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HEARTBURN
CANCER UK

Is it really
just Heartburn?



The Burning Question

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Key Facts

- * 10% of people suffer from heartburn every week; only by raising awareness will we change the future.
- * About half a million people in the UK have Barrett's Oesophagus without knowing they have it.
- * 50,000 of these may eventually develop oesophageal cancer. **This means 9 out of 10 people with Barrett's Oesophagus will NOT!**
- * 8,000 people will die from the disease each year.
- * About 22 people die each day of oesophageal cancer.
- * Overall, oesophageal cancer is the seventh most common cause of cancer death in the UK. In males in the UK, oesophageal cancer is the 4th most common cause of cancer deaths.
- * The UK has the worst survival record in the world for oesophageal cancer.
- * Oesophageal cancer rates in men have risen by 57% since the early 1970s. In women the rates increased by 9%.

10% of people suffer
with **Heartburn**
every week

Introduction

The aim of this booklet is to raise awareness of the dangers of persistent heartburn, gastro-oesophageal reflux disease (GORD) and Barrett's Oesophagus. It has been produced by the charity HEARTBURN CANCER UK.


What this booklet will tell you

Most people have experienced heartburn occasionally. You will probably know what has triggered it, perhaps a rich meal eaten late in the evening. Usually it can be quickly relieved by off-the-shelf and over-the-counter medicines, or by taking various steps yourself.

However, people who have persistent heartburn for more than 3 weeks should not ignore it. Sometimes it can lead to more serious problems.

This booklet gives more information on how to recognise heartburn, and when to consult your doctor if you have frequent and persistent heartburn which might lead to Barrett's Oesophagus and in rare cases oesophageal cancer.

10% of people
with heartburn **unknowingly**
have **Barrett's**

A man with a goatee and a woman with long blonde hair are shown in a close embrace. The man is wearing a striped scarf and a dark shirt. The woman is wearing a bright red coat and a dark turtleneck. They are standing in front of a rustic wooden wall with metal bolts. The woman is leaning in and kissing the man on the cheek. The man has a serious but slightly relieved expression.

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“I was so worried about having treatment. But it has actually been so much easier than I expected. Thank goodness I went to see the doctor. I am really glad I did not ignore my heartburn”

What is Heartburn

Heartburn is a burning sensation behind the breast bone and is due to acid and/or bile reflux. This occurs when the muscles at the lower end of your oesophagus, sometimes called your gullet or food pipe, become weak and allow digestive juices from your stomach and small bowel to flow back up. This is more likely to occur if you have a hiatus hernia which means that part of the stomach has moved up from its normal position in the abdomen to sit above the diaphragm, in the chest.

Digestive juices containing acid and bile cause the typical feeling of a burning pain in your chest which may rise up and spread to your throat and jaw.

You might have other symptoms such as:

- a sour taste in the back of your mouth
- food coming back up into your mouth after eating (regurgitation)
- hoarse voice
- a cough that does not go away

If you often have heartburn, you may find it useful to try to track the foods and drinks that trigger your symptoms, so that you can avoid them. Spicy foods, smoking and alcoholic drinks can provoke symptoms and should be avoided.

Do not ignore persistent heartburn! If it lasts more than 3 weeks, see your GP.

It is tempting not to take heartburn too seriously. Lots of people get it. You may think that it will go if you were just less stressed, or lost weight, or ate more regularly. But if you frequently suffer from heartburn, and regularly have to take off-the-shelf or over the counter medicines to relieve it, please talk to your doctor sooner rather than later. Your doctor may prescribe you drugs called proton pump inhibitors (PPIs), which suppresses the acid before it can cause damage. In some cases you may be referred for an endoscopy (camera examination of the oesophagus and stomach).



See your Doctor if you regularly experience any of the following symptoms:

Persistent burning feeling

Food sticking/difficulty in swallowing

Pain under breastbone or in chest

Acid taste in mouth

Hoarse voice

Coughing

Regurgitation



Keeping Healthy - Knowing the right information

There are foods and substances that make reflux more likely. Avoiding or reducing the following may therefore reduce symptoms; it is worth making these lifestyle changes.

- Smoking
- Excess of alcohol
- Caffeine
- Fatty foods such as pastry or fried foods
- Chocolate

Large meals are more likely to cause the muscle joining the oesophagus to the stomach (called the Lower Oesophageal Sphincter) to open, and therefore small and regular meals are likely to reduce symptoms. If possible, it will help if you do not eat during the last three hours before bedtime, and do not drink within the last two hours before bedtime. If you experience heartburn and/or regurgitation at night, propping the head of the bed up with blocks or bricks under the bed legs often helps.

Regular exercise is strongly advised.

There are other things that can make symptoms of gastro-oesophageal reflux disease (GORD) worse. These vary from person to person but common food and drinks that trigger symptoms include:

- Spicy foods
- Tomatoes and tomato based foods
- Acidic foods such as citrus fruits or onions/garlic
- Wine (red wine has protective effects for oesophageal cancer).
- Spirits (particularly without mixers)
- Peppermint
- Fizzy drinks

Everyone is different and there may be other things that trigger your symptoms. Keeping a diary of symptoms as well as food and drinks taken can help to identify triggers, which may then be avoided.



Life Style & Food and Drink

If you suffer from indigestion, heartburn or oesophagitis, these handy tips may help you:

Try not to lie down too soon after eating

Eat small, regular meals

Adopt a sensible lifestyle

Control the amount of alcohol you drink

Take moderate, regular exercise

Lose weight if you are overweight

Relax and try to minimize stress

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Treatments to relieve acid reflux

Individuals with Barrett's Oesophagus often have significant acid reflux but, curiously, not all people have symptoms. The treatment for reflux in people with Barrett's Oesophagus is the same as for people who do not have Barrett's.

Firstly, you should consider changing your lifestyle.

A) Drugs

- Antacids immediately neutralise the acid that has already been made. They may be either liquids or tablets, and should be taken as soon as you get symptoms. Rennies® and Tums®, and most of the other medicines which you can buy off-the-shelf or over the counter, work in this way.
- Alginates also contain antacids but, in addition, have a special ingredient which coats the lining of the stomach and oesophagus. This barrier prevents the acid from reaching the area where it would otherwise cause damage. Gaviscon® and Gastrocote® are examples of this class of medicine.
- Acid suppression tablets work to stop acid being made before it can cause damage. There are two types: histamine receptor antagonists like ranitidine (Zantac®) and proton pump inhibitors (PPIs) such as omeprazole, lansoprazole, pantoprazole, rabeprazole and esomeprazole. PPI drugs are far more effective at controlling acid reflux. Most patients with Barrett's Oesophagus will be taking one of these routinely.

B) Anti-reflux Surgery

Anti-reflux surgery, such as Nissen Fundoplication, is a treatment which aims to restore the normal valve mechanism at the lower end of the oesophagus which often does not work properly in individuals with Barrett's Oesophagus. This treatment is routinely carried out as a keyhole operation. You would only need to stay in hospital for one or two days, although it usually takes four weeks to recover completely from the operation.



**Change
your future,**

don't ignore

long term

**persistent
heartburn**

see your
doctor

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Treatments to relieve acid reflux

Fundoplication surgery is successful in stopping acid reflux in the majority of people who are treated. It does have recognised side effects. Before agreeing to have surgery it is important to discuss these with the surgeon. Things which can trouble people after surgery include bloating of the abdomen, difficulty in swallowing and, rarely, diarrhoea. For more information, you should ask to meet a specialist surgeon.


A range of new devices (e.g. LINX, EndoStim) to treat reflux are entering the market. These should only be considered with the advice of an expert surgeon.

What is oesophagitis?

Oesophagitis is an inflammation of the lining of the oesophagus. In most people this is caused by the digestive juices in the stomach repeatedly moving upwards into the lower oesophagus (causing reflux).

Sufferers may experience a burning sensation in the lower chest immediately after swallowing hot fluids (e.g. tea or soup), alcohol, concentrated fruit juice or hot fatty foods such as bacon and eggs. A similar discomfort may be felt after meals, on bending or lying flat. Food or fluid may come up into the mouth (regurgitation) especially when lying down or in bed at night. In severe cases the person may wake up coughing or with a choking sensation. A person with oesophagitis may experience difficulty swallowing, first solid foods and then more liquid foods, with the solid food feeling as though it is stuck.

Most importantly, always remember never to suffer in silence. If you are constantly having to take off-the-shelf or over the counter medication for your stomach, such as Gaviscon or Rennies you should make an appointment to see your GP. You may need to be referred for an endoscopy.



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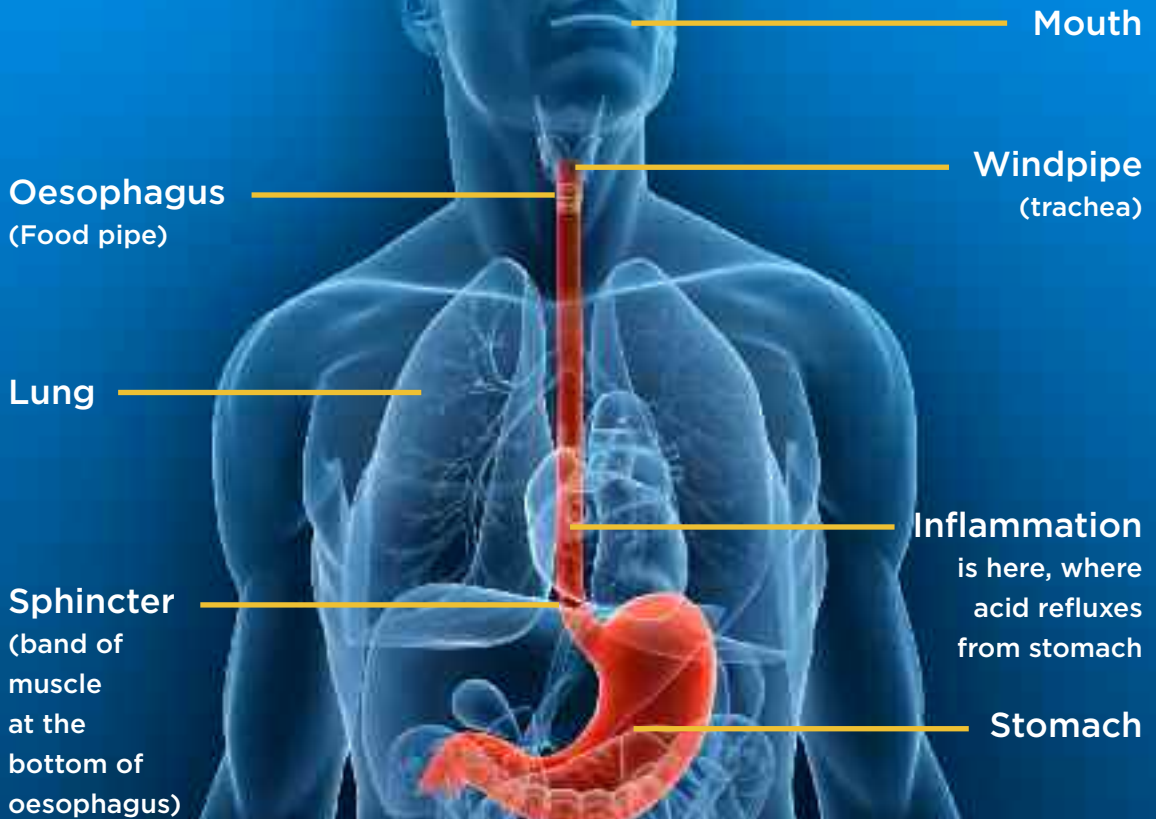
“His heartburn is getting worse, perhaps we should go to the doctor and see what is causing it”

What is Barrett's Oesophagus?

Barrett's Oesophagus - often known just as Barrett's - is a condition that affects the lining of the oesophagus, the muscular tube that carries food, liquids and saliva from the mouth to the stomach. Barrett's is sometimes referred to as a pre-cancerous condition. This means that people who have Barrett's are more likely to develop cancer of the oesophagus than people who do not have Barrett's but this does not happen to the majority of Barrett's patients.

- Normally, the oesophagus is lined by a layer of short, flat cells, called squamous cells.
- This lining is similar to skin in that it is multi-layered and protects the oesophagus from injury caused by swallowed food and stomach acid.
- Reflux occurs when juices from the stomach and small bowel flow back up into the oesophagus repeatedly, over an extended period.
- This exposure to acid and bile can injure the lining of the oesophagus.
- This injury may cause inflammation called oesophagitis.
- In some cases, as healing occurs, the normal squamous lining is replaced by cells that resemble those in the stomach or intestine, a process called metaplasia or change in cell shape.
- It is this abnormal lining that is called Barrett's Oesophagus.

One in 10 individuals in the UK with a history of heartburn is estimated to have Barrett's Oesophagus. In a very few individuals with Barrett's the cell changes may develop into cancer. Cells that begin to show abnormal changes may gradually be developing a condition called dysplasia which occurs before cancer develops. That is why many people with Barrett's Oesophagus have regular check-ups.



Mouth

Windpipe
(trachea)

Oesophagus
(Food pipe)

Lung

Inflammation
is here, where
acid refluxes
from stomach

Sphincter
(band of
muscle
at the
bottom of
oesophagus)

Stomach

What is Barrett's Oesophagus?

Possible Symptoms of Barrett's

If you have difficulty in swallowing foods with food sticking, pain when you swallow, weight loss or symptoms of anaemia (e.g. feeling tired all the time, feeling dizzy, faint, or generally looking unwell), you should consult your doctor straight away because this should be investigated.

How is Barrett's Oesophagus diagnosed?

Barrett's Oesophagus is diagnosed by endoscopy. This involves a tiny camera on a thin tube being passed down your oesophagus so that the doctor can look at the lining. The doctor will also take small samples of the cells, called a biopsy, so that they can be looked at under the microscope.

How is Barrett's treated?

It is normally treated with acid suppressant medicine such as proton pump inhibitors (PPIs) to control reflux symptoms. If there are more advanced changes to the cells then treatment is usually recommended to remove the abnormal lining. Recent evidence suggests that combining PPIs with aspirin reduces the risk of Barrett's progressing to dysplasia or cancer, but this combination should only be taken with the advice of your doctor.

Check-ups of Barrett's Oesophagus sufferers

If you have been diagnosed with Barrett's Oesophagus you may be offered regular check-ups with an endoscopy and biopsy. How often you have these check-ups will depend on your particular case. Most people only need an endoscopy every 2 to 5 years. Occasionally doctors will ask to see you more frequently.

Check-ups allow the doctors to monitor any changes in the cells of your oesophagus and alter your treatment if necessary. This may involve changing the dose of your acid-suppression medication or removing the abnormal areas in the oesophagus. If dysplasia is found early, it can usually be cured before cancer develops.

“Can’t tell him I have had heartburn most of my adult life - it would only be another burden and worry - what difference would it make now I don’t want to make a fuss”



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Cancer of the Oesophagus

Oesophageal cancer is mostly of two types. One type is adenocarcinoma which usually appears in the lower oesophagus at the junction with the stomach. This type is linked to Barrett's Oesophagus, even if this has not already been diagnosed. The other type is squamous cell carcinoma which tends to affect the upper part of the oesophagus and is more strongly linked with smoking and alcohol.


Can Cancer be avoided?

If you have Barrett's Oesophagus diagnosed, it is recommended that you have regular check-ups to make sure that if, in the unlikely event cancer does develop, it can be treated while it is at a curable stage.

Who do I contact for help?

Support for sufferers and those close to them is very important to us. We aim to provide support in a number of ways.

- Remember that your GP is always available to you. If you have concerns please contact him/her for support. He/she should be your first port of call.
- Please look at our website, www.heartburncanceruk.org
- We have a number of approved support groups, please see our website for details.
- We can help you to set-up a support group in your area – please contact us using the on-line form on our website.



"Mum's had indigestion for years, but its now getting painful. She can't just hope it goes away. We have to persuade her to see a Doctor"

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What is dysplasia?

This word is derived from Greek meaning, roughly, “bad formation”. Dysplasia in tissue is when the cells have changed abnormally, and may in some cases lead to cancer. Dysplasia is the earliest form of pre-cancerous change that can be recognised and may be rated as either low grade or high grade, the latter representing a more advanced progression towards cancer.


Dysplasia can be a difficult diagnosis for the pathologist to make and therefore it is recommended that if dysplasia is suspected that this is confirmed by independent, expert pathologists who decide whether treatment is recommended and what it should be.

Treatment for dysplasia

The risk for developing cancer is higher with dysplasia and therefore treatment should be considered. The precise treatment offered will depend on your fitness, your preference for treatment over monitoring and the expertise available at your hospital. Endoscopic treatment is now recommended, provided that there is no cancer present and invading into the deeper layers of the oesophageal wall. More than one type of treatment may be required and this may include removing pieces of tissue (endoscopic resection) or a treatment aiming to remove the entire Barrett’s tissue (ablation therapy).

Endoscopic Mucosal Resection or EMR

Some patients with high grade dysplasia have a visible nodule in their oesophagus. It is relatively straightforward to remove the nodule during endoscopy. If you have this procedure you will be given a sedative to make you slightly sleepy. The procedure takes around 30-45 minutes and you can usually go home the same day. Most people can eat and drink normally afterwards. In about one in ten people there may be minor bleeding, and more serious bleeding in one in 100 people which can be stopped by treatment at endoscopy. If severe, a blood transfusion may occasionally be required.

A young man with dark, curly hair and a light beard is crouching on a grassy field. He is wearing a bright blue jacket over a yellow t-shirt, dark shorts, and green knee-high socks. He is holding a soccer ball with both hands in front of him. The background shows a chain-link fence and some trees. A dark grey text box is overlaid on the right side of the image.

What is it with this heartburn when I bend over and/or exert myself? I'm young, fit and take care of myself. Can't be anything serious can it? I'll just take more medicine!"

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Treatment can be repeated a number of times if there are several nodules, but it cannot remove large sections of affected oesophagus without causing scarring and difficulty in swallowing. This treatment does not aim to remove the Barrett's Oesophagus cells completely. EMR can successfully remove small, localised cancerous lesions and will be considered in expert centres for highly selected cases.

Endoscopic mucosal resection is a particularly useful technique if the diagnosis is not clear because the removed nodule can be sent to the laboratory to be checked by the pathologist. In this situation it serves as both a diagnostic test and a treatment.

Radio Frequency Ablation (RFA)

RFA is performed by a gastroenterologist or surgeon within an outpatient setting under sedation. It is an endoscopic procedure using an endoscope which is thin and flexible with a special electrode attached which produces heat directly to the area of Barrett's Oesophagus. The doctor will choose one of three different sizes of electrodes depending on the length or amount of Barrett's to be treated. Over a period of time the Barrett's tissue is replaced by normal squamous lining. This procedure is in general use for high and low grade dysplasia and has been approved by NICE.

The outcomes of this treatment for dysplasia look very promising. Approximately 85% of patients have reversal of the dysplasia at the end of the course of treatment, which usually takes a few months to complete. It is still a relatively new treatment and we are not yet certain about how long the benefits last. For this reason, in the long term all patients having the treatment will need to have follow-up endoscopies to ensure they remain well.

Surgery

A small proportion of patients with high grade dysplasia will also be found to have cancer cells. For some of these patients surgery may be recommended in order to completely remove the cancer cells and the Barrett's cells. Some patients with high grade dysplasia and no definite cancer elect to undergo surgery so that they can be certain that the high grade dysplasia has been removed. These decisions are difficult and should be made only after discussion with the team of specialists conducting your treatment.

Research is going on all the time into new ways to treat Barrett's Oesophagus. New studies are being published regularly. Please speak to your specialist about the current state of knowledge regarding the treatments available. You may also wish to discuss with a specialist the possibility of taking part in a research study.

**Raising awareness,
changing
the future**

Heartburn Cancer UK

HEARTBURN CANCER UK is a national charity, originally called the McCord Oesophageal Cancer Fund, which was founded in memory of Michael McCord who died from oesophageal cancer in 2002. Michael's death was preventable had he been aware of the danger of long term persistent heartburn and had appropriate investigations. He is one of thousands who die each year unnecessarily.

HEARTBURN CANCER UK Mission statement & objectives

At HEARTBURN CANCER UK we have a 'determination' to make the widest audience in the UK aware of the dangerous signs of heartburn cancer, so that more people can be treated and saved.

Our mission is to grow HEARTBURN CANCER UK to become a national authority on heartburn cancer, widening awareness of symptoms and treatment amongst professionals and the UK population, whilst supporting those suffering with the disease.

We have 4 core objectives, which are:

- To widen AWARENESS amongst the General Public by highlighting & informing about the importance of identifying the disease early & seeking medical advice.
- To SUPPORT sufferers, providing helpful information to those with the disease, and by developing and promoting local support networks.
- To EDUCATE, using HEARTBURN CANCER UK's influence to effect changes around how the disease is perceived, detected, diagnosed & treated.
- To support RESEARCH and trials of new approaches and treatments designed to reduce incidences of, and ultimately prevent Barrett's Oesophagus and Oesophageal cancer.

Our Support Network

For our approved support networks and sister organisations around the UK please visit our website: www.heartburncanceruk.org. Through the Support Network we aim to provide support, raise awareness, educate and fundraise.

- Through our website, sufferers, families and friends can find information which can be very helpful when you are concerned about your condition. See our website www.heartburncanceruk.org
- Fundraise in any way you wish. We have had marathon runners, beard growing initiatives, trekking to Everest Base Camp. Not only does this raise money but also raises awareness, which is just as important. Money raised will help us in raising awareness, so important in reducing the impact of this disease.
- We have leaflets, posters and flyers for distribution in gastroenterology departments, GP surgeries and pharmacies. Perhaps you could help distribute them?
- Please support us in any way and make a difference to other people's lives. Raise awareness so the rise in oesophageal cancer is stemmed.
- HEARTBURN CANCER UK is either a phone call or email away and can help guide you in the right direction.



Tel: 01256 338 668

Email: info@heartburncanceruk.org

References

<http://www.nhs.uk/conditions/gastroesophageal-reflux-disease/Pages/Introduction.aspx>
<http://www.patient.co.uk/health/acid-reflux-and-oesophagitis>

Our website, www.heartburncanceruk.org, has lots of information and we are happy to welcome new members from all over the UK. Visit our website and find out more.

The content of this booklet is for guidance only and should not be a replacement for seeking medical advice from a qualified doctor.

Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice. So far as is permitted by law, Heartburn Cancer UK does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it.

We would like to thank the Medical Trustees, Professors Tim Underwood & Rebecca Fitzgerald, Lay Members, Nurses and Patients who have helped with the content of this booklet. Particular thanks to our medical Patron, Professor Laurence Lovat, Consultant Gastroenterologist at UCL Hospital and independent medical advisor to HEARTBURN CANCER UK, for his advice and help in producing this patient information booklet.

Yes, I would like to make a donation to Heartburn Cancer UK

Boost your donation by 25p of Gift Aid for every £1 you donate. (Tick box below to gift aid)

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference

Please notify the charity if you:

- want to cancel this declaration.
- change your name or home address.
- no longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Name:

Address:

..... Postcode:

Tel.: Email:

Here is my donation of:

£5 £10 £15 other £.....

I enclose my cheque/postal order payable to Heartburn Cancer UK

OR please debit my Maestro / MasterCard / Visa / American Express

Card No.

Expiry Date: Issue No (if you have one),

Signature: Date:

Please cut out & return this donation form to:

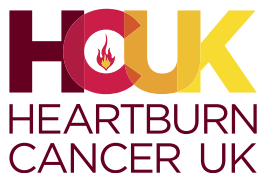
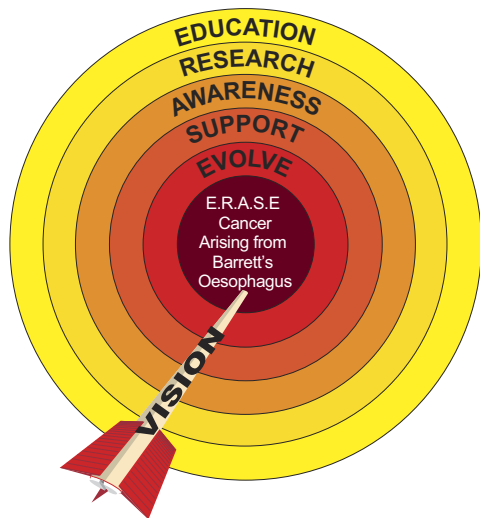
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HCUK**

Thank you for your support



If you would like to stay in touch and receive our newsletter please tick box or you can follow us on social media.

Save a Life TODAY



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just Heartburn?

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Help us by donating now!

HCUK relies on public support to do their vital work.

Donating to HCUK is easy.

You can donate:

- via our website,
- on-line through justgiving.com and virgin money,
- by cheque made payable to: Heartburn Cancer UK
- through a payroll giving scheme,
- with regular standing orders,
- as part of your legacy,
- or every time you shop online.

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If you are a current UK taxpayer we would encourage you to complete a gift aid declaration which allows us to reclaim the tax so a donation of £10 is worth £12.50 to us.

Registered Charity No. 1136413

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