

Heavy drinking not linked to common type of gullet cancer

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Heavy drinking is not associated with one of the two most common types of gullet (oesophageal) cancer, suggests research published online in *Gut*.

Gullet cancer is the sixth leading cause of cancer death worldwide and occurs as one of two main types: squamous cell <u>carcinoma</u> or adenocarcinoma.

But while rates of gullet adenocarcinoma have soared in many Western countries over the past three decades, those of squamous cell carcinoma have been falling. The squamous cell variety is strongly linked to alcohol consumption.

The authors pooled data from 11 international studies, involving 15,000 participants and 4,600 cases in the Barrett's Esophagus and Esophageal Adenocarcinoma Consortium (BEACON) on both types of gullet cancer, plus another arising at the junction of the lower gullet and the stomach (oesophagogastric junction or OGJA for short).

Heavy drinkers - seven or more alcoholic drinks a day - were more than 9.5 times as likely to develop oesophageal squamous cell carcinoma as non-drinkers.

But the authors found no evidence linking this level of alcohol consumption, or, for that matter, any particular type of alcohol, to heightened risk of either oesophageal adenocarcinoma or OGJA.



And light drinkers - half to one unit of <u>alcohol</u> daily - had a lower risk of these gullet cancers than non-drinkers, although low <u>alcohol</u> <u>consumption</u> could simply reflect other aspects of a healthy lifestyle, or chance, say the authors.

"Our results for [oesophageal adenocarcinoma] and OGJA stand in remarkable contrast to results for [oesophageal <u>squamous cell carcinoma</u>] in this and previously published studies," comment the authors.

The findings suggest that the <u>risk factors</u> for gullet cancer vary according to the type of disease, they say, adding that other research suggests that weight, smoking, and infection with *Helicobacter pylori* also confer different levels of risk for the two most common forms of this cancer.

Provided by British Medical Journal

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