



Environmental Assessment of American Cancer-focused Institutions' Awareness, Practices, and Policies Regarding Alcohol as a Significant Preventable Cancer Risk Factor

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Introduction

- The International Agency for Research on Cancer (**IARC**) declared that the consumption of alcoholic beverages was carcinogenic to humans in 1998¹ then again in 2007 and 2010^{1, 2}.
- According to the World Health Organization (**WHO**), alcohol consumption is a highly preventable cancer risk factor, yet approximately 4% of new cancer cases worldwide are attributable to alcohol intake in 2020³.
- In the US, an estimated 75,000 cancer cases and 19,000 cancer deaths are linked to alcohol each year⁴.
- Excessive alcohol use **exponentially** increases risk of cancers of the upper aerodigestive tract (mouth, pharynx, larynx, & esophagus) and linearly increases risk of lower digestive tract (colon & rectum) cancers⁵.
- Unclear whether cancer-focused institutions are aware of these facts or acting on the data by implementing **evidenced-based policies** and **practices** to mitigate alcohol-related cancer risks for employees, guests, and public.
- Therefore, we proposed to conduct a survey of leaders of major US cancer institutions and societies to gain insight on their policies, practices, beliefs, and perceived responsibility to lead in public education and policy implementation to reduce **alcohol-related cancer risks**.

Objectives

Primary Objective: To develop and distribute an online survey to the directors of major cancer organizations in the U.S. to assess institutional knowledge gaps and current policies and practices of alcohol consumption, distribution, and reimbursement.

Secondary Objective: To leverage survey data to inform evidence-based policies and practices related to alcohol at MD Anderson.

Methods

- We developed an electronic questionnaire for directors at major cancer-focused institutions and professional societies using Research Electronic Data Capture (**REDCap**) and the services of MD Anderson's Assessment, Intervention, and Measurement (**AIM**) Core shared research.
- We will conduct analyses of survey questions to estimate percentages, means, medians, modes, standard deviations, confidence intervals, and P-values using statistical tools through **SAS / SPSS / STATA**, and/or **Excel**.

Survey Distribution

Day 1: surveys dispatched
Day 8 +/- 2 days: follow-up #1
Day 16 +/- 2 days: follow-up #2
Day 21 +/- 2 days: follow-up #3

Subject Population

71 National Cancer Institute (NCI)-designated cancer centers
31 National Comprehensive Cancer Network (NCCN)-affiliated centers
American Cancer Society (ACS)
American Society of Preventive Oncology (ASPO)
American Society of Clinical Oncology (ASCO)
American Association for Cancer Research (AACR)
American Institute for Cancer Research (AICR)

Survey Questions

Close-ended Questions

“Does your institution recognize alcohol as a cancer risk factor in public education materials (e.g., pamphlets, flyers, public presentations etc.)?”

“Does your institution identify alcohol as a group 1 carcinogen in healthcare professional education materials (e.g., workshops, continuing education requirements, etc.)? ”

“Which of the following **policies** does your institution employ related to alcohol?”

“Which of the following **practices** does your institution employ related to alcohol?”

Likert Scale Questions

“The leadership of my institution believes there may be health benefits to alcohol consumption.”

“My institution believes there is a sense of urgency to address alcohol-related cancers.”

Open-ended Questions

“How would you improve alcohol-related policies and practices at your institution?”

Results

- Upon distribution of the survey to directors of leading cancer institutions and societies, we hope to achieve a 50% to 70% (n = 72) response rate.
- We anticipate a potential disconnect between institutional awareness and interpretation of the data versus their implementation of policies and practices regarding alcohol-related cancer risk.

Conclusions

- Alcohol-consumption remains a highly preventable cancer risk factor.
- Our data will demonstrate that alcohol-related cancers merit greater attention and action by those in various positions of cancer leadership to lead in research, clinical care, education of providers and the public, cancer prevention and control, and public policy.

Future Directions

- After the conclusion of this study, we aim to leverage survey data to inform alcohol-related policies and practices at MD Anderson Cancer Center.
- Additional possible steps include collaborating with other major cancer-focused institutions to lead in areas of public education and policy implementation to mitigate alcohol-related cancer risks across the US.

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References

- Alcohol consumption and ethyl carbamate. IARC Monogr Eval Carcinog Risks Hum, 2010. 96: p. 3-1383.
- Baan, R., et al., Carcinogenicity of alcoholic beverages. Lancet Oncol, 2007. 8(4): p. 292-3.
- Gapstur, S.M., et al., Alcohol and Cancer: Existing Knowledge and Evidence Gaps across the Cancer Continuum. Cancer Epidemiol Biomarkers Prev, 2022. 31(1): p. 5-10.
- National Cancer Institute (2023, January 18) Study Probes Awareness of Alcohol's Link to Cancer [Cancer Currents Blog]. National Institutes of Health. Retrieved July 27, 2023, from <https://www.cancer.gov/policies/copyright-reuse>
- Rehm, J., et al., The relationship between different dimensions of alcohol use and the burden of disease—an update. Addiction, 2017. 112(6): p. 968-1001.