *Breast cancer*: Studies have consistently found an increased risk of breast cancer with increasing consumption, ranging from a 1.04-fold higher risk of breast cancer to a 1.6-fold higher risk.<sup>1-2</sup>
- *Colorectal cancer*: Consumption is associated with 1.2- to 1.5-fold increased risks of cancers of the colon and rectum.<sup>1-2,5</sup>

In addition to the above, this carcinogen exacerbates and/or increases your patients' risk of suffering osteoarthritis, rheumatoid arthritis, gastritis, anxiety, sleep disturbances, lupus, celiac disease, fibromyalgia, gout and tuberculosis.<sup>6</sup>

## Alcohol: Not Worth the Risk

According to a recently published [systematic analysis](#) for the Global Burden of Disease Study 2016:<sup>7</sup>

Alcohol use was the seventh leading risk factor for both deaths and DALYs (*disability-adjusted life-years*) in 2016, accounting for 2.2% of age-standardised female deaths and 6.8% of age-standardised male deaths. Among the population aged 15-49 years, alcohol use was the leading risk factor globally in 2016, with 3.8% of female deaths and 12.2% (*about one in eight*) of male deaths attributable to alcohol use. For the population aged 15-49 years, female attributable DALYs were 2.3% and male attributable DALYs were 8.9%. For populations aged 50 years and older, cancers accounted for a large proportion of total alcohol-attributable deaths in 2016, constituting 27.1% (*more than one in four*) of total alcohol-attributable female deaths and 18.9% (*almost one in five*) of male deaths. (Italicized text added)

## The Bottom Line

"Alcohol use is a leading risk factor for global disease burden and causes substantial health loss. We found that the risk of all-cause mortality, and of cancers specifically, rises with increasing

levels of consumption, and the level of consumption that minimises health loss is zero."

A well-written [commentary](#) on the study puts the last part of those findings this way:<sup>8</sup> "No level of alcohol consumption improves health." This is based on the study's conclusion that any potential health benefits derived from consuming small amounts of alcohol is outweighed by the increased risk of other harmful outcomes, most notably cancer.

As one who doesn't drink (a healthy choice that stems from my involvement in high-school sports decades ago), I have generally looked at consuming alcohol as a personal choice with minimal ramifications for those who are not "alcoholics." Armed with the findings from this study, I will explaining to my loved ones that this popular "personal choice" may come with dire health consequences.

I suggest you also share this information with your loved ones and patients. While the conversation could be a bit uncomfortable, it's worth it, as you will probably be the only one to give them the information they need to make a healthy choice. If nothing else, share this article with them.

### References

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