

Alcohol Factsheet

There is clear evidence that **alcohol** is a cause of many types of cancer. There is limited research into the effects of alcohol on cancer progression and recurrence. Cancer survivors should generally follow recommendations for the general population to reduce the harmful impacts of alcohol consumption.¹

Key facts

- > Alcoholic drinks and ethanol are carcinogenic to humans.²
- > There is clear evidence that alcohol is a cause of cancer of the mouth, pharynx, larynx, oesophagus, bowel (in men) and breast (in women) and liver cancer.³
- > Studies indicate that 34–57% of individuals continue to consume alcohol following diagnosis of upper aerodigestive tract cancer.⁴
- > Survivors with a longer and more severe history of alcohol use disorders are most likely to continue drinking after diagnosis and treatment.⁴
- > Smoking and alcohol consumption have a synergistic, multiplicative effect rather than an additive effect on the risk of cancer recurrence.⁵
- > Individual studies have demonstrated an association between alcohol consumption and increased risk for second primary tumours:
 - 50% higher risk in individuals with upper aerodigestive tract cancers who continued to drink >14 drinks per week treatment, even after adjusting for smoking status⁶
 - more than a three-fold increase in the risk of developing a second primary tumour of the upper aerodigestive tract in a population-based, case control study⁷
- > The current evidence for alcohol consumption and cancer risk does not identify a generally ‘safe’ threshold. Studies have shown that there is a dose-response relationship between alcohol and cancer risk for men and women; the risk of cancer increases with increasing consumption of alcohol on a regular basis.³
- > The relationship between alcohol consumption and body weight and fat is complex and appears to vary with sex and drinking pattern⁸. Greater body fatness is a convincing cause of cancers of the oesophagus, pancreas, bowel, endometrium, kidney and breast (in postmenopausal women).³
- > Sobriety among alcoholic individuals can lead to prolonged survival:
 - Comparison of five-year survival estimates for abstinent alcoholics was 57.1% compared with 40.9% for alcoholics currently drinking in a cohort of head and neck cancer survivors.⁹

Key Recommendations

For the Australian population, recommendations include:³

- > To reduce their risk of cancer, people should limit their consumption of alcohol, or better still avoid alcohol altogether.
- > For individuals who choose to drink alcohol, CCA supports drinking only within the National Health and Medical Research Council (NHMRC) guidelines¹⁰ to reduce health risk from drinking alcohol
- > Alcohol should be limited to no more than two standard drinks a day to reduce the lifetime risk of harm from alcohol-related disease or injury.^{10, 11}

There is limited evidence to support interventions to promote reduced alcohol consumption in cancer survivors. General recommendations have been made:⁴

- > Routine alcohol screening at the time of diagnosis as well as periodic monitoring of alcohol consumption patterns after diagnosis and treatment
- > Monitoring of drinking habits at each post-treatment follow up visit for at least six months to a year to identify individuals who resume former drinking patterns
- > The use of alcohol biomarkers such as gamma-glutamyltransferase (GGT) and carbohydrate-deficient transferin (CDT) in addition to self-report screening questionnaires demonstrates more accurate detection of alcohol use patterns and alcohol use disorders in this population
- > Education and brief intervention is recommended following positive screens.
- > Referral to an alcohol treatment specialist may be indicated

The **5 A's Framework** used to help smokers quit, can be applied to helping cancer survivors modify their drinking behaviours.¹²

- 1. Ask:** Ask and document each person's alcohol use at each clinical encounter
- 2. Advise:** In a clear, strong and personalised manner, urge cancer survivors to cut down or quit drinking alcohol if they are more than moderate drinkers
- 3. Assess:** Evaluate the person's stage of readiness to make a change within the next 30 days
- 4. Assist:** If the person is willing to make an attempt to cut down or quit provide resources
- 5. Arrange:** Schedule close follow-up, reinforce success or intervene if relapsed.
(modified from de Moor et al, 2008)

Key Resources

[Australian guidelines to reduce health risks from drinking alcohol](#)

[Alcohol and cancer: a position statement from Cancer Council Australia³](#)

[Cancer Council Victoria 'Alcohol and cancer risk' fact sheet](#)

[Cancer Council Victoria 'Cut your cancer risk' fact sheet](#)

[Better Health Channel 'Alcohol' fact sheet](#)

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