



**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

**ANNUAL REPORT December 2021-22**

Having been involved with Action Against Heartburn (AAH) since inception in early 2011, and chairman for most of that time, Alan Moss decided to stand down at the end of 2021. He has given the organisation eleven years of hard work and dedication, and built it up from a standing start to the broad membership organisation that it is today. AAH are extremely grateful to Alan for all his efforts. Jill Clark took over his role in early 2022.

**Research**

AAH has contributed to a number of requests for research support from various organisations and individuals. Among them were the following: Stefan Antonowicz, an associate of George Hanna's at Imperial College, asked AAH for support for his application for funding for his research in developing a predictive test for the effects of chemotherapy (the funding was granted); Prof. George Hanna asked for a supportive letter from AAH for his PANACEA research (use of the breath test for the US military); Frances Waite of KCL asked us for support for finding participants for her research on attitudes to the Cytosponge.

**National Oesophago-Gastric Cancer Audit (NOGCA)**

Jill Clark has been our representative on the National Oesophago-Gastric Cancer Audit Patient Panel. The main Audit is produced every year under the auspices of the Royal Society of Surgeons, and the Patient Audit is a shorter report designed not only for patients, but for lay people generally. The purpose of the main Audit is to establish a clinical survey of oesophago-gastric cancer services for England and Wales. As such, it is a powerful document giving transparency and visibility to clinical outcomes in NHS trusts and hospital boards. A number of on-line meetings were held during the year drafting the patients' version of the main Audit and the draft was sent around AAH's membership for input and commentary. The final Patient Audit is published on-line in February/March time and is available at [www.nogca.org.uk](http://www.nogca.org.uk)

**Less survivable Cancer Taskforce (LSCT)**

The LSCT represents the "less survivable cancers" i.e those of the lung, liver, brain, oesophagus, pancreas and stomach, all with the poorest five year survival rates, which are generally under 20%. These six cancers represent 42% of all cancer deaths in the UK. AAH joined the LSCT to call for these cancers to be prioritised and to call for earlier diagnosis and improved outcomes for those who suffer from them. The LSCT is professionally managed and financed and gives leverage to AAH's own campaigns. The highlight of the LSCT's year is their Awareness Day in January in which AAH plays an active part and which attracts national press coverage. We again took part in the LSCT's "Drop-In" session at Westminster, at which parliamentarians "drop-in" and have their photos taken for social

The organisations supporting *Action Against Heartburn* are: AUGIS – Association of Upper GI Surgeons; Barrett's Patient Support; Barrett's Essex; 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; Laurie Todd Foundation; 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;

Medical Advisor to *Action Against Heartburn* – Dr Jason Dunn MB BS PhD MRCP BSc, St Thomas' Hospital

media showing their support for less survivable cancers. The photo below shows members of the LSCT attending the 'drop-in' session.



### **Cytosponge**

Cytosponge has been developed to provide an improved diagnostic device in primary care settings for Barrett's Oesophagus. Thanks to the efforts of Heartburn Cancer UK, Cytosponge has been made available from mobile testing units, in Cambridge and East Anglia. HCUK, and AAH, represented by Alan Moss, is on the advisory panel for the Delta Project which aims to establish analysis of Cytosponge samples by Artificial Intelligence. It is hoped that the process may be able to detect adenocarcinoma oesophageal cancer. A number of pilot schemes are being carried out in both England and Scotland.

### **February Oesophageal Cancer Awareness Month**

Like most awareness events, this has moved online and is represented by posts on Twitter and Facebook. We are gradually developing our own media graphics and slogans and work with our members in increasing coverage and media presence. We also promote World Cancer Day (4<sup>th</sup> February) and World Barrett's Day (16th May) (courtesy of Chris Robinson). AAH is particularly grateful to Alan Moss who continues to run AAH's Twitter account, posting tweets every day throughout February.

### **Primary Care Society for Gastroenterology (PCSG)**

AAH, alongside Achalasia Action ran a stall at the AGM of the PCSG, displaying AAH's hard copy leaflets, posters and banners. We were particularly fortunate in making a number of contacts and personal links which we have been able to carry forward, particularly in developing webinars with some of our members.

### **Finance**

With the demise of the Barrett's Oesophagus UK register, we were given a donation of £10,000 on the winding-up of its accounts. We are grateful to Peter Reid and Prof. Tony Watson for this gift which has given us several years of financial security. Additionally we were fortunate in securing banking assistance from GUTS UK to use their banking facilities for our funds at no charge. We are grateful to them for their help. We have also simplified our accounting period to terminate in December rather than September. We have been fortunate in securing small donations occasionally from members of the public and our supporters. Our main outgoings remain membership fees to the LSCT and Cancer 52, and payments for our website.

**Jill Clark, Chairman 13/2/23**