

Review

Association between alcohol(ism) and cancers/malignant tumors

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I was born one month after the Jalta-Conference near the end of the Second World War was. As I know, Franklin Delano Roosevelt as president of the USA at that time was dangerously ill person; in the course of the days of the conference he was permanently diseased because of hypertensive encephalopathy. And there was not efficacious drug therapy for him! Besides if I am not mistaken, one of the another participant to that conference, Sir Winston Churchill was the first well-know person who restored to health per penicillin therapy. And at that time was not existed the „disease-conception of alcoholism”; and the knowledge of the medicine about the cancers/malignant tumors was small in comparison with the situation of today. A few years later the aviation stepped in its supersonic era and the medicine started after it. To this day, we have arsenal of the antihypertensive medicaments and antibiotics; and we have almost innumerable possibilities in the field of efficacious drug therapy relating to numerous illnesses and diseases which we haven’t just a decade earlier. I was lived to see the process of the panorama-change of the medical treatment as a physician, and this experience there is a wonderful personal experience for me.

But what about the alcohol problems/alcoholism and within it he alcohol-related health problems?

When I was medical student and as such student sitting for the finals 1963-1969, my knowledges enlarged insufficiently in this field because of the alcoholism itself and the alcohol-related health problems were deeply underexposed within the curriculum. It so happened that in the very beginning of my profession, as rural doctor I did not have the preparedness for alcohol-related health problems... Within several years, my everyday experiences inside my district-population – were completed with the acquired experiences working simultaneously in hospital for internal diseases between 1974-1979 – together with the results of my own epidemiological studies drew my attention directly to the alcohol-related health issues. (My personal key-experience was during that time: in 1978, when I was 33 years old, I regularly performed paracentesis for half a year on my old primary school classmate – free him from excessive amount of ascites fluid at each peracentesis – when he was 33 years old, too. He died of alcoholic liver cirrhosis at the age of 33. It became that alcohol(ism) is a killing malady. Thus, I became committed to fighting against alcoholism...)

Well, in 1978 I made a survey of alcohol infectedness of my district-population in my former habitation, in Bácsbokod, and I found it was 17% (within it he percentage of the alcohol dependent patients was 3.5%, alcohol dependent and heavy drinkers with some kind of alcohol-related complications together was nearly 9.0%, and alcohol abuser/dangerously drinkers was 8.0%). I myself recognised by these data definitely that the alcoholism and its consequences practically is one of the most important public health problem. (It was happened when my country, Hungary was in the period so-called „building of socialism”, and when the alcoholism as „problem” was not the same question at issue, than a few years later. At about that time, the official statistical figures showed also deeply underestimated e. g. the alcohol-related mortality.) But what a coincidence! In the very same year, in which I made the above mentioned survey in Bácsbokod, the WHO declared within its resolution [1-3] – among others – that *the public health will not succeed neither in the maintenance of health nor in the maintenance of life until the societies will find to solution to the challenge of the alcohol abuse/alcoholism.* Shortly after,

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I was presented these data (1979) on the National Conference of the Scientific Association of the Hungarian General Practitioners, and at a later date (1981) were also published the results of my „mapping” on the pages of *Medicus Universalis* (Journal of the Scientific Association of the Hungarian GPs). It was my first alcohol-epidemiological survey. In the course of the following decades I have continuously followed especially the alcohol-related morbidity and mortality data concerning to my former district-population until 1986, later on my practice-population in my present-day habitation, Felsoszentivan until now. During the decades, I made not only individual, but also group studies (after that I was founded the Alcoholological Work-Team of the Scientific Association of the Hungarian General Practitioners in 1987). The results of my former surveyings and following studies were strengthened through the resembling results of this work-team. On the basis of these results it was possible established that the volume of alcoholism and its health consequences in several times higher than was manifest from the official statistics data in Hungary earlier. Our results were well-founded because of the method of our data-collection was based on case-searching and long-term observations (which are specialities of the family medicine); we were well-prepared and motivated for identifying these problems similarly as we have talent for diagnosing e.g. the hypertension.

I did my last research on alcohol-related cancer mortality. This research was happened in two phases. After that I was appointed as a family physician on the 1st of December 1986 in my present practice in Felsoszentivan, from the very first day I faced the many inveterate alcohol-sick patients. And that time I was expert in the alcohol-field... I focused my attention especially to these patients from the very beginning of my work in this village [4-9]. As the first step, I diagnosed and classified these patients. I have continuously checked the change of „group-diagnosis”; and from time to time I was collected and published the status of the alcohol-related morbidity and mortality. Before the computer-age, I registered all patients’ attendances on carton-documents. In case of death all important clinical history details were selected, and collected in separate writing-books from year to year. When the died patient files contained diagnosis of cancer and alcohol dependence, or long-term heavy drinking, it could be ascertained by evidences’ and facts. In these cases the cancer death was „alcohol-related”; the case was registered in „home mortality statistics”. [NB. This statistics is different from the „official mortality statistics” of the practice, because many times the designation of alcohol-related was not determined in the latter statistics! Namely, in those cases when the patients died in hospital, or when, the cause of death was designated by deputy officers or officers on duty, the possibility of an alcohol-related cause of death was not mentioned.]

The results of the first phase of my this research was published under the title „Relationship between the cancer mortality and alcohol-related mortality in a Southern Hungarian village” by the Hungarian Medical Journal in 2001, and concerning the second phase under title „Connection between cancer- and alcohol related mortality in a rural practice of a Hungarian village” in

2013. As the main results from the totalized data of the two phases were the followings: 829 deaths (445 men and 384 women) were registered during the 25 years long examined period – between 1987-2011 – from among my practice population. The calculated mean population during this time was approximately 1750; though the percentage of females and males was nearly half-and-half, and constant, the long since aged population was aging on. All the time the mean mortality rate was 33, out the dead 46% were female and 54% were male, I found 34% of all deaths (278) alcohol-related – from this 13% (37) were occurred among women and 87% (241) among men -; at the same time the prevalence of malignant tumors (cancers) as underlying cause of death was 25% (211); from this 34% (71) were occurred among women, 66% (140) among men. As most important result derived from these that *alcohol-related cancer deaths* was 82 (among men 76, among women 6 only). *More than half of the cancerous mortality was alcohol-related [10-13]*. The result that the number of deaths caused by malignant neoplasm of the oral cavity, and pharynx was 21, and these occurred only in alcohol addicted men merits particular attention. *The research-results confirm that decreased alcohol consumption might be an important step also in cancer prevention.*

As family physician – as front-line fighter in the battlefield; in the firm belief that mostly I have the best chance to ascertain both the cause(s) of deterioration of the health and the cause(s) of death – I myself have it again that one of the leading public health problem the alcohol(ism) among my practice population. And what was/is the situation worldwide, especially in my continent, in Europe? „Alcohol is a substance deeply embedded in human society throughout most parts of the world, as it has been throughout recorded history” [14,15]. (Note: We know from the history e. g. that some of the natives were practically exterminated by way of „fiery-water” abuse.) In the second post-war era, consumption of this „no ordinary commodity” [16-18] has greatly increased, „as have the many and various harms that can arise from its use”. Nowadays, there are some scientific evidences concerning the importance of alcohol abuse/alcoholism, such as:

- *The alcohol abuse/alcoholism is one of the biggest world problem*
- *Whereas alcohol abuse is „only” a risk factor relating to health, alcoholism itself is a disease like diabetes mellitus. Although it is well-know, that the health system is not capable to solve the problem of alcoholism, but its responsibility is especially important in the fight against alcoholism*
- *The evidence of strong association between chronic alcohol consumption and cancer – such as tumors of the oral cavity, pharynx, larynx and the oesophagus – has existed for more decades; and the evidence of strong association between the alcohol- and cancer-related mortality is also well know for a long time.*

Europe has the highest alcohol consumption in the world. In

many countries of Central and Eastern Europe there is evidence for permanently very high alcohol consumption and associated problems. Alcohol consumption of Hungary is traditionally one of the biggest among these countries; and it is particularly high in numerous villages (among others in that village where the above-mentioned research was finished).

I remember well, that in 1995, at the very start of the 37th International Congress on Alcohol and Drug in San Diego, California in opening speech – by way of video – the Minister of Public Welfare of the USA told that *our next war will be against alcohol(ism) and drugs!* More than two decades have passed since. Yet, in all probability the former ascertainment is valid also in our time: *novadays in Europe the third leading cause of death the alcohol(ism)*. In spite of that „*In theory, all alcohol-related burdens on health are avoidable*”...

To sum it up: After the Second World War the advance of the medicine is „supersonic”. Yet, there are some very significant fields of it on which the really success in our time only wish-dream. Some such fields are the alcohol- and cancer-field. And – as both the results of my 25years long research and the data of the international special literature verified –the association between them is strong. Concretely, the long-term hard- and pathological drinking is a very important risk factor of the cancers/malignant tumors; and therefore the association between alcohol- and cancer related mortality has become *evidence*. The conclusion is: *If we can fight against alcohol-abuse/alcoholism more successfully, we can also be effective in the field of cancer prevention.*

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