

esophageal cancer



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Are you 50 years old or older?

Do you get heartburn weekly or more?

Consider Esophageal Cancer or Barrett's Esophagus Screening

Please feel free to call our office for an appointment or visit our website cdhhsv.com. We are happy to help with questions, concerns, and screenings.

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"The best defense is a good offense"

Do you have heartburn? Are you at risk for Esophageal Cancer?

Awareness...Education....Early Detection through age appropriate screening ... is the best defense against illness. "The best defense is a good offense". A good offense is being proactive instead of taking a passive role in your health. April is Esophageal Cancer Awareness Month. Know the facts so you are aware.

What is heartburn?

Heartburn is the most common symptom of gastroesophageal reflux (GERD). It usually feels like a burning sensation in the lower chest area. The burning sensation is caused by acid regurgitation into the esophagus. GERD is when food and/or liquids from the stomach travel back up into the esophagus. This movement of stomach contents into the esophagus causes irritation to the lining of the esophagus. Acid and other digestive juices from the stomach can cause damage to the lining of the esophagus. Some other or atypical symptoms people may experience from GERD include: regurgitation, sour taste in mouth, cough, difficulty swallowing, chest pain and hoarseness. It is important to note there are often no classic symptoms of GERD and some people have only minor symptoms.

Why is it important to pay attention to heartburn?

The most common symptoms of GERD is heartburn. According to the American Society for Gastrointestinal Endoscopy (ASGE) 20% of Americans experience heartburn. People with GERD are at an increased risk of developing esophageal cancer.

According to American College of Gastroenterology (ACG) the diagnosis of GERD is associated with a 10-15% risk of Barrett's esophagus (BE).

Barrett's esophagus is a condition where the esophageal lining changes to become similar to the tissue that lines the stomach. Barrett's Esophagus is named after Dr. Norman Barrett, an Australian born British thoracic surgeon. In 1950 he described the term reflux esophagitis and the correlation of reflux to changes in the lining of the esophagus.

The risk of cancer progression for Barrett's Esophagus is based on the degree of dysplasia seen on biopsies and ranges from 0.5% to 7% per year.

Who is at risk for Barrett's Esophagus?

Esophageal cancer is three times more common in men as opposed to women. The highest rate is found in middle aged Caucasian males with a history of heartburn for many years.

The risk factors according to ACG include: male gender, age >50 years, Caucasian race, presence of central obesity, Chronic (>5 years) GERD symptoms, current or past history of tobacco smoking, and a confirmed family history of Barrett's Esophagus or Esophageal Cancer (in a first-degree relative).

How is Barrett's Esophagus Diagnosed?

A trained physician will perform an upper endoscopy (EGD)

for diagnosis. The patient is sedated for the procedure. A flexible tube with a light and camera on the end is passed through the mouth, into the esophagus and stomach. The outpatient procedure itself is usually less than 10 minutes. The physician will take multiple biopsies to confirm the diagnosis if it appears to be present.

Can Barrett's Esophagus be treated?

Barrett's can be successfully ablated by a specially trained doctor. Endoscopic ablation currently is recommended if Barrett's Esophagus develops dysplasia. The goal is to ablate the Barrett's and restore a normal esophageal lining. This procedure has a low complication rate and is done in an outpatient setting. Treatment does reduce one's risk of the likelihood of progression to esophageal cancer.

According to Esophageal Cancer Awareness Network (ECAN) the type of esophageal cancer caused by reflux disease (Adenocarcinoma) is increasing at a faster rate than any other cancer in the USA since the 1970's. Only 1 in 5 people diagnosed with esophageal cancer will survive 5 years because it is most often discovered in late stages. The key to surviving esophageal cancer is early detection. Know the facts. Early detection saves lives. It is important to talk to your health care provider if you have symptoms of GERD.

What is Esophageal Cancer?

There are two types of Esophageal Cancers:

1. Adenocarcinoma is the most common in the Western world and usually results from long standing GERD, persistent heartburn or reflux, and can be from progression of Barrett's Esophagus.
2. Squamous cell carcinoma risk factors are tobacco use and excessive alcohol intake.

Many cases of adenocarcinoma of the esophagus begin with Barrett's tissue. Esophageal cancer is when cancer cells form in the esophagus. The esophagus is the muscular tube that moves food from the mouth to the stomach. Esophageal cancer starts at the inside lining and spreads outward. Surveillance Epidemiology and End Results (SEER) reports esophageal cancer is one of the most aggressive cancers with only a 17% survival rate of 5 years after diagnosis.

Esophageal cancer diagnosed in early stages or even before it becomes cancer, such as Barrett's Esophagus has a high survival rate.

Are you at risk for Esophageal Cancer?

If you have a history of heartburn greater than once per week, difficulty swallowing or chest pain, you should discuss these symptoms with your health care provider.

Awareness...Education....Early Detection ... Your best defense is a good offense with risk factor appropriate screening.