



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

www.actionagaintheartburn.org.uk



@ActionHeartburn

ANNUAL REPORT 2020-21

Covid19

The period from October 2020 to September 2021 has been dominated by the effects of the COVID19 epidemic with severe effects on most of the world's health services, including our NHS.

Treatments and examinations involving the lungs and airways, like endoscopy, were particularly hard hit, and the risk of aerosol infection necessitated a pause at one stage in all but the most urgent cases. Staff in hospitals were redeployed elsewhere for a period because of the pandemic, the public became hesitant about visiting their GP, and a backlog of cases inevitably built up. Revised hygiene protocols, triage procedures and, in some cases, new techniques such as trans-nasal endoscopy, were introduced. Although the flow of patients through endoscopy units has now largely been restored to pre-pandemic levels, there remain concerns about a reduction in the number of diagnoses of oesophago-gastric (OG) and other cancers during this period. There are justified fears that the consequent effect of reduced early diagnosis of cancers at a stage when they can be successfully treated will inevitably result in a rise in deaths. Publicity has been given to the message that the NHS is still open for business, but the number of UK deaths from the pandemic has passed 140,000 and the effects of this deadly virus will be with us for the foreseeable future.

Charities running helplines and other patient support facilities have experienced dramatically increased workloads and pressure.

Inevitably the situation has dramatically affected the feasibility of conducting awareness campaigns. Our activities, and finances, have been curtailed as a result.

Cytosponge

The use of Cytosponge has increased and has provided an opportunity for clinics in secondary care to use the device to diagnose Barrett's Oesophagus. Scotland has introduced use of the device in hospitals, and pilot schemes are under way in England. Thanks to the fundraising and other efforts of Heartburn Cancer UK (HCUK), Cytosponge has also been made available from a mobile testing unit, initially in the Cambridge area and elsewhere in due course. The prime intended purpose of Cytosponge has been to provide a diagnostic device for primary care settings; hopefully this ambition will be realised. Action Against Heartburn (AAH) and HCUK are members of an advisory panel for the Delta project, funded by UK Research and Innovation, which aims to establish automated analysis of Cytosponge samples by artificial intelligence. Potentially the process might detect adenocarcinoma and other diseases in due course. Detection of squamous cell carcinoma (around 30% of UK oesophageal cancer) by Cytosponge or an equivalent device is still for the future, and cries out for research funding.

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; GOSH - Gastro-Oesophageal Support & Help, Bristol; Gutsy Group; Heartburn Cancer UK; Northern Oesophago-Gastric Cancer Fund; 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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Less Survivable Cancers Taskforce (LSCT)

Our involvement with LSCT has continued, with significant influence being exerted on behalf of the cancers with relatively large numbers affected by the cancers with 5-year survival rates less than 20% (oesophageal, stomach, pancreatic, liver, brain and lung). The Taskforce is well served by a secretariat provided by Principle Consulting, has produced a report on Research Priorities, and has been represented on a number of forums, something that could not have been achieved by an individual charity.

General

Action Against Heartburn has represented the interests of oesophageal cancer patients in a number of other forums, including the SARONG trial proposal (the significance of follow up procedures to avoid recurrence after surgery), the National Oesophago-Gastric Cancer Audit (NOGCA) and the OG research priorities project.

We value our role in aiming to represent a common voice for OG cancer and look forward to increased commitment in research and innovation to make overdue improvements in the bleak prospects of so many people who suffer from these cancers now and for the future.

Alan Moss, Chair