



Action Against Heartburn – Before it's too late
Charities promoting earlier diagnosis
of oesophageal and gastric cancer
www.actionagainstheartburn.org.uk

SHAPING THE NATIONAL CANCER PLAN

OESOPHAGEAL CANCER

Oesophageal cancer has been a cause for concern since the Report of the Chief Medical Officer in 2007ⁱ. Around 9,000 people are diagnosed with this cancer annually in the UK, and around 7,500 in England. Over 8,000 die from it in the UK, 6,400 in England. Only 16% of adults in England and Wales survive this cancer for more than 5 years.ⁱⁱ

It is therefore one of the six cancers championed by the Less Survivable Cancers Taskforce.

Prevention

- Around 66% of English oesophageal cancers are adenocarcinomaⁱⁱⁱ that is heavily associated with persistent reflux and/or heartburn and the development of dysplastic Barrett's Oesophagus, a condition which is effectively a precursor condition to adenocarcinoma
- Barrett's Oesophagus is easily identified with a diagnostic 'pill on a string' test, Capsule Sponge Technology (previously known as *Cytosponge*).
- Barrett's Oesophagus can be treated by means of endoscopic therapy such as Radio Frequency Ablation, and the risk of developing cancer removed.
- Therefore there is an effective strategy available for preventing the development of a significant number of cases by identifying and treating those with the precursor condition.
- Obesity can be a risk factor for adenocarcinoma, so diet and other obesity-related issues are relevant for prevention.
- Squamous cell oesophageal cancer comprises the other 34% of cases, and is much more associated with alcohol consumption and smoking.
- Oesophageal cancer therefore has the relatively rare advantage of the potential to be reduced by diagnosing, monitoring and treating a precursor condition

Early Diagnosis

- Data from *GetDataOut* shows that of 8018 English cases of oesophageal cancer, 41% were diagnosed at Stage 1-3, 42% at Stage 4, and 17% where the stage was unknown, indicating a high proportion where diagnosis came too late for curative treatment.^{iv}
- As with other digestive cancers, oesophageal cancer can be detected from cells lining the digestive tract, and from saliva. Capsule Sponge Technology (previously known as

The registered charities supporting *Action Against Heartburn* are: AUGIS – Association of Upper GI Surgeons; Barrett's Essex; Barrett's Patient Support; BSG – British Society of Gastroenterology; Cancer 52; Cancer Research UK; CARD – Campaign Against Reflux Disease; GUTS UK (formerly CORE) – Funding research into diseases of the gut, liver and pancreas; Gutsy Group; Heartburn Cancer UK; Laurie Todd Foundation; Less Survivable Cancers Taskforce; OCHRE charity (Scotland); Northern Oesophago-Gastric Cancer Fund; OG Cancer NI (Northern Ireland); OOSO – Oxfordshire Oesophageal and Stomach Organisation; PCSG – Primary Care Society for Gastroenterology.

Medical Advisor to *Action Against Heartburn* – Dr Jason Dunn MB BS PhD MRCP BSc
Pharmaceutical Advisor – Ashok Soni OBE

Cytosponge) can be used as an easily administered test from primary care settings to detect Barrett's Oesophagus, and indeed dysplasia and adenocarcinoma.

- Cytel, a company floated from Cambridge University, supported by UKRI and now with American investment, are developing automated pathological processes to develop more efficient and effective analysis of Capsule Sponge Technology samples.
- There is great potential for introducing screening by using Capsule Sponge Technology for patients over the age of 45 years suffering from persistent dyspepsia / heartburn.
- There is also potential for using saliva and breath tests to detect oesophageal, gastric and some other digestive cancers, but research in these areas has been woefully under-funded.
- Many people at risk of cancer are self-medicating with over-the-counter digestive remedies such as Nexium, Gaviscon, Rennies, Tums and other commercially sold remedies. Pharmacies are at the forefront in the causes and symptoms of oesophageal cancer.
- There should be clear direction given to pharmacies, especially large chains and supermarkets, to use their customer profile technologies to include health warnings for regular purchasers of these products to seek medical advice.

Improving patient pathways

- Administration of diagnostic tests for oesophageal cancer such as Capsule Sponge Technology (previously known as *Cytosponge*) can easily be carried out at GP surgeries, or pharmacies. The training of nurses and pharmacists represents a resource implication, but there is a corresponding benefit in moving this stage of diagnosis from hospitals to communities.
- The introduction of community-based diagnostic tests would make a key contribution to the main objective of the NHS's 10 Plan of moving healthcare from hospitals to the community.
- Negative tests will nevertheless often represent an opportunity for patients to be given valuable health advice to steer them suffering digestive symptoms towards better health and lifestyles.
- Introducing community-based diagnostic tests will remove much of the waiting list delays for endoscopy.
- The development of Community Diagnostic Centres in the NHS should be expedited for earlier and faster diagnosis. Likewise reductions in NHS waiting lists would specifically benefit oesophageal cancer sufferers as they are commonly diagnosed at such a very late stage.
- The development of the National Oesophageal and Gastric Cancer Audit^v has been a major improvement in facilitating the transparency of patient pathways and identifying failures. This audit should be extended to cover the whole patient pathway, including primary care, rather than concentrating purely on the outcomes for NHS hospital trusts.

Treatment

- Surgery for oesophageal cancer represents a major trauma for patients undergoing an oesophagectomy (removal of the oesophagus and/or part of the stomach), and success is very dependent upon the stage at which cancer is diagnosed.

- Greater support should be given for clinical trials specifically to improve surgical outcomes. Such trials include the SARONG trial by Sheraz Markar in Oxford, looking at surveillance methods after resection of oesophageal and gastric cancers (ie surveillance following surgery,) and Stefan Antonowicz’s work at Imperial College Hospital looking at the personalisation of treatment through analysis of tumours. These have the potential to greatly improve the outcomes for oesophageal cancer surgery.
- The new personalised mRNA “cancer vaccine” treatment is proving to be highly relevant to the treatment of oesophageal cancer, and should be introduced as widely as possible in the NHS as soon as it is approved by NICE.

Living with and beyond cancer

- Oesophageal cancer is a less survivable cancer where only 12% survive for more than five years^{vi}. The priority is therefore to improve this mortality rate. Nevertheless, there are significant digestive and emotional problems faced by patients and carers after their surgery. These require access both to specialist gastroenterological and nutritional advice as a normal part of the treatment pathway, as well as to counselling and in some cases psychological support.

Research and Innovation

- Research funding for oesophageal cancer has been low, relative to the momentum achieved by researchers into more survivable cancers, and there is a great need for this funding imbalance to be redressed. Research funding needs to reflect mortality risk, notwithstanding the significant quality of life issues suffered by patients with more survivable cancers.
- Not only is there need for more innovation, but there is also a need to expedite existing innovation through the system. Capsule Sponge Technology (previously known as *Cytosponge*) has taken over 20 years to develop and still has almost 5 years to undergo BEST 4 trials. It is a disgrace that it will have taken a quarter of a century to develop this relatively straight forward concept to tackle this deadly cancer that kills 6,400 people a year in England.
- Greater support should be given to clinical trials specifically to improve surgical outcomes. Such trials include the SARONG trial by Sheraz Markar in Oxford, looking at surveillance methods after resection of oesophageal and gastric cancers ie surveillance following surgery, and Stefan Antonowicz’s work at Imperial College Hospital looking at the personalisation of treatment through analysis of tumours.
- The new personalised mRNA “cancer vaccine” treatment is proving to be highly relevant to the treatment of oesophageal cancer, and should be introduced as widely as possible in the NHS as soon as it is approved by NICE.

Health Inequalities

- Oesophageal cancer affects men more than women. In England the ratio is male:female 4:1^{vii}. It is the seventh most common cancer overall, but is the fourth most common cancer for men.
- The key modifiable risks at population level for oesophageal cancer are obesity, smoking and alcohol. Inevitably therefore, this cancer is likely to affect many lower socio-

economic groups who suffer most from these health risks. Better quality population health in the UK would make a major contribution to reducing the high incidence of oesophageal cancer in the UK.

Improving outcomes for rarer cancers

- Oesophageal cancer is not rare compared with some other cancers, but, as explained in relation to the Less Survivable Cancers Taskforce, it has been under-funded in relation to research, and outcomes have improved much less dramatically than the more survivable cancers. For further information, please refer to the submission from the Less Survivable Cancers Taskforce, of which Action Against Heartburn is a member.

April 2025

ⁱ www.actionagainstheartburn.org.uk/medical-background/

ⁱⁱ www.actionagainstheartburn.org.uk/medical-background/

ⁱⁱⁱ nhsd-ndrs.shinyapps.io/get_data_out/

^{iv} nhsd-ndrs.shinyapps.io/get_data_out/

^v www.nogca.org.uk

^{vi} www.cancerresearchuk.org/health-professional/cancer-statistics/mortality/common-cancers-compared#heading-Zero

^{vii} www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/oesophageal-cancer/incidence#heading-Zero