# Genetic Etiology of Alcohol Use Disorder and Related Cancers

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• I have no conflicts of interest to disclose

# Alcohol use disorder (AUD)

- Chronic relapsing disease
- Characterized by symptoms like craving, tolerance, etc.
- Comorbid with many adverse medical, psychiatric, and social consequences
- Complex disease with both genetic and environmental components and their interactions

## Known genetics of AUD

- AUD is heritable
- The best-fit estimate of the heritability of AUD was 0.49

Psychological Medicine (2015), **45**, 1061–1072. © Cambridge University Press 2014 doi:10.1017/S0033291714002165

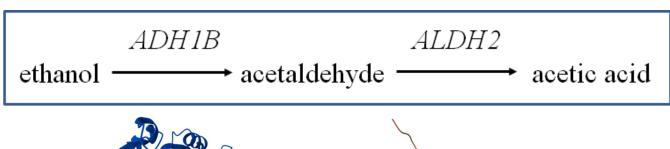
ORIGINAL ARTICLE

# The heritability of alcohol use disorders: a meta-analysis of twin and adoption studies

B. Verhulst<sup>1</sup>, M. C. Neale<sup>1,2</sup> and K. S. Kendler<sup>1,2</sup>\*

## Known genetics of AUD

- Known genes and their product (enzymes) in alcohol metabolism
  - ADH1B alcohol dehydrogenase 1B
  - *ALDH2* aldehyde dehydrogenase 2



AlphaFold-predicted 3D structure:

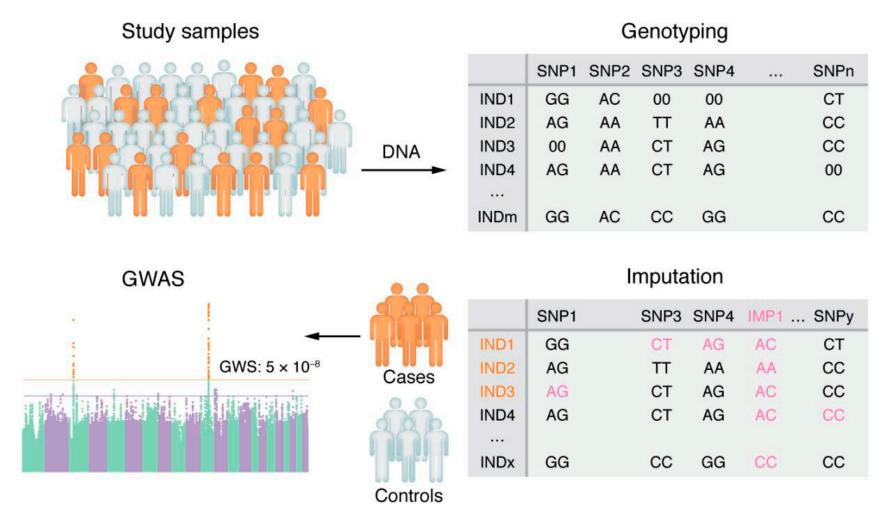




 These two genes could not explain all the phenotypic variances (heritability)

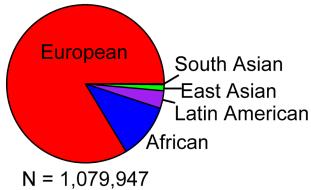
 AUD is polygenic - more genetic risk variants need to be discovered

#### Genome-wide association study (GWAS)

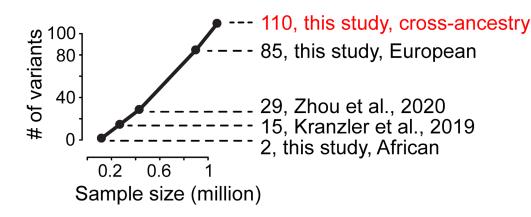


# Latest GWAS of AUD (Zhou, 2023)

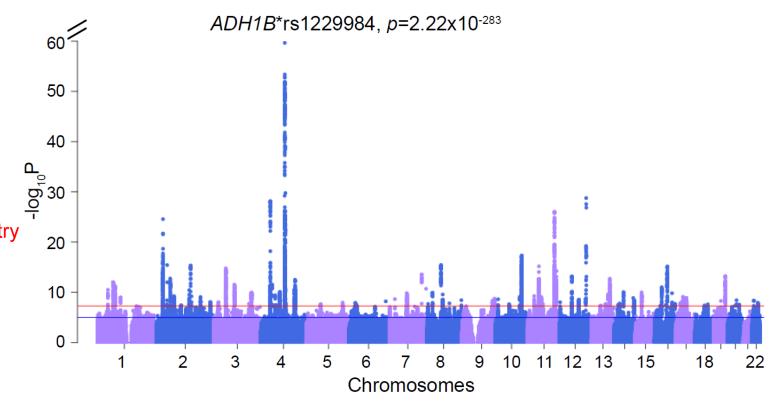
#### a. Sample sizes



#### b. Identified risk variants in recent studies



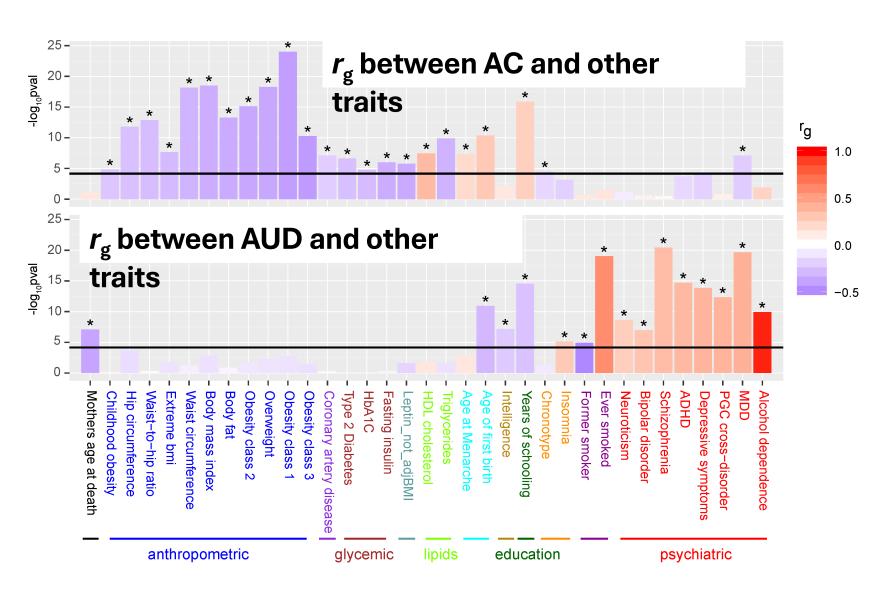
#### Cross-ancestry meta-analysis



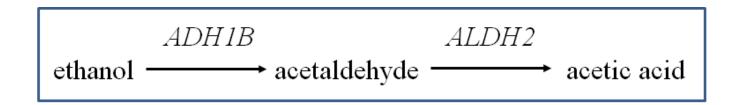
#### AUD differs from alcohol consumption (AC) genetically

AC, drinking quantity-frequency, e.g., drinks/week

 $r_g$  – genetic correlation



# How genetics affect the risk of alcohol-related cancers?



Acetaldehyde can induce DNA lesions, which can initiate carcinogenesis if unrepaired

#### Examples:

• Variants in *ADH1B* and *ALDH2* combined with alcohol use in cancer risk (Druesne-Pecollo et al. *Lancet Oncol* . 2009)

 ADH1B\*rs1229984 and ADH7\*rs1573496 are associated with upper aerodigestive cancer risk (Hashibe et al. Nat Genet. 2008)

• *ALDH2\**rs671 as a genetic risk factor for several cancers, particularly esophageal cancer (Yokoyama et al. *Cancer Epidemiol Biomarkers Prev.* 2002)

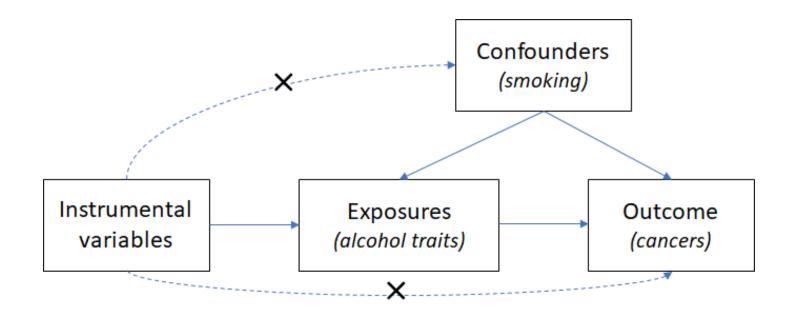
#### Questions remained

 Both alcohol traits and alcohol-related cancers are highly polygenic – hundreds of genetic variants

- Can we have a more robust causal inference using more genetic variants?
  - Not prone to confounding, measurement error, and reverse causation

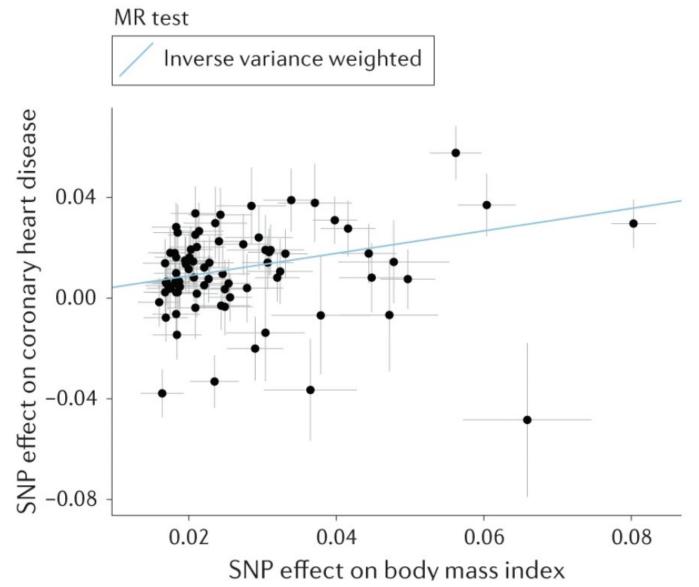
# Newly developed tool: Mendelian Randomization (MR)

MR uses genetic variants (e.g., SNPs) to assess causal relationships

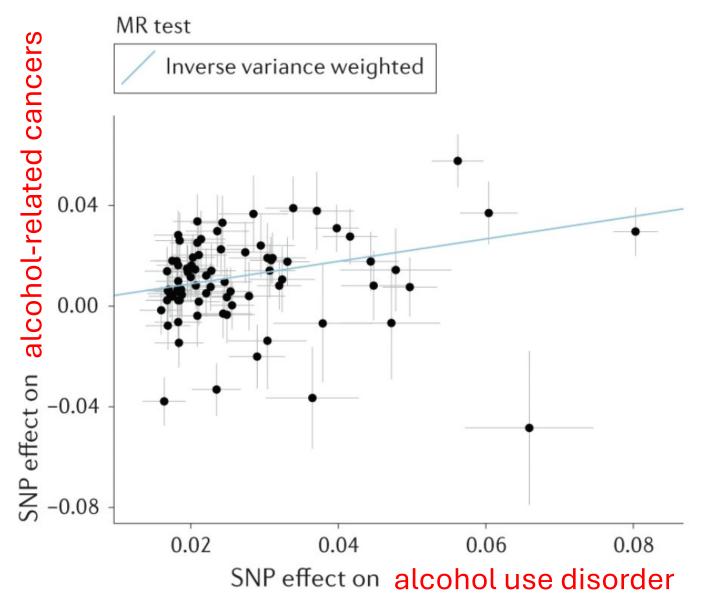


- Genetic instruments: 1) associated with exposure; 2) not associated with confounder; 3) influence the outcome only through the exposure
- Similar to randomized controlled trial (RCT)
- MR is power-hungry
- More valid instrumental variables, more robust of the inference

# Example



#### How about AUD and cancers?

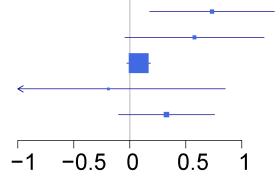


#### MR results (in European samples)

#### **AUD**

- Exposures
  - AUD (Zhou et al., 2023)
  - 74 SNPs
- Outcomes cancers
  - Rashkin et al., 2020
  - Zhang et al., 2020
  - Trepo et al., 2022

| Cancers    | p                     |             |
|------------|-----------------------|-------------|
| Oral       | 9.71x10 <sup>-3</sup> |             |
| Esophageal | 0.07                  |             |
| Breast     | 0.14                  |             |
| Liver      | 0.72                  | <del></del> |
| Colorectal | 0.13                  |             |
|            |                       |             |



## MR results (in European samples)

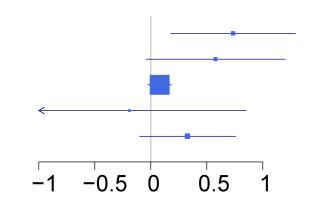
#### **AUD**

#### Exposures

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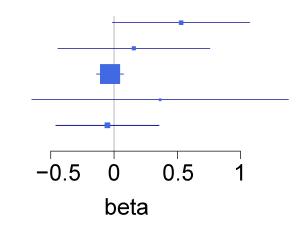


#### Exposures

- Drinks per week (Saunders, et al., 2022)
- 403 SNPs

#### **DPW**

| Oral       | 0.06 |
|------------|------|
| Esophageal | 0.61 |
| Breast     | 0.56 |
| Liver      | 0.48 |
| Colorectal | 0.80 |



Zhou et al., unpublished

Both alcohol use and tobacco smoking are related

 Is there a direct effect of AUD on oral cancer, independent from drinks per week or smoking traits?

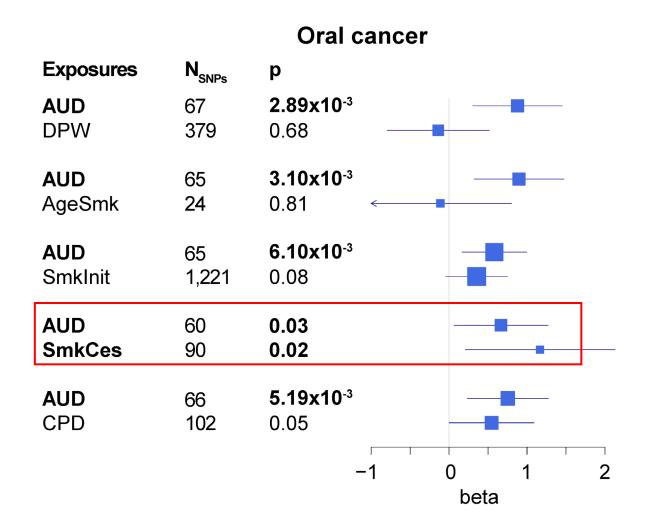
#### Multi-variable MR, correcting for alcohol/smoking traits

#### Oral cancer

| Exposures | $N_{SNPs}$ | p                     |
|-----------|------------|-----------------------|
| AUD       | 67         | 2.89x10 <sup>-3</sup> |
| DPW       | 379        | 0.68                  |
| AUD       | 65         | 3.10x10 <sup>-3</sup> |
| AgeSmk    | 24         | 0.81                  |
| AUD       | 65         | 6.10x10 <sup>-3</sup> |
| SmkInit   | 1,221      | 0.08                  |
| AUD       | 60         | 0.03                  |
| SmkCes    | 90         | 0.02                  |
| AUD       | 66         | 5.19x10 <sup>-3</sup> |
| CPD       | 102        | 0.05                  |
|           |            | -1 0 1 2              |
|           |            | beta                  |

AgeSmk – age of initiation of regular smoking SmkInit – ever smoked regularly SmkCes – current smoker vs former smoker CPD – cigarettes per day

#### Multi-variable MR, correcting for alcohol/smoking traits



AgeSmk – age of initiation of regular smoking SmkInit – ever smoked regularly

SmkCes – current smoker vs former smoker

CPD – cigarettes per day

#### Summary

- Nominally significant genetic causal relationship between AUD and oral cancer
  - Independent from drinks per week
  - Accounting for indirect effects from smoking traits

- The results should be interpreted with caution
  - genetic liability to diseases, not the diseases per se

 More investigation is warranted, especially in larger GWAS of cancers and in non-European populations.

# Acknowledgements

- All participants in GWAS
- All collaborators
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# Thank you!