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Reducing the risk of CRC by tackling alcohol misuse: A call for action across Europe

INITED EUROPEA ALCOHOL AND COLORECTAL CANCER INTER HIGHEST STRONG 50G ATED IN RE THAN **ROMANIA AND** RINK STRONG ASSOCIATION HIGHEST RATES OF **RISK INCREASES** THE REGULAR ZECH ALCOHOL ABUSE GRAMS OF CONSUMPTION OF PER DAY BETWEEN ALCOHOLIC CONSUMPTION OF MORE CENT BY 21% WITH MODERATE RECORDED IN NCREASE CONSUMPTION (1-4 DPD) ALCOHOL APPROXIMATELY 50G REPUBLIC EASTERN EUROPE OF PURE ALCOHOL D CRC AND COLORECTAL CANCER EAVY AND 50% WITH HEAVY INCREASES RISK ON CONSUMPTION BY 10-20% (>4 DRINKS) EUROPE LOWEST DRINKS LOCATED IN TURKEY EUROPE DRINKS, UNDER 155 BILLION EUROS STATISTICALLY THE OF THE CRC ONE IN TEN CASES ON AVERAGE, 50% LOWEST CONSUMPTION STRAIN SPENT ANNUALLY IN MORE THAN THE VORLD OF ALCOHOL IN EUROPE CASES CAUSED WITH ALCOHOL EUROPE AS A RESULT MALTA REST OF THE WORLD IN TURKEY AND MALTA AI COHOI BY ALCOHOL CONSUMPTION OF ALCOHOL ABUSE Data from Unlind European Gastroenterology Journal (1) Farthing M., Roberts S., Samuel D., Williams D., et al. Survey of digestive health acro Surger, Final report. Part 1: The function of gastroenterology and the organisation and deheny of gastroenterology services across Europe. December 2014 2: 553-643 and (2) Andrean P et al. Europy of digestive health across Europe. Final report. Part 2: The account ingect and under of digestive disorders. December 2014 2: 544-545 o V, Tramacere I, Begnardi V, et al. Ann Oncol 2011;22:1958-72

Credit: UEG

Information presented last month at UEG Week Barcelona 2015 highlighted an increasing public health concern across Europe regarding



alcohol and GI diseases1. In particular, healthcare professionals across Europe are being urged to help reduce the risk of colorectal cancer (CRC) by taking positive action against alcohol misuse and dependence. High levels of alcohol dependence and low levels of treatment have recently been identified in a European primary care study,2 fuelling the argument that family doctors must play a key role in preventing alcoholrelated harm and reducing the incidence of CRC.

"There is a very strong dose-dependent relationship between alcohol consumption and the risk of CRC,4" said Professor Matthias Löhr from United European Gastroenterology (UEG). "Primary care teams should be properly supported to identify and treat individuals consuming hazardous levels of alcohol and be vigilant to the signs of CRC in heavy drinkers."

Alcohol and bowel cancer

The link between alcohol consumption and CRC is now well established.3,4 It has been estimated that approximately one in 10 cases of CRC is associated with alcohol consumption,5 and the risk increases in a dose-dependent manner.3,4 A recent meta-analysis found the risk of CRC increased by 21% with moderate alcohol consumption (>1-4 drinks/day, equivalent to 12.6-49.9 g/day ethanol) and by >50% with heavy drinking (?4 drinks per day, equivalent to ?50 g/day ethanol).3 Even having one alcoholic drink a day (10 g/day ethanol) increases the CRC risk by 7%.2

"As healthcare professionals, we need to educate our patients about the dangers of drinking too much alcohol, but we also need to intervene early when we suspect an individual is drinking too much and factor alcohol consumption into our CRC risk assessments."



Alcohol dependence

Alcohol is responsible for over 5% of the global burden of disease1 and dependence on alcohol is highly prevalent in the EU. In a recently-reported study involving six European countries, the 12-month prevalence of alcohol dependence in primary care was almost 9%.2 Treatment rates were low, with only 22% of those diagnosed having previously sought and received professional help.2 The European arm of the World Health Organization estimates that only one in 20 of those with hazardous or harmful alcohol use are identified and offered advice by a primary care provider and that less than one in 20 with a diagnosis of alcohol dependence have seen a specialist for treatment.6

"Given that there is compelling evidence that that both pharmacological and psychological approaches can effectively reduce <u>alcohol</u> <u>consumption</u>,7 it is disappointing to see such low levels of professional intervention in these studies," said Prof. Löhr.

"If we are going to have any impact on the incidence of CRC and other cancers in Europe, we have got to tackle the root of its causes."

More information: References:

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Provided by United European Gastroenterology

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