

Use of tobacco and heavy drinking causes hypopharyngeal cancer.

Chen Peng*

Department of Radiation Oncology, The First Affiliated Hospital, Sun Yat-sen University, Guangzhou 510080, China

Introduction

Tobacco and alcohol, alone or in combination, are linked to an increased risk of various cancers, including those of the upper respiratory tract and liver. Both alcohol and tobacco use can raise the risk of cancer of the mouth and throat (pharynx), and their combined use increases the risk. Furthermore, areas of the mouth and pharynx that are more directly exposed to alcohol or tobacco are more likely to develop cancer than other areas. A similar effect was discovered in the case of laryngeal cancer. Alcohol and tobacco appear to increase risk of esophageal squamous cell carcinoma synergistically. In the case of liver cancer, however, alcohol and tobacco use appear to be independent risk factors.

Malignant (cancer) cells form in the tissues of the hypopharynx in hypopharyngeal cancer. Tobacco use and heavy drinking can increase the risk of developing hypopharyngeal cancer. A sore throat and ear pain are signs and symptoms of hypopharyngeal cancer [1].

Both alcohol and tobacco use are linked to a variety of negative health outcomes, including an increased risk of certain types of cancer. Alcohol consumption, for example, has been shown in epidemiological studies to increase the risk of cancers of the upper aerodigestive tract, stomach, large bowel, liver, and breast, with higher levels of consumption leading to greater increases in risk. Tobacco use is also linked to an increased risk of lung cancer, as well as cancers of the upper aerodigestive tract, bladder, kidney, pancreas, stomach, and cervix, as well as a specific type of leukemia [2].

Furthermore, these studies discovered that the increase in RR was directly related to the number of cigarettes smoked and the length of time smoked. For smokers who had smoked for more than 40 years or who smoked more than 20 cigarettes per day, the RR for laryngeal cancer was greater than 10. Other studies have found that the RR rapidly decreases after smoking cessation, and that this decrease is greater the longer a person has stopped smoking. Thus, the risk of laryngeal cancer is reduced by approximately 60% in people who have quit smoking for 10 to 15 years, and even more in people who have quit smoking for 20 years or more [3].

Risk Associated With Alcohol Consumption

The risk of oral and pharyngeal cancer rises sharply with alcohol consumption. An analysis of data from 26 studies

on oral and pharyngeal cancers discovered that drinking 25, 50, or 100 g of pure alcohol was associated with a pooled relative risk (RR) of 1.75, 2.85, and 6.01, respectively, of oral and pharyngeal cancer. The RR denotes the strength of the association between a variable and a specific disease or type of cancer. People who have not been exposed are assigned an RR of 1.0. A RR greater than 1.0 indicates that the variable raises the risk of that disease; additionally, the higher the RR, the stronger the association. Thus, the meta-analysis clearly demonstrated that the RR for oral or pharyngeal cancer increased significantly as alcohol consumption increased. Similarly, a study conducted in Switzerland and Italy discovered that non-smokers who drank five or more drinks per day had a five-fold increased risk of these cancers when compared to non-drinkers [4].

Several studies have also looked at the effects of various types of alcoholic beverages on cancer risk. These studies discovered that cancer risk was increased regardless of the type of beverage consumed. Furthermore, the magnitude of the relationship between different types of beverages and cancer risk varied across studies and populations. In general, the most commonly consumed beverage in a population was linked to the highest risk of oral and pharyngeal cancer in that population [5].

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*Correspondence to: Chen Peng, Department of Radiation Oncology, The First Affiliated Hospital, Sun Yat-sen University, Guangzhou 510080, China E-mail: peng.c@mail.sysu.edu.cn

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