Leslie Schlachter: [00:00:00] Hi. Welcome to the Vitals, Mount Sinai Health System's newest video podcast. I'm your host, Leslie Schlachter, and I'm a neurosurgery physician assistant here at the Mount Sinai Hospital. Today we're here to talk about the Surgeon General's new advisory on alcohol and its risk for cancer. Today we're gonna talk to ENT and colorectal surgery about its risk of developing mouth pharynx, larynx, and colo, colon and rectal cancer.

We all know that alcohol can cause. Things like addiction, dependence, withdrawal, and even for some people, some social and economic consequences. But today we're gonna learn specifically about the signs and symptoms of what to look for for these cancers, when to treat, and what those results of treatment are.

As a neurosurgery physician assistant, I can definitely see the difference between a healthy brain on a scan versus a brain and someone who's had a long. Time of alcohol consumption, it can lead to specific changes and in the patient you see cognitive [00:01:00] changes. So I'm looking forward and excited to hear about these changes that we're gonna start having to look for.

Now that we know the specific connections between alcohol and these cancers. All right. I wanna thank you guys all for being here. Let me introduce you first. We have Dr. Benjamin Layman. Do you prefer Benjamin or Benny

Benjamin Laitman: Benny's? Good.

Leslie Schlachter: Benny. He, uh, you're an assistant professor in the Department of Otolaryngology Head and Neck Surgery at the Mount Sinai Health System.

We have Dr. Sue Han, uh, an assistant professor of colon and rectal surgery at the Mount Sinai Hospital. Thank you guys all so much for being here.

Benjamin Laitman: Thanks for having us.

Leslie Schlachter: Happy to be here. So what we're gonna talk about today is the Surgeon General's recent advisory on a link between alcohol consumption and cancer.

To kick us off, the recent advisory from the US Surgeon General and medical experts have underscored the significant health risks emphasizing its classification as a toxin and a carcinogen, um, specifically increasing the risk of

mouth, throat, and pharynx, voice box or larynx. Breast, colorectal, colorectal, liver, and esophageal [00:02:00] cancer.

So, are you guys ready to talk about this?

Sue Hahn: Sure.

Leslie Schlachter: Always. Benny, let's start with you. Um, is this advisory surprising to you? No.

Benjamin Laitman: I mean, it's definitely something that we don't take as, I think maybe don't take it seriously as. Smoking cigarettes. We don't, it's not one of the major things we're kind of looking for as one of the prime drivers of cancer in the throat.

But it's not surprising. I mean, every, this is a, a caustic agent. There's a lot of factors that can change on a cellular level and your mouth, your throat, you know, back of the throat. This is the first point of entry, uh, where this is touching. So it's not surprising that given all the factors that we know about alcohol, that it's gonna have some effect and, and cause on cancer.

Leslie Schlachter: What actually happens with alcohol and how it leads to cancer?

Sue Hahn: Well, alcohol is broken down into a metabolite that can then lead to creation of oxygen free radicals that cause stress, inflammation to the mucosal lining or the inner lining of the colon and rectum. And any kind of kinda longstanding [00:03:00] inflammation can lead to overgrowth in this carc genetic, carcinogenic, uh, tendencies in terms of leading to cancer.

Leslie Schlachter: So, all right. I just wanna put this all in my head. Because it sounds like your mechanism is a little bit different than her mechanism. So you said alcohol actually entering in and like hitting the mouth, the larynx and pharynx in those airways is actually causing the issue. But yours is like the breakdown products of it for the colon and the rectum.

Is that about right? Well,

Sue Hahn: by the time it reaches the colon and rectum, it's been broken down. Right. It's been digested, it's been broken down to smaller components and something along those, along those components causes inflammation. And that's kind of the underlying thesis of, of just how cancer develops in in the body.

And the other aspect of is we know that in the colon cancer, um, creation aspect is that there are certain types of, uh, DNA breaks and damages that have have to happen in certain genes to lead to colon cancer. Development.

Leslie Schlachter: So is it similar in like the larynx [00:04:00] or is it actually the alcohol itself damaging the cells?

It's

Benjamin Laitman: a little bit more, I mean, in the, in the, the mouth and throat and, and everything like that, there's a little bit of the breakdown products, whatever is entering in the body obviously, but there's a little bit more of a caustic effect and a direct tissue injury that's occurring as well as interaction with.

Other, uh, known carcinogens that kind of either were inhaling or eating, um, and mixing with the alcohol and further damaging the tissue.

Leslie Schlachter: So I'm sure one of the questions that people has is, is there any alcohol that's better or worse? So your patient comes to you, they're like, Dr. Layman, I'm not gonna stop drinking, but just tell me which.

Is the least offensive? What, what do you say to that?

Benjamin Laitman: Unfortunately, they're all the same at their base. Alcohol is alcohol. Um, obviously there's, you know, wine, liquor, beard, different tastes, but the actual agent that's causing the issue is the same in each.

Leslie Schlachter: So you're saying that someone who drinks Michelob Ultra.

You know, four on a Saturday night and a Friday night. It's the same level of injury as like straight vodka. Yes. Okay. [00:05:00] That's important to know. Yep. Let's talk about the signs and symptoms of cancer and what patients should look for specifically. 'cause I feel like people know that if. They've been drinking for years and they turn yellow.

Maybe they should see a liver specialist. But what in your world are the symptoms that someone would look for to say like, Hey, something might be wrong.

Benjamin Laitman: Yeah, so some of it is what you see. Um, so if you look in your mouth and you see something funny, a bump, a, a big ulcer, something

that's not getting better, um, that's obviously something to look out for If you notice any sort of.

Odd lumps and bumps on your neck, growths that weren't there previously, that haven't gone away, uh, that could be a sign of a cancer that has actually spread to some of the lymph nodes in our neck. Um, issues with swallowing that are persistent, including weight loss, changes to the voice or breathing are some of the big things that, uh, along with known, uh, exposure to long-term alcohol or smoke.

Um. Would prompt a referral and sort of evaluation.

Leslie Schlachter: Yeah, I would imagine you can't look inside your own colon or rectum, but, so [00:06:00] what would patients be feeling? What would, how would they know to come see you?

Sue Hahn: Uh, so the primary symptoms are if there's any changes to the bowel, uh, movements, if there's narrowing of the stools and caliber, if there's any bright red blood or dark blood.

Um, and signs very similar to, to the, um, the oral cavity. If you have like weight loss that's unintentional. Um. Being tired all the time. Um, luckily with colorectal cancer, there are screening guidelines for the general population, and recently it's the age of screening for someone who has, is at average risk, meaning no increased family history, no other pre.

Disposing disease. Um, the age dropped from 50 to 45 and that's been a pretty significant, um, uh, sequelae of all the research that's that's been done in the past and the trends that we're seeing nationally and internationally, that there's younger and younger. There are younger and younger patients who are getting cancer when they otherwise have no risk factors for it.

Leslie Schlachter: Are those [00:07:00] cancers that they would need to be worried about or are those cancers that were like, oh, we picked it up early, this will be okay.

Sue Hahn: Well, the scary thing is a lot of these, the younger onset cancers are before they would've even started screening.

Leslie Schlachter: That is scary. So that's the concern part. Do you think that's because of alcohol?

Maybe? Do you think there's a connection?

Sue Hahn: There's so many, there's so many factors that go into colorectal cancer, um, um, development that. It's probably a combination of a lot of factors. Maybe alcohol does play a, a major role in that. Um, we know diet, other processed foods. Yeah, like who knows about these microplastics.

Um, there's a lot of things that are just in our general environment and our diets and everyday lives that may be impacting that. And I think alcohol probably has a hand in that as well.

Leslie Schlachter: So that's kind of lucky for her specialty. So she has screening guidelines. You don't have screening guidelines. We do not for ENT.

So you just have to hope that. Like someone comes in if they feel like something's wrong

Benjamin Laitman: a little bit. I think that we are, you know, if you have, you have a good relationship with your primary care physician. If you note any sort of changes, it's something to bring [00:08:00] up. Um, I think unfortunately we don't have.

The same, you know, guidelines, uh, we know that folks are getting cancer at younger ages. We're seeing it in relationship a lot to, in our field, smoke, HPV, um, we don't know the impact of alcohol truly on the field. And, and, you know, we're at a disadvantage in sort of not having regular screening guidelines.

Leslie Schlachter: Is that, is it multiplicative, meaning worsened? Like, so if you have someone who's drinking and smoking, let's just not do HPV for right now. Yeah. Does drinking and smoking make it worse? Is it like a more aggressive type of cancer? Absolutely.

Benjamin Laitman: Absolutely. Um, there's a known additive effect when you, when you have the two.

Yeah.

Leslie Schlachter: Hmm. Is there a difference between, this is for both of you, the type of cancer that you would see just in someone who's not drinking versus someone where it's maybe a more alcohol related cancer. Is there a difference?

Benjamin Laitman: Not so much. I mean there are obviously various types of cancers. The ones in the throat are, as I mentioned before, kind of more caustic effect [00:09:00] injury to the A over the, you know, the surface and sort of cancer developing there.

And so that's really just any irritant. Um, alcohol is one of them, so I would imagine

Leslie Schlachter: somebody who has that from alcohol and they keep drinking and they're just making it worse and worse. Worse and worse and

Benjamin Laitman: worse and worse. Yeah. It's kind of just. Burning the top constantly, and it keeps getting deeper and deeper and deeper without allowing the tissue to heal.

Leslie Schlachter: Okay. What about, what about for you? Any difference between like alcohol related colorectal cancers and non?

Sue Hahn: Not that we know of. Um, not yet. Hopefully we've, we figured that out. But in terms of. From our standpoint, you know, cancer is a cancer, there's different types, um, but the most common one, which is adenocarcinoma.

There's no difference to tell us like where, like where this exactly came from, what caused it. Um, it's just the fact that it's there.

Leslie Schlachter: How do you treat, um, you said adenocarcinoma. How do you treat that? Okay,

Sue Hahn: so if it's in the colon, um, and it's what we call locally advanced or just surgically resectable, then surgery's the, the primary mode of treatment and then plus or minus chemotherapy if it's shown to have spread beyond that to the lymph nodes in the area.[00:10:00]

For rectal cancer, it's a little different because of. The confinements and anatomy of the rectum in the pelvis with all these other structures. And so, um, for rectal cancer, primary motor treatment, first is neoadjuvant chemo and radiation. Um, if it's

Leslie Schlachter: neoadjuvant, meaning like before you have the surgery, surgery before surgery, then you do the surgery.

So you're like shrinking it so that you can. Get brain surgery. Yeah.

Sue Hahn: That's been shown to decrease the, the local recurrence rates, uh, after the surgery later on.

Leslie Schlachter: Is that similar for the type of cancers you treat? So,

Benjamin Laitman: you know, for us it's, it's multimodal. So often surgery is our primary kind of what we try to do, but in the head and neck we have to consider not just the resection of the tumor, but um, return of function, cosmesis.

I mean, if you have a, a large bulky tumor that involves. Aspects of the jaw. You have to take out the jaw, you have to put something back, or else people can't eat, drink, speak, breathe. So not only do we have to do the surgery, we have to focus on the reconstruction, but uh, as in, in sort of colorectal, uh, we have adjuvant treatment.

So the treatment after of [00:11:00] chemotherapy, radiation as add-ons, depending on. The degree of, um, spread or locally as well as, uh, metastases to lymph nodes. Um, in some of them radiation could be the primary and you could shrink the tumor or, um, but that is sometimes related with long-term issues in function down the line or second secondary tumors that develop from the radiation itself.

Leslie Schlachter: So as a physician assistant, I, I've worked in urology for many years and now neurosurgery, I've seen patients with a host of deficits. Can you talk through, I I, I kind of wanna like instill a little bit of fear into our listeners who are drinking. Right? There are, it's not just like cancer treatment.

You're gonna be okay. Yeah. These deficits are real. So can you talk a little bit about. Like how it affects people's talking, chewing, breathing, how they're, I mean, sometimes people are gonna need bags and tubes. Can you talk a little bit more about like what those deficits look like and how they're managed?

Benjamin Laitman: Yeah. So for [00:12:00] example, let's say someone has a, a larynx or a voice box cancer, and we have to take out the entire voice box. That means you cannot speak, uh, to, to any normal degree. Um, you will ul ultimately have a permanent hole in the front of the neck where that's where you have to breathe through. Um, and you can still eat and drink, but that can often be, um, comp very, uh, severely restricted.

Um, they, you may be able to speak again, but it's what we call burp speech or it's, it essentially sounds like that or the. You know, old school, uh, electro

larynxes where you can, eh, they sound a little bit like that so it comes like almost robotic. Yeah. So significantly changes, completely alter that, um, quality life and what

Leslie Schlachter: percent of patients are like gonna, when you find them, they can actually have treatment and look in.

Feel normally versus end up with a significant deficit like that

Benjamin Laitman: if it's earlier, you know, for voice box cancer, for example, you may just get away with having an altered voice and everything else is pretty much normal. Um, not completely altered, but it, [00:13:00] you know, a little bit like kind of horse

Leslie Schlachter: sounding, little

Benjamin Laitman: horse, but otherwise not bad.

Um, but as things kind of. Grow, and especially all these additive effects, if you drink a lot or have other sort of environmental exposures, sometimes it gets outta control where we can't. And the only answer is either, you know, uh, total removal or chemotherapy with radiation, which also has sort of long-term negative effects.

Leslie Schlachter: Right. Yeah. And I'm sure you hear this a lot from your patients. I don't want a bag, I don't want a bag, but like we know bags as. Healthcare providers aren't the end of the world. Like what should patients expect if they have to have like, major resections in treatment?

Sue Hahn: So it really depends on the location of the tumor.

If it's more what we call proximal, um, in the more in the abdomen, not so low, and towards like the rectal aspect, we can remove it, put it back together and reconstruct. And it's not that bad. Like you're not gonna notice a huge change in your overall life. But if it is more of a rectal cancer, particularly a low one, where it's very close to the sphincters or even involving the sphincters [00:14:00] themselves, then you're looking at either a permanent ostomy, uh, which is like a poop bag, uh, permanently, and that's obviously has its own quality of life issues and stigmas and and so on.

So patients tend to get embarrassed and it's something that they have to live with. Um, or if we can resect but preserve the sphincters. Now you've lost. The

rectums special capacity, um, that it has the stretchiness of it to act as a reservoir to be able to let you hold your stool before you have to go.

Some people don't have that capability anymore. 'cause now we have to reconnect colon to the sphincters, and so it doesn't have that stretchiness anymore. So now then you're looking at patients who have. Something called low anterior resection syndrome, where they're feeling tenesmus or spasms all the time.

They have incontinence. Sometimes they have to run to the o uh, run to the, uh, bathroom. It's totally

Leslie Schlachter: life changing. Yeah, it's

Sue Hahn: completely life changing. It's something that is, it's, it's, it's a long conversation and, and a long road to. To try to get them into a position where they figured out their regimen to live a, a [00:15:00] fairly normal life.

Um, it's, it's, it impacts them. Yeah.

Leslie Schlachter: What trends have you seen in your practice as far, like, so obviously this advisory came out because they're seeing a trend with cancer. Are you seeing cancer being diagnosed? Like, I know you said earlier stages, but are you seeing maybe those who consume alcohol coming in later and later?

Or is there not really a connection with that?

Sue Hahn: Um, we haven't gotten to that level of granularity, um, in terms of alcohol related cancers versus not. And, and is that particularly the thing that's driving these early onsets? So overall in terms of earlier stage, you know, earlier onset cancers, it's something that, you know, we're just much more mindful of.

My threshold for colonoscopy is much lower now. Even myself, like I got myself a colonoscopy, like before I was supposed to. I have polyps, you know, like I have, you know, and I don't have a family history, so it's something that we're very mindful of. And anything that previously would've said, oh, it's not in your age range, we would probably more likely to [00:16:00] investigate a little bit further.

Leslie Schlachter: So Benny talked a little bit about the risk factors like alcohol, smoking, HPV. What are some o other risk factors for colon cancer that we should know about?

Sue Hahn: Um, some things are diseases that you have, like in terms of inflammatory bowel disease. That's, that's one. Ulcerative colitis or Crohn's disease. Um, smoking, um, drinking, like we discussed.

Um, having like a diet that's high in fat, uh, red meats, processed foods. Um, anything with nitrites or nitrates or like barbecue kind of, you know, all the good things in life. Um, those are things that actually. Kind of increase your risk for, for cancer, especially if you have any of the genetic, you know, uh, colorectal cancer syndromes, there's a whole host of genetic, uh, diseases that increase your risk of lifetime cancer to even up to 80%.

Leslie Schlachter: Is that like, like a BRCA thing for breast cancer? Is there like a gene similar for

Sue Hahn: colorectal? Similar. There's, um, an A PC gene that's the first gene that's mutated on the way to developing cancer. But how would someone know if

Leslie Schlachter: they have [00:17:00] that?

Sue Hahn: So it, there's usually a family history, uh, of it. Either they have something called, uh, familial adenoma is polyposis syndrome, where they have tons and tons like innumerable polyps.

So a family would know this, generally, family would know this. That would kind of prompt the, you know, the family member, the first degree family members to get screened earlier at a earlier age. Or if they undergo genetic testing, then that prompts the genetic testing of their family members. Mm-hmm.

Leslie Schlachter: Earlier you did. So let's just go back to the HPV thing for a second. Um, and I think it's really important, not just HPV, but just to talk about sexually transmitted diseases. Can you talk a little bit about those as a risk factor?

Benjamin Laitman: Yeah. Also, so, um, throat cancer, um, so back of throat cancer, tonsil cancer back of the tongue, uh, historically was known as.

The smoke a smoker's cancer. And what we've seen is that over time, um, it's actually as we've gotten over, you know, as some of these guidelines have come out about smoking, and smoking has decreased, that's been less of a cause of

cancer. And now we're seeing a shift actually as [00:18:00] HPV being one of the prime drivers of throat cancer in general, especially in men.

Um, and it's often, you know, not thought to be HPV is a sexually transmitted disease. We think it. It's not gonna affect men. We know it's involved in cervical cancer and cervical screening. And so for a long, and most of the, you know, uh, vaccines were not given to men early on, and so it's really wasn't seen as a, as a, a male disease.

But we're seeing this kind of surge in HPV associated oropharyngeal or back of throat cancer in men that is kind of now overtaken. Um. Cervical cancer is one of the, as the prime HPV associated cancer. Um, so it's, it's one of the main drivers of throat cancers and, uh. Luckily it's treatable, um, but and preventable with vaccines.

Is it a

Leslie Schlachter: different type of cancer than, like, the cancer that's caused by HPV is a different type of cell than the other cancers? It's all

Benjamin Laitman: the same cells. It's all what, you know, on a SA basic level, it's the, it's, we have skin on the [00:19:00] outside. We have skin on the inside. It's the inside skin of our mouth and our throat.

It's all, it's all very similar and the same cells are getting damaged when it's smoke. Or it's alcohol, it's, you know, causing some injury to those cells that maybe they're then kind of going a little bit haywire. HPV is a virus and it's actually integrating into the cells and changing its DNA and that's why they end up sort of replicating and, and growing out of control.

So it is a same cell, but different insult.

Sue Hahn: So interestingly, for ENT and colorectal, we're working on the opposite ends of the body, but we actually have a lot of HPV. Induced, like anal swim, anal cancer. Um, and so we deal with HPV all the time, and I was talking to some of your colleagues about like how, you know, it's, it's such a weird transformation that, you know, now this is a big rising trend in, uh, throat cancer, but for us, like it's, it is different.

Um, for us, uh, the HPV is usually. Stems from like the anal canal, which is where there's a transition of types of cell from skin [00:20:00] to what is more glandular or more like the rectum. And that's where a lot of these cancers are

being found. Um, and so the types of cancers are actually different for, for us, but still in terms of everything.

HPV is is a major driver and it's very similarly, it wasn't really a male kind of disease, but now you know, we're, we're more aware of it and now, you know, we're trying to get everyone to get their vaccines. And there's a new one that actually has nine valent, which is even better. So even people who had the original four valent should update to the nine.

Leslie Schlachter: What you mean by valent? So there's different type, there's different strains of HPV. Mm-hmm. So you're talking about various different strains that can lead to the cancer. Mm-hmm. And just to be clear, 'cause we're talking about like oral cancers, rectal cancers. When you guys are talking about men, are we talking specifically about, uh, male, male sex, oral intercourse?

Can you guys talk a little bit about like ways that we can improve this? Because there's like, I know when I was growing up, I had like health class, they talked about like dental dams and using condoms for oral sex. Like what are ways that we could actually try and avoid this? [00:21:00]

Benjamin Laitman: I mean, I, it's one of the most prevalent, um, viruses out there.

Um, and it is sexually transmitted, so it's any form of intercourse, oral, and, you know, anal, vaginal, any of that is where it can come from. Um, so there's no real, the major prevention honestly, is. That is the vaccines out there. And then it is, the guidelines on those have shifted. It used to be for women of a, of a, uh, a certain age group.

Then that expanded to a larger age group. Now it includes men. It's now I think, expanded into the mid forties in terms of who can actually, um, uh, get the vaccine. So it keeps expanding because everyone is, most people are pretty much exposed to this throughout their life, and it's unclear. Most of us clear it and it's, and some of us don't clear the virus and that when it, say

Leslie Schlachter: that again?

Yeah. If you're exposed to the virus, many people clear it.

Benjamin Laitman: Yes. Okay. But not everyone does. And we don't know why certain people do and why certain people don't. And if you don't, that's

when it starts. [00:22:00] Messing with the cells and turning them into precancerous. Cause, you know, dysplasias and ultimately cancers.

And so in this, maybe

Leslie Schlachter: it's alcohol consumption,

Benjamin Laitman: it, it, we don't know. Right? Right. It could be, it could be these other interacting things in our, in our body. We don't know that type of stuff yet. Uh, we just, you know, we do know that this is one of the risk factors.

Leslie Schlachter: Right, right. Okay. So who, who, how are patients finding you?

Right. Are you, you talked before about somebody might be having symptoms, they go to their primary care. How do patients end up in your office? Is it their primary cares? Are patients calling you directly? How do they find you?

Benjamin Laitman: Yeah, so it's a little bit of a combination. My, my focus is mostly on the throat, uh, itself.

And so, uh, when people have changes to their voice or breathing or swallow, they'll either. Come directly to our, you know, specialty within laryngology. Or a lot of times this is the primary, this is primary care doctors that are picking this up. And they, they have the intimate, they, they know their patients, they've known them for years and say, I hear your [00:23:00] voice sounds weird now.

Yeah. Or, you know, you're losing weight or you know, what's going on. And that's really, so, you know, with some of these associated risk factors, like heavy alcohol use really should prompt a primary care physician to say, I think this is. Now you should see somebody that, that can take a look. We, we can take a look very easily with various cameras in the office and tell you very quickly whether or not we see a cancer on the surface.

It's a, you know, a quick sort of check.

Leslie Schlachter: Is it the same thing for you, like people coming in for their checks or is it patients calling and saying so something's wrong?

Sue Hahn: It's a, it's similar to, to what Benny's saying. Um, so primary care doctors will notice something, usually some kind of colonoscopy is prompted.

And then once the, the cancer was found, then that's when they're usually referred over. Um, in terms of anal cancer, it might be a little different. Um, some people will come in because they thought it was hemorrhoids, and that's a very common thing that people are, are referred for. And you know, just today I was seeing a patient where.

She came in with an anal polyp. I removed it, turned out to be cancer. [00:24:00] Um, and so, you know, that was kind of a lucky thing that we were able to catch it really early. But, uh, not everyone is like fortunate in that way. Some people go on thinking, oh my bleeding's from hemorrhoids for many, many years, and then it becomes.

You know, something that is much bigger and more advanced. And if, if we had found it sooner or medical attention was brought sooner, then, then we could have done something a little bit differently.

Leslie Schlachter: So I guess the big difference between you guys is like, patients can just be worried or concerned or feel like something's wrong and make an appointment to come see you.

You, they generally have a, a cancer diagnosis and you're gonna be the one managing it

Sue Hahn: usually. Yes. Yeah, yeah. Yes. Unless they came to me specifically for a screening colonoscopy, then I'll, I'll be the one doing the colonoscopy and, and finding it that way. Yeah. We're

Benjamin Laitman: lucky in the sense that not everything that causes a, you know, your voice to be hoarse is cancer.

Um, in fact, most things aren't. But again, when you have these associated risk factors, you always gotta rule it out.

Leslie Schlachter: Yeah. I mean, I know, I, I refer patients to you. There's, and in neurosurgery, tumors can grow. On or around nerves that affect like swallowing and talking and all these [00:25:00] things and, and sometimes having a hoarse voice is the first symptom of even just a benign tumor.

Benjamin Laitman: Yeah, exactly. Yeah. But a benign tumor that's just in the. Wrong location that's giving you problems. For sure. Yeah.

Leslie Schlachter: What if you could give like your own personal advisory to your, to your patients, like knowing that, like, you know, what you know about how aggressive these things can be and the treatment sometimes.

Um, what's kind of like your own personal advisory for mornings, for specifically alcohol in its relationship to cancer? Yeah,

Sue Hahn: I mean in terms, you know, alcohol is something that's part of the, the culture and, and you know, it's very casual. Especially I feel like in medicine, a lot of people, uh, uh, approaching.

Yeah. We don't even have

Leslie Schlachter: like, holiday parties without

Sue Hahn: alcohol.

Benjamin Laitman: Yeah, no, I mean,

Sue Hahn: exactly. But you know, I'm a strong believer in being a realist. Uh, you know, things in moderation. Don't go overboard. Try to. Limit as most you can. And it's really hard for anyone who's usually doing something every single day to stop cold Turkey.

That's the hardest thing to do. So start baby steps one, one step at a time. Decrease, [00:26:00] um, limit your, your intake, and then so slowly, eventually replace it with something that. Would, you know, kind of still give you a little fizz if you like, a beer switch to like seltzer something, something else that can maybe replace that's not as harmful.

Right. And that's, that's a more, I think, realistic way to get patients or, or other people to, to change their habits. Yeah.

Benjamin Laitman: No, I mean, I think these guidelines. It, it's, you know, I'm a social being and I, you know, I have have friends and family and it's, it's even making me rethink things and how much I drink.

Personally, how

Leslie Schlachter: much do you drink? Personally,

Benjamin Laitman: I'm in the, I'm in the maximum, the seven a week category. Mm-hmm. You know, not all every week, but like, I'm not.

Leslie Schlachter: Is this like a one drink a night type of thing? Like on a Friday or Saturday night? Two or three. Depends on the week,

Benjamin Laitman: because if a friend wants to go grab a drink after work or I'm going to see friends on the weekends.

I have two young girls. We all are parents. When we, when we have babysitters, we go out and that's the reality. And, and. Like you said, this is part of the culture, but it makes you think, I have two young girls and [00:27:00] I want to make sure I'm around for the long haul. So, you know, maybe it's cut back a little bit and I do think, yeah, everything in moderation, try to find a way to cut, try to find an alternative.

Um, it's impossible to go, go, go cold Turkey, but also don't beat yourself up if you're not perfect. You know? I think that's the other thing. We all have our vices in life and we have to improve all, any, every, any one of us, but, you know, just try to do better.

Leslie Schlachter: Yeah. The actually, the, the guidelines are very specific on like, men are allotted more than women.

Yeah. I get one, not taking into consideration. I get one a day. Yeah, like I get like nothing. But they don't realize I'm six four and I weigh 200 pounds. So I'm, I think mine are gonna be like the male guidelines. But, um, you kind of touched upon it a little bit, like if you like beer, maybe something fizzy.

Um, if you had to give up alcohol, if you're gonna give alcohol, just say you're giving alcohol up completely. What would you say are some, like your personal, like how are you gonna replace it? What are some good ideas, how you think you can [00:28:00] replace it? Instead of meeting for happy hour, maybe do something else.

Sue Hahn: Yeah, I mean, like. Luckily we live in a day and age where there's a lot of substitutes for things. Yeah. So they, uh, they've, there's a lot of companies out there that are creating these mocktails that kind of taste like the alcohol, but aren't alcoholic. I love a mocktail. Um, so I mean, and, and the bars, even at the menus, you see there's a much more expansive mocktail menu than there used to be where it was just like, you know, seltzer water and like some orange juice or something like that.

Mm-hmm. Um, so that can help replace like the taste. If, if that's what you're kind of going for. Um, and you know, in terms of. My personal habits, I'm not much of a drinker. I drink maybe like two a month. Uh, but again, social, social context of course. But those are things that, you know, I think can be part of the plan to cut down.

Um, in terms of alcohol intake,

Leslie Schlachter: let's say somebody wants to replace their alcohol with cannabis. Good decision, bad decision,

Benjamin Laitman: don't smoke it.

Leslie Schlachter: Um, what's your preferred route for [00:29:00] cannabis?

Benjamin Laitman: IWI mean, I work because I work on the voice box, smoke and heat screws With your voice. It can make, it can, you know, those types of things are carcinogens.

Leslie Schlachter: Okay. You said smoke and heat. What about vape

Benjamin Laitman: that has the heat? Even the cool, I don't know, with the oils, I don't, it's, you know, there's a, as the kids,

Leslie Schlachter: they call 'em carts. So the

Benjamin Laitman: vape vaping probably has various oils that can be problematic. Right. We know, we know there's like vape lung or different things like that.

So eating is probably the best route.

Leslie Schlachter: How do you feel about eating?

Benjamin Laitman: Granted, I don't know. Like, I don't know, maybe I'm like, are we going

Leslie Schlachter: edible over?

Benjamin Laitman: Maybe I'm kicking the can down the, you know, down the road, down, down the

Leslie Schlachter: tight, down the, down the colon. Yeah.

Sue Hahn: I mean, like for me, I'm like a huge fiber nut.

Like I, I. I get med students, you know, shadow me all the time. They're like, so how much fiber do you start off with? Yeah. And how much fiber do

Leslie Schlachter: you take in on a daily basis?

Sue Hahn: I take at least one tablespoon of Metamucil every single day. How many grams of fiber is that? So, um, it depends on the spoonful, but usually about like another 12 grams.

Leslie Schlachter: Oh. So if [00:30:00] you take a cannabis infused fiber supplement, was, is that reasonable?

Sue Hahn: Um, I don't even know how to answer that. But Better than smoking probably. Yeah. Yeah,

Leslie Schlachter: yeah, yeah, yeah, definitely. Probably better than smoking. Yeah. I mean, 'cause I think that's like when this advisory came out, my own children. My, one of my children was like, well, what's a better alternative?

And my answer was, I don't know, like a Michelob Ultra instead of vodka. So clearly now that's not a good alternative, but he did say like, what about cannabis? And I'm like, can I get back to you on that?

Benjamin Laitman: Yeah. Like I, it is hard.

Leslie Schlachter: I think,

Benjamin Laitman: you know, we don't know. Jury's out on a lot of things. Ultimately, probably lesser of two evils.

Leslie Schlachter: Okay, so we're going mocktails. Mocktails are probably good. I'm going like reading, although then you get into sugar, then you get, then you get into sugar.

Benjamin Laitman: So, and process your, I mean, which is maybe, who knows, maybe worse than alcohol. I mean, so we, so

Leslie Schlachter: if we're going on long walks, potluck dinner is bit again.

Exactly. Those are all broccoli

Benjamin Laitman: and go for a run is probably the best [00:31:00] answer. Yeah, that's fiber and greens and exercise. Doesn't that sound great? Sounds like so big crew to say party. Yeah,

Leslie Schlachter: yeah. No, it is, it is. I, I think, I hope that this, like this advisory coming out is similar to what happened with smoking years ago.

'cause now like the, you know, general public will say like, smoking's bad for you. I hope that same thing happens with alcohol. 'cause it seems like that's the direction we're heading in, um, with all these warnings. So, um, is there anything else that you wanna share about your practice? Um, anything that you feel like we didn't discuss today?

Benjamin Laitman: No, I think that ultimately if you're worried, you know, if you, you know yourself and if you feel like something's off you, you know, go, go see someone, get checked out. Don't, don't delay it. That's, if something is bad, then we, we can miss it. If it's something, if everything's fine, then we get to tell you everything's fine, which is awesome as a doctor to be like, you're good.

Go home. Right. Um, [00:32:00] so if you, you know yourself, if you, if you feel like something's wrong, you know, go, go, go get checked out.

Leslie Schlachter: Okay. And for you, you said guidelines with nothing wrong, 45 colonoscopy. Mm-hmm.

Sue Hahn: Unless you have a, a, a risk factor such as a family history of something else or one of the other diseases that we kind of just, uh, touched upon that increases the risk of colon cancer.

Leslie Schlachter: Is excess alcohol intake now considered a risk factor? Not yet. No. Not yet.

Sue Hahn: But I have a feeling it might, let's say you

Leslie Schlachter: get someone calling the office saying like, Hey, I've been drinking like 30 drinks. A week and I'm 44.

Sue Hahn: I mean, I probably probably push

Leslie Schlachter: that one through. Right? Yeah. Okay. Anything else that you feel like we didn't talk about today that you wanna share?

Sue Hahn: No. Similar to what Benny said, don't delay. Um, if you start noticing something that's a trend and it's, it's not normal, um, like bleeding and other things, like get yourself checked out and then you'll have peace of mind if, you know, you do get checked out. And especially for, for our standpoint. You know, colorectal surgeons we deal with, you know, orifice.

That's a little, you know, kind of embarrassing for people, but it's, it's not like people just don't [00:33:00] talk about it, but a lot of people have similar issues and they just don't talk about it in a social setting. Right. Um, but it's, it's pretty, pretty common, uh, for people to have issues.

Leslie Schlachter: Okay. So we learned today that because of this Surgeon General's advisory, this new warning, that there is an increased risk of getting cancer with alcohol consumption.

One drink a day, generally. Okay. But if you're someone who's been excessively drinking for a long time and you have any concerning symptoms like difficulty swallowing, eating speech, cha, the, the, the quality of your voice is different if you're losing weight, I. Any change in stool pattern at all. These are all things to bring to the attention of your primary care doctor or make an appointment to see a specialist.

And I think the most important thing that we learned today is that getting in to see a doctor sooner and possibly finding something could mean much simpler treatment and much easier for you to recover from. The longer you wait, the more advanced a disease is, the more difficult treatment might be, and the more [00:34:00] unfortunately, deficits that you can suffer from, which could be.

Quite debilitating and, and possibly even embarrassing. So, um, bottom line, get checked. So if alcohol is a risk factor for getting cancer, is it a higher risk for those who drink vodka versus those who might drink beer? What's the story?

Benjamin Laitman: Unfortunately, it's all the same. Alcohol at its base is alcohol. Um, obviously you have wines, beers, liquors, and they taste a little bit different, the things we add in.

But the, the underlying chemical that is the carcinogen is the same in each.

Leslie Schlachter: That's unfortunate. Yes. Mm-hmm. Yeah. Same for colorectal cancer. Mm-hmm. Doesn't matter. Mm-hmm. All right. Well, I guess we don't have to change what we drink if we're gonna drink. Mm-hmm. Um, so I wanna thank you guys both for being here.

I think this is gonna be really helpful, not only to our listeners that might be patients not in healthcare, but for people that are in healthcare too. They might have learned signs and symptoms to look for and know when to make a, make a referral. So thank you for being here. Thanks. Having

Sue Hahn: Absolutely.

Thank you.