**ANNUAL REPORT 2018-19**

During the last twelve months we have continued our campaign to raise awareness about the issues of persistent heartburn, Barrett’s Oesophagus and oesophageal adenocarcinoma. We again promoted the February Oesophageal Cancer Awareness Month.

We were delighted to receive a grant from the Company of Actuaries Charitable Trust Fund which enabled us to run a pharmacy bag campaign in SE London and Kent. We remain committed to targeting the regular users of over-the-counter heartburn remedies as an important part of our campaign, and were pleased with the impact that the pharmacy bags were able to achieve:



We remain grateful for the efforts of our local volunteers who have distributed our leaflets and posters at various points throughout the United Kingdom, and the initiatives undertaken by our associated charities and groups who conduct local campaigns supporting the same objectives. We are pleased to see increased levels of interest and commitment to these issues in all countries in the United Kingdom.

We remain, however, disappointed and concerned that Public Health England’s (PHE) *Be Clear on Cancer* campaigns appear to be greatly reduced in scope, and have not maintained the public education momentum, particularly with their oesophago-gastric campaign, which did much to raise awareness of the public health issue of persistent heartburn. The fact that there was no corresponding surge of cancers being diagnosed in the period of that campaign does not detract from the importance of identifying people who suffer from the precursor condition of dysplastic Barrett’s Oesophagus. The existence of this precursor condition is an advantage that few other cancers have, and we remain convinced that the United Kingdom, reported as having the highest incidence of oesophageal adenocarcinoma in the world, should exploit the opportunities to address what is a serious public health problem.

The aim, outlined in NHS (England)’s 10 -year plan to diagnose 75% of all cancers at stages 1 and 2 by 2028 is a very welcome development. The treatment outcomes for oesophageal cancer are dramatically better when the disease is diagnosed at an early stage. This sometimes enables endoscopic treatments to be used for curative treatment rather than major surgery. The NHS (England) scattergram below indicates that just under 30% of oesophageal cancer cases are diagnosed at an early stage, so dramatic progress needs to be achieved to match the advances made in relation to other cancers:

We have been conscious for many years that *Cytosponge,* the ‘pill on a string’, has great potential to identify Barrett’s Oesophagus from a test administered in a GP surgery. We look forward to the final report on the BEST3 trial for this device. Better access to diagnostic devices is a crucial issue for primary care, without which the early diagnosis aims will not be achieved. We are aware of promising research including breath and saliva tests and wish to do all in our power to encourage research and development of these devices and other initiatives.

Media stories about cancer treatment are publicised on virtually a weekly basis; translation into clinical practice of these developments is much slower and more complex, but nevertheless, the number of people dying from oesophageal cancer, not just in statistical terms but also the human stories for the patients involved, should galvanise our health system to introduce the improvements we so desperately need.

We are grateful to the Trustees of Barretts Oesophagus UK, registered charity 1127495, under whose jurisdiction *Action Against Heartburn* operates, and in particular for the services of our outgoing treasurer Hassan Behcet for his conscientious and valuable assistance.

**Alan Moss, Chairman**

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