

Health Report

THE *BURNING* QUESTION

Is it just Heartburn? Or cancer of the oesophagus?

Caroline Sutton, Heartburn Cancer UK National Coordinator, explains to Wheels why lorry drivers who work irregular hours, eat on the run and late at night could be at risk of heartburn and cancer of the oesophagus.

BEN

Ben (not his real name) is a 61 year old lorry driver. Ben's story is similar to that of many men seen at hospital. He started driving lorries in the army - doing trips of between 2 and 4 hours. When he left the army he continued driving lorries and has mostly worked 14:00 till

22:00 five days a week. He had weekends off and he would go out with his friends down the pub - drinking about 5 or 6 pints a day especially when he was in the army although he drinks a lot less now. He started smoking at 11 and stopped when he was 40. He's now 14 stone and 5'7. He's not that keen on cooking and has eaten a lot of ready microwave meals.

Ben had a few problems with stomach ache and occasionally being sick, a bit of heartburn and acid returning into his throat. He was taking off the shelf medication - PPIs (proton pump inhibitors - such as Rennies / Nexium). He eventually went to visit his GP in early January this year when he was having problems swallowing. He'd lost his

appetite and had pain in his chest when eating. He'd also lost a bit of weight. The GP sent him for a blood test (which was normal) but this was followed up a week later with an endoscopy (a camera down the throat). They found a growth in his throat and Barrett's oesophagus (abnormal cells) as well as cancer of the oesophagus. Ben will have many more

investigations including CT scan, MRI and PET. Once he has the results he will have to decide together with his Consultant whether he should undergo surgery and / or chemo or radiotherapy. An operation will remove part of the oesophagus and join the stomach to his food pipe. He will have to alter his diet and be monitored very regularly.

The UK has one of the highest rates of cancer of the oesophagus or gullet (called oesophageal adenocarcinoma) in the world and rates have been increasing for the past 30 years. Around 8,000 patients a year are diagnosed with a cancer in the oesophagus in the UK and unfortunately the majority will present at a late stage when if treatable requires chemotherapy and big surgery to remove the oesophagus. Unfortunately many of those who are diagnosed with this type of cancer will not survive more than 5 years after diagnosis.

Heartburn and acid reflux can be early warning signs. These symptoms are common and are often ignored especially as medication to suppress acid can be bought over the counter. The GP is often only consulted when there is difficulty swallowing and weight loss when it can be too late. It is thought that most oesophageal cancers in the UK are linked to lifestyle factors including poor diet, being overweight or obesity, and smoking.

The good news is that if we diagnose the problem early then we can perform regular check-ups and treat the early pre-cancerous changes. This is because about 3-6 people out of

100 with regular heartburn, reflux or indigestion will develop a condition called Barrett's oesophagus or Barrett's. Although most people with Barrett's do not develop cancer they are at higher risk. However, the good news is that regular monitoring with endoscopy can help to find cancerous changes when it is easier to treat and cure. At an early stage the treatment can be performed as an outpatient to burn away the abnormal lining without requiring any

chemotherapy or surgery. This is why the charity Heartburn Cancer UK is working with URTU to reach out to its members to raise awareness. A couple of simple questions also need to be added to medicals to identify the people who may be at risk.

- Have you suffered with prolonged heartburn?
- Do you get acid reflux?
- Have you been taking over the counter medication for a month or more (such as Gaviscon, Rennies, Tums, Zantac or a PPI, such as Omeprazole, Nexium or Lansoprazole)?

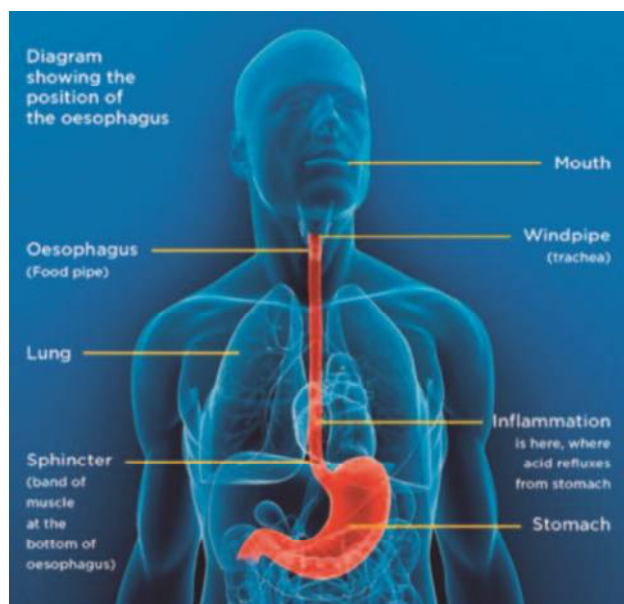
If you can answer 'yes' to any of these questions you should visit your GP to discuss whether you need further tests.

Testing for the condition

If a GP suspects that a patient might have Barrett's they will be sent for an endoscopy where a camera is put down the throat and can look at the cells in the oesophagus. Samples of cells can also be taken and analysed in the lab. This is a straightforward test, which is performed as an outpatient.

The future

Researchers appreciate that it is not feasible to endoscope everyone with heartburn symptoms and exciting work is taking place to see if



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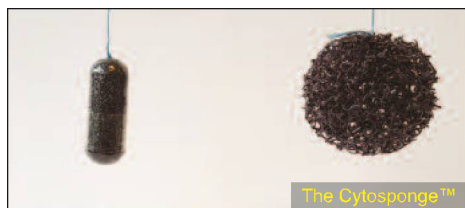
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alternative tests can be performed in the GP surgery. A trial is taking place at the moment in many GP surgeries across the UK using a much easier way of testing for this condition using the Cytosponge-TFF3 test which was developed by researchers at Cambridge University. The Cytosponge™ - 'a pill on a string' is swallowed. The pill opens into a sponge in the oesophagus and when it is removed it brings with it cells from the oesophagus. These cells are then tested in the laboratory for signs of Barrett's (called a



TFF3 test). This test takes just 5 minutes and can be done by a specialist nurse in the GP surgery.

Professor Rebecca Fitzgerald, Trustee of HCUK, who is heading up the Cytosponge™ trial for CRUK says, "The Cytosponge™ has now been tested in three trials in over 3,000 patients with very encouraging results. We hope to report out latest trial results by 2020. If successful we expect that this test will soon be routinely available in GP surgeries and will help to make diagnosis quicker and easier."

To find out more about the trial so far there is a youtube video link on www.urtu.com or visit the BEST3 website at www.best3trial.org.

Heartburn Cancer UK has also set up a number of support groups for people with Barrett's and cancer of the oesophagus and will help set up new groups in other parts of the country if there is a demand.

A note of caution

Professor Fitzgerald says, "Despite all that has been said in the article above it must be remembered that most people with Barrett's oesophagus will never develop cancer. The important thing is to be tested and diagnosed. The outcome is so much better if diagnosed early. Don't ignore persistent heartburn".

For more information visit
www.heartburncanceruk.org