

GPs



**Action Against Heartburn – Before it's too late**  
**Charities promoting earlier diagnosis**  
**of oesophageal and gastric cancer**

[www.actionagaintheartburn.org.uk](http://www.actionagaintheartburn.org.uk)



@ActionHeartburn

**Note to GPs – How you can help with Oesophageal Cancer Awareness Month – February**

Oesophageal cancer is the sixth most common cause of cancer death in the UK. Each year around 8,700 are diagnosed, and 7,700 die from it. Only 15% of adult patients survive this cancer for five years or more, but outcomes are dramatically improved if the cancer is diagnosed early.

About 70% of UK cases are adenocarcinoma that has been rising eightfold in the last three decades<sup>i</sup>, and the UK has the highest incidence of oesophageal adenocarcinoma (OAC) in the world<sup>ii</sup>.

OAC is associated with Barrett's Oesophagus (BO) and persistent heartburn with risk factors including male gender and obesity. The cells can gradually change to become more like stomach cells and to protect against the pain of heartburn, so a past history of apparently resolved persistent heartburn can be relevant. BO is the only known precursor lesion for OAC. The risks of BO developing into cancer are low, but they increase significantly if dysplasia develops. A patient with newly-developed BO aged 30 years may have an 11-25% risk of developing OAC by the age of 80<sup>iii</sup>. So, long term, diagnosing patients with BO can make an impact on cancer. In due course, devices like Cytosponge, currently undergoing trials, may make it easier to detect BO from a test undertaken at GP surgeries. BO can be treated by radio frequency ablation that can prevent cancer developing.

NICE Guidelines *Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management (CG184)* include the following advice:

*1.11.1 Consider referral to a specialist service for people:*

- *of any age with gastro-oesophageal symptoms that are non-responsive to treatment or unexplained*

Regardless of cancer risk, patients responding to this campaign may benefit from advice about their lifestyle.

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<sup>i</sup> Anthony Watson and John Galloway: *Br J Gen Pract* 2014; 64 (620): 120-121. DOI:

<https://doi.org/10.3399/bjgp14X677383>

<sup>ii</sup> Arnold M, Soerjomataram I, Ferlay J, & Forman D *Global Incidence of Oesophageal Cancer by Histological Subtype in 2012* *Gut* doi:10.1136/gutjnl-2014-308124

<sup>iii</sup> UK Barrett's Oesophagus Registry

The organisations supporting *Action Against Heartburn* are: AUGIS – Association of Upper GI Surgeons; Barrett's Oesophagus UK; Barrett's Wessex; BSG – British Society of Gastroenterology; Cancer Research UK; CARD – Campaign Against Reflux Disease; GUTS UK (formerly CORE) – Funding research into diseases of the gut, liver and pancreas; FORT – Fighting Oesophageal Reflux Together; GOSH - Gastro-Oesophageal Support & Help, Bristol; Gutsy Group; Heartburn Cancer UK; Humberside Oesophageal Support Group; Michael Blake Foundation; Oesophagoose -National Oesophago-Gastric Cancer Awareness; OOSO – Oxfordshire Oesophageal and Stomach Organisation; OCHRE charity (Scotland); OG Cancer NI (Northern Ireland); PCSG - Primary Care Society for Gastroenterology; UKBOR – UK Barrett's Oesophagus Registry

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