

Alcohol y Cáncer

Taller de Formación continuada de la XAROH

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Casos atribuïbles a càncer por el consumo de alcohol

Nombre estimat i el percentatge de casos de càncer atribuïbles al consum d'alcohol en la Unió Europea (1995) [4].

Càncer	Homes		Dones	
	Nre.	%	Nre.	%
De boca i orofaringe	13.900	36	2.700	29
D'esòfag	7.400	41	2.100	34
De fetge	3.300	17	500	25
De laringe	6.600	30	1.200	13
De mama			6.000	3
Colorectal*	25.200	4,6	7.800	1,7

* a nivell mundial (3)

Tipos de bebidas alcohólicas

- Cerveza 3-7 %
- Vino 9-15 %
- Licores 35-50%

Alcohol vs. Bebidas alcohólicas

- Bebidas alcohólicas tienen además calorías, y otras sustancias..
- Importancia en personas con problemas de sobrepeso y dislipemias(triglicéridos)

Métodos para evaluar consumo alcohol

* Nivel individual

• Nivel poblacional

Estudios epidemiológicos

Datos disponibilidad alimentaria



Consumo de alcohol según país (WHO, 2006)

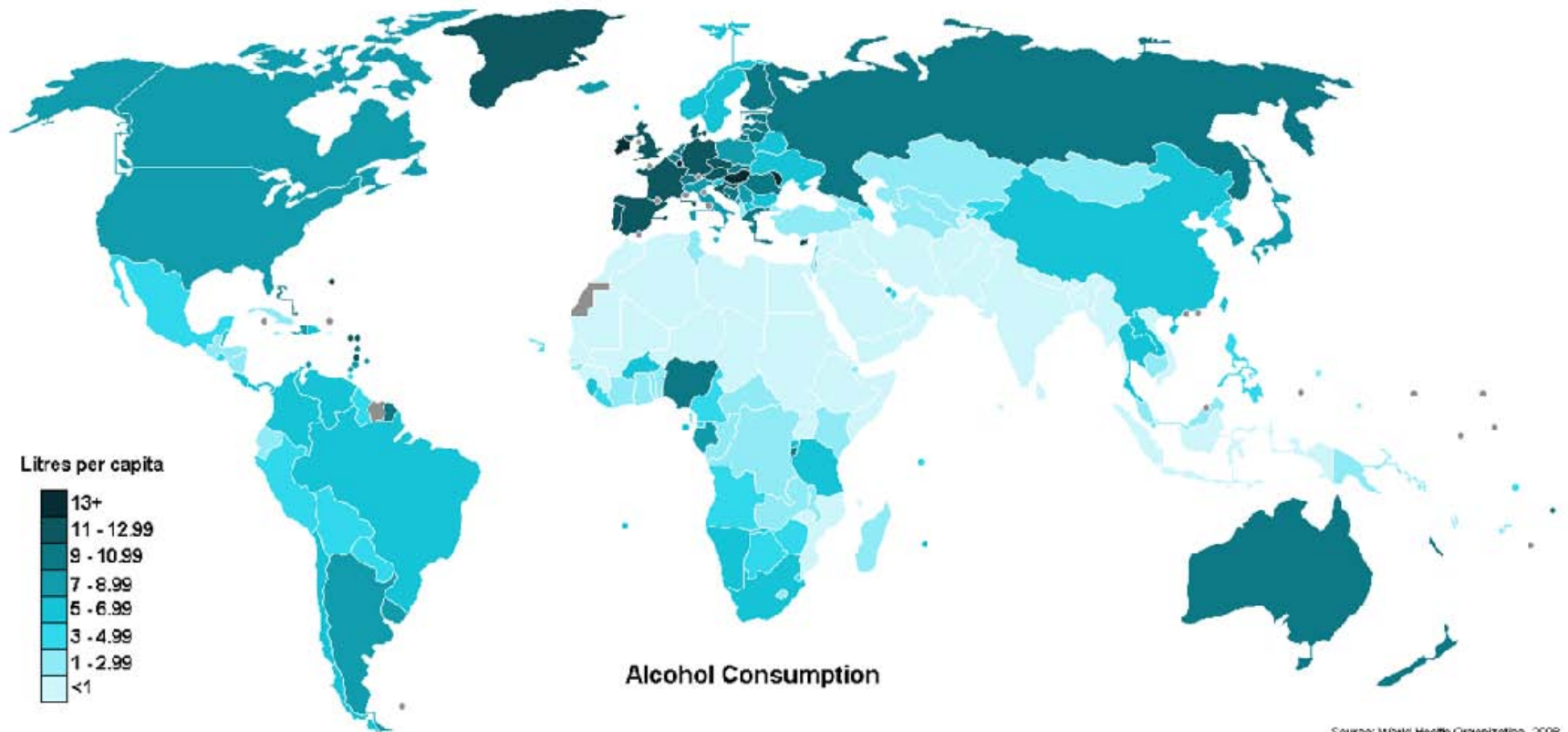


Figure 2: Unweighted means of global per capita consumption 1961 to 2001

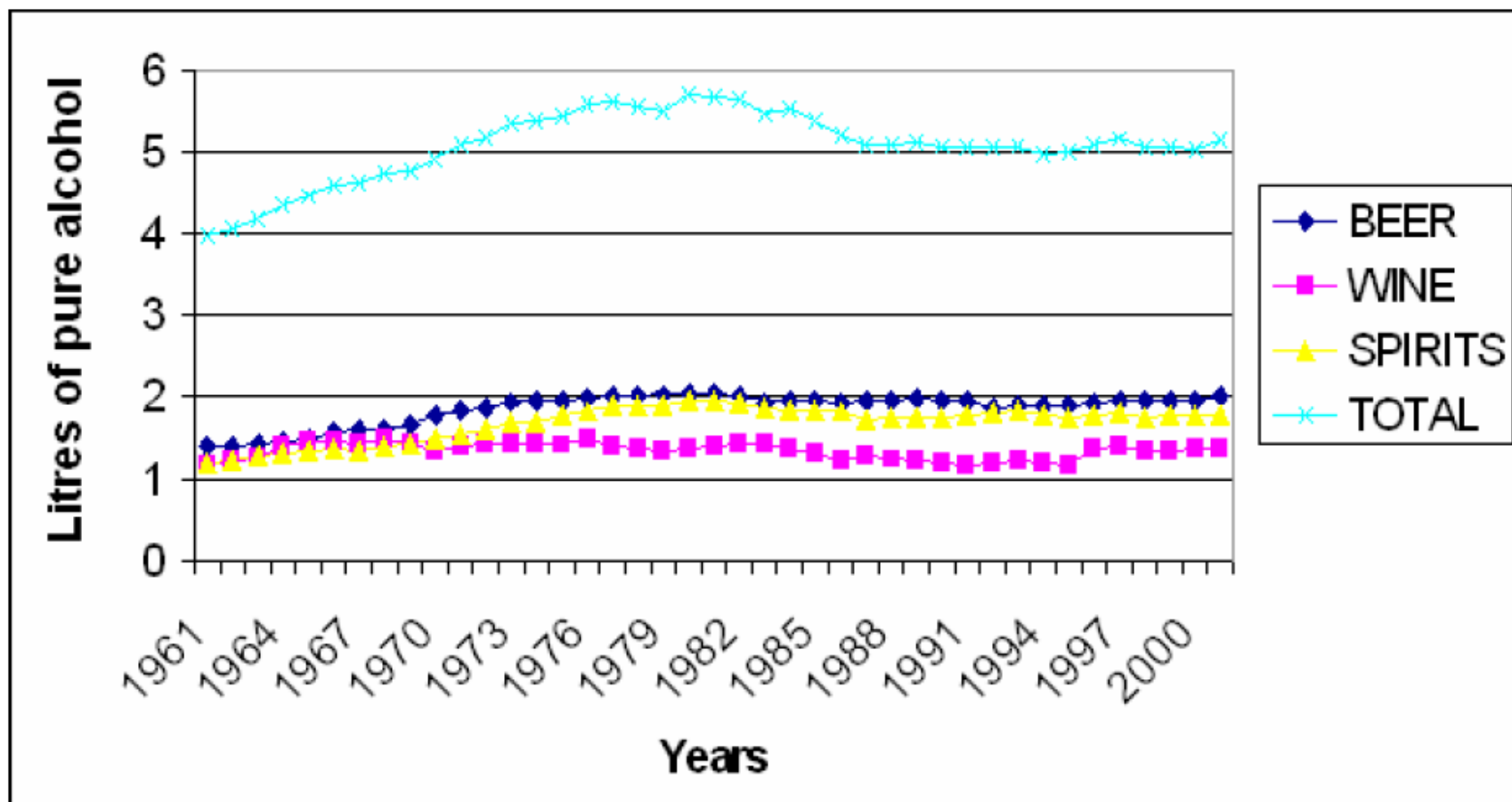
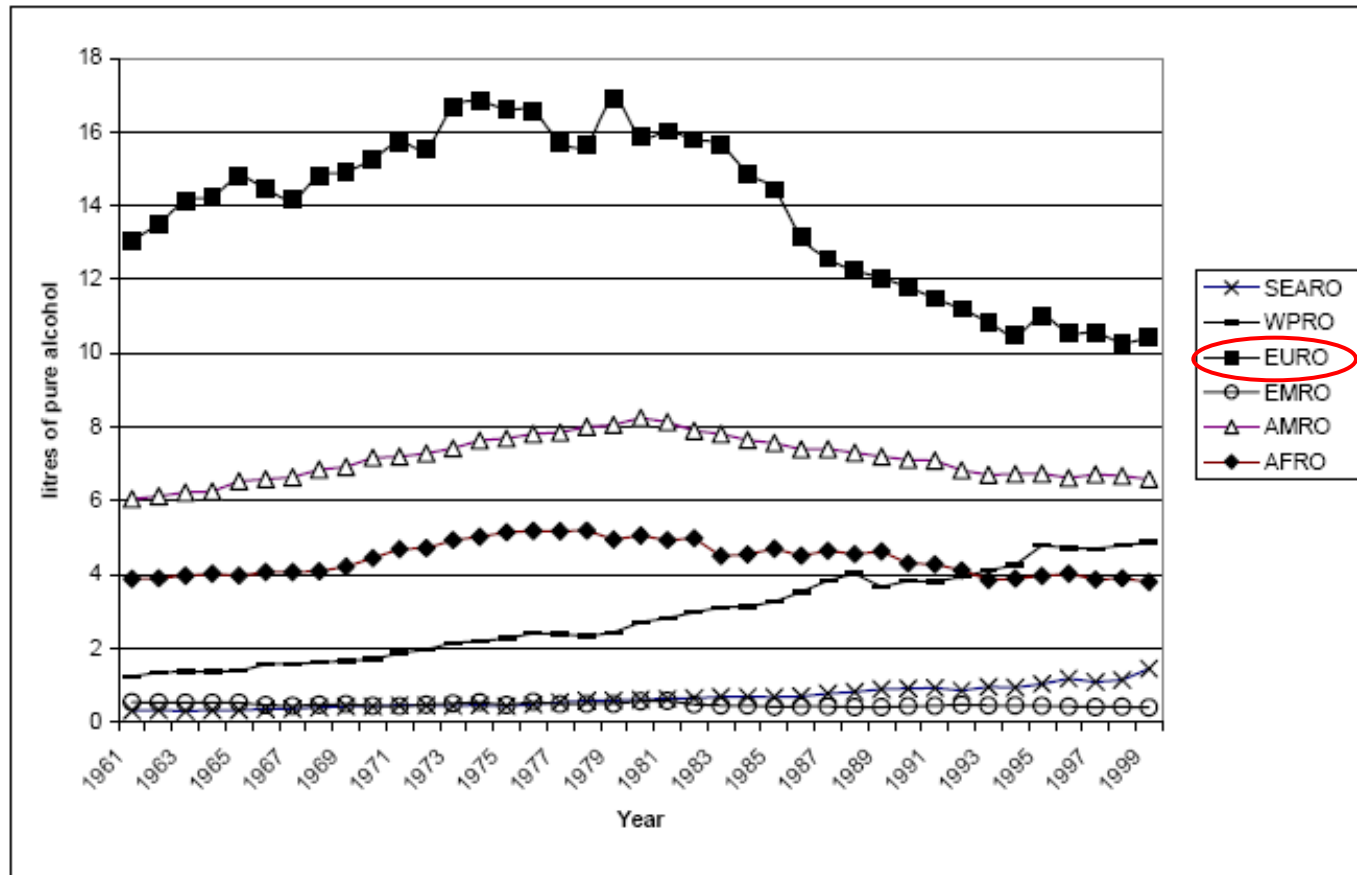


Figure 3: Population weighted means of the recorded adult per capita consumption in the WHO Regions 1961-1999



Unrecorded alcohol consumption

Total alcohol consumption is either derived from official records on consumption or representative population surveys on consumption. As mentioned in the data sources and methods section official statistics on alcohol consumption, sales or trade are usually only based on the recorded figures. In many countries there is alcohol available which lies outside of the recorded sphere. This is often called unrecorded alcohol. This alcohol mainly stems from the following sources:

- home production, in many countries licit for wine and beer, while illicit for spirits;
- travellers' imports and cross-border shopping;
- smuggling, either organized criminal activity or travellers importing amounts which exceed the legal allowance;
- surrogate alcohol intended for industrial, technical or medical purposes;
- tourist consumption i.e. alcoholic beverages consumed during visits to other countries;
- beverages with alcohol content below the legal definition of alcohol.

World
Cancer
Research Fund



American
Institute for
Cancer Research



**Food, Nutrition,
Physical Activity,
and the Prevention
of Cancer:**
a Global Perspective

ALCOHOLIC DRINKS, AND THE RISK OF CANCER

In the judgement of the Panel, the factors listed below modify the risk of cancer. Judgements are graded according to the strength of the evidence.

	DECREASES RISK		INCREASES RISK	
	Exposure	Cancer site	Exposure	Cancer site
Convincing			Alcoholic drinks	Mouth, pharynx and larynx Oesophagus Colorectum (men) ¹ Breast (pre- and postmenopause)
Probable			Alcoholic drinks	Liver ² Colorectum (women) ¹
Limited — suggestive				
Substantial effect on risk unlikely	Alcoholic drinks (adverse effect): kidney ³			

Box 4.8.1**Types of alcoholic drink**

The Panel judges that alcoholic drinks are or may be a cause of various cancers, irrespective of the type of alcoholic drink. The causal factor is evidently alcohol (ethanol) itself. There is no significant evidence that alcohol protects against any cancer. The extent to which alcoholic drinks are a cause of various cancers depends on the amount of alcohol drunk.

Epidemiological studies commonly identify the type of alcoholic drink consumed. Some of the evidence reviewed in chapter 4.8.5 does appear to show that some types of drink seem to have different effects. For example, for cancers of the mouth, pharynx, and larynx, the evidence is stronger for consumption of beer and spirits than for wine. Here is the possibility of residual confounding: wine drinkers in many countries tend to have healthier ways of life than beer or spirit drinkers.

Apparent discrepancies in the strength of evidence may also be due partly to variation in the amounts of different types of alcoholic drinks consumed. In general, the evidence suggests similar effects for different types of alcoholic drink.

Figure 4.8.9

Ethanol and colorectal cancer; cohort studies

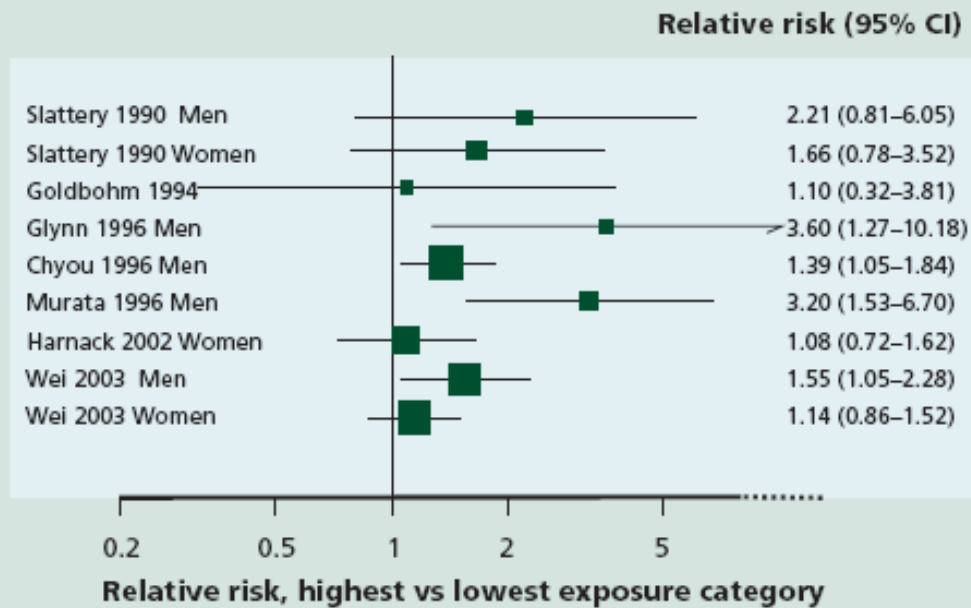


Figure 4.8.15

Ethanol and breast cancer; cohort studies

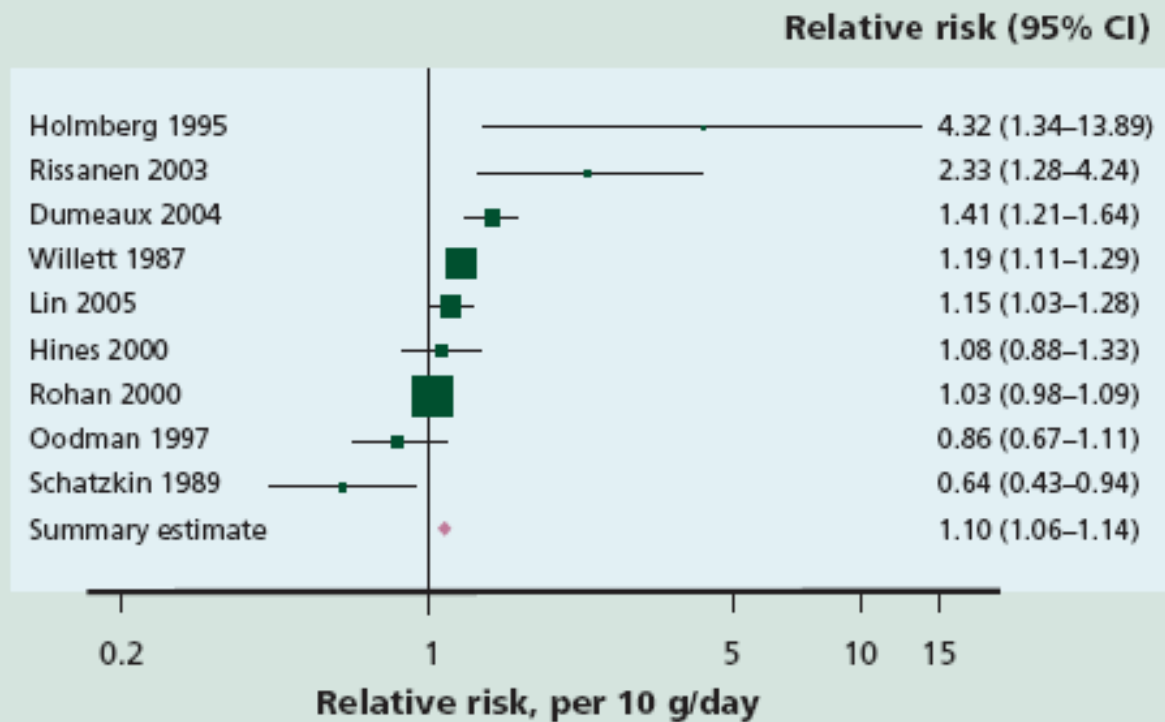


Figure 4.8.6

Alcoholic drinks and oesophageal cancer; cohort and case-control studies

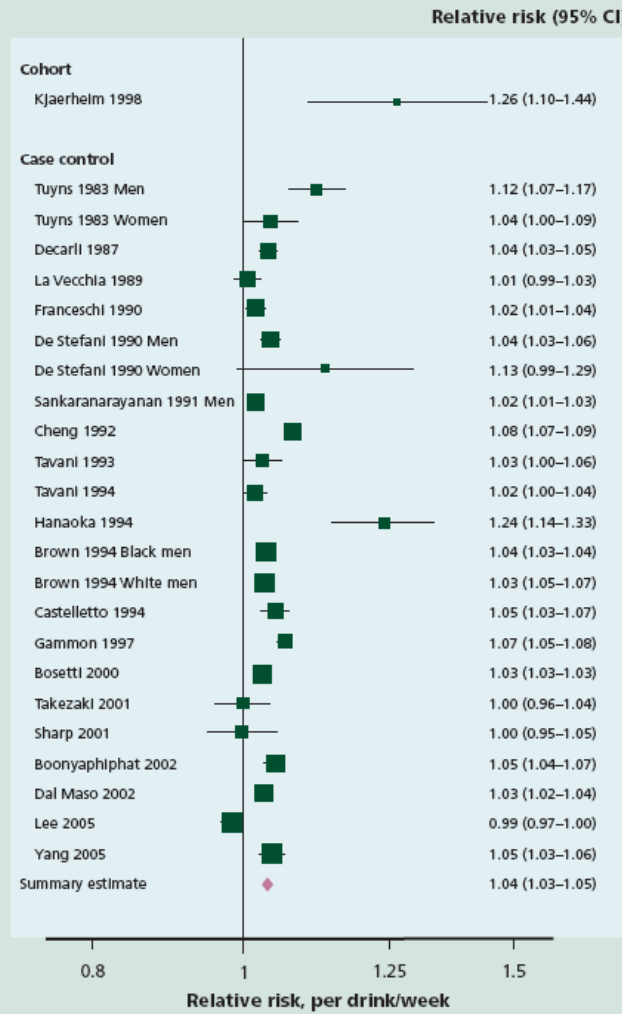
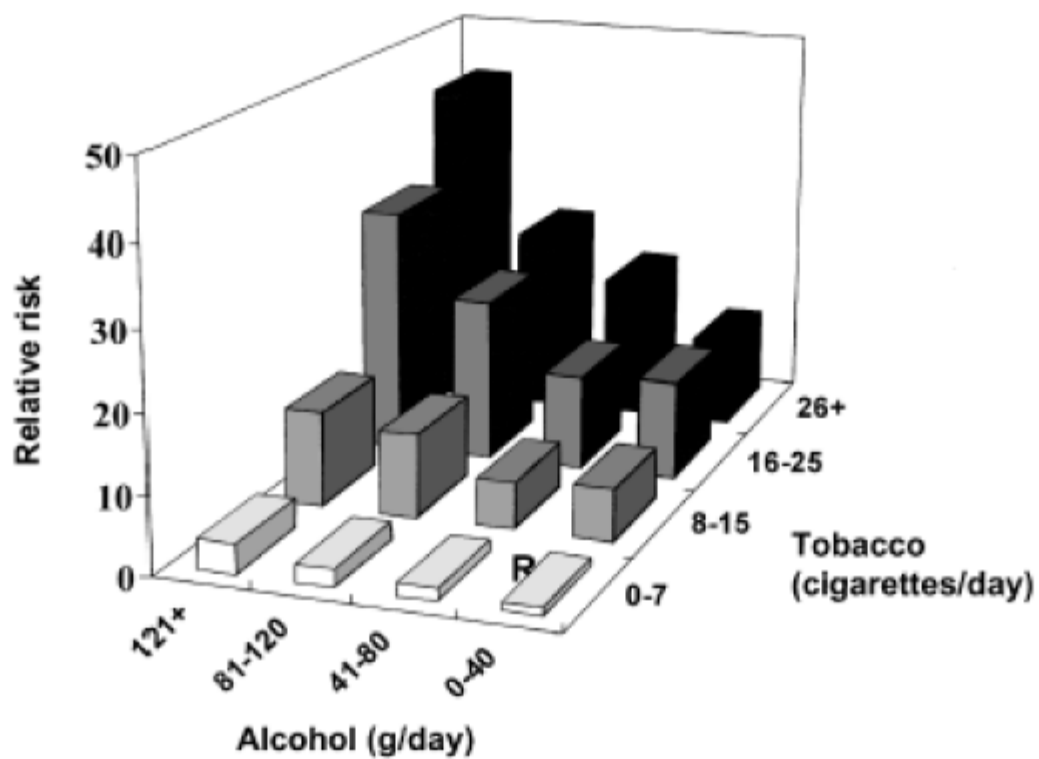


Figura 1. Risc relatiu de patir càncer de laringe en adults del sud d'Europa



Primaria

- Importancia de detectar problemas en etapas tempranas para prevenir
- Educar a la población sobre el impacto del consumo del alcohol en el cáncer
- Considerar otros factores de riesgo asociados (Tabaco-alcohol)

programa [beveu menys]



Veus el que Beus?

 Generalitat de Catalunya
Departament de Salut

Recomendaciones

BEGUDES ALCOHÒLIQUES

Limitar el consum de begudes alcohòliques (1)

OBJECTIU DE SALUT PÚBLICA

La proporció de la població que sobrepassa els límits de consum d'alcohol recomanats s'ha de reduir en un terç cada 10 anys (1, 2)

RECOMANACIÓ A LES PERSONES

Si consumeix begudes alcohòliques, no beveu més de dues unitats diàries si sou home, i més d'una si és dona (1, 2, 3)

(1) Aquesta recomanació fa referència al probable efecte protector de l'alcohol sobre la cardiopatia isquèmica.

(2) Els nens i les dones embarassades no han de consumir begudes alcohòliques.

(3) Una unitat de beguda estàndard conté al voltant de 10-15 g d'etanol.