OESOPHAGEAL CANCER

A MATTER OF TIME

With around 9,200 people being diagnosed with oesophageal cancer in the UK each year, and only 15 per cent of adults diagnosed surviving five years or more, this disease and its symptoms needs to be better understood and detected earlier. In their latest article, Heartburn Cancer UK cast a light on the significance of raising greater awareness and supporting the progress of new diagnostic tests to improve earlier diagnosis while treatment is possible.

KNOWLEDGE IS KEY

It is important to know that heartburn isn't always harmless. It can be a sign of Barrett's oesophagus, a pre-cancerous condition, or oesophageal cancer. Many people live with heartburn and other associated symp-toms, not understanding the damage they can cause.

A patient with the following symptoms, experienced persistently for three weeks or more, should see their doctor:

- Persistent burning feeling
- Difficulty swallowing / food sticking or coming back into the mouth
- Pain under breastbone or in chest
- Coughing or hoarse voice
- Sore throat – especially in the morning
- Acid taste in the mouth / belching and / or hiccups
- Feeling / being sick
- Unexplained weight loss

If Barrett's is diagnosed appropriate monitoring, medication and dietary changes can be made for a positive outlook and only one to two per cent of cases developing oesophageal cancer. Early cancer is also fairly straightforward to treat endoscopically. Catching things early when curative treatment is possible is key to saving lives. Finding oesophageal cancer later makes treatment more complex and survival rates are lower.

HOLDING OUT HOPE

In the 20 years since Heartburn Cancer UK charity was founded, there has been no advance in diagnosing this disease. Finally, there is hope! Thanks to the work of Professor Rebecca Fitzgerald OBE and her team at Cambridge University, who have created a simple, innovative, less-invasive test which can detect abnormalities and requires nothing more than a nurse to administer and testing in the lab.

The Cytosponge™ is a revolutionary device dubbed 'a pill on a string'. A vitamin-sized capsule on a strong thread is swallowed by the patient. The thread remains outside the body. Within a few minutes, the capsule dissolves to release a small 'sponge' which is pulled back up through the oesophagus and, on the way, collects millions of cells which can be analysed. No need for sedation, theatre, a surgeon, or even a hospital visit, this test can be performed anywhere!

Rebecca Fitzgerald OBE with the Cytosponge™, 'pill on a string'

LIZ'S STORY

Liz Chipchase was 71 when she was invited to take part in the BEST3 trial involving the Cytosponge™. She had never heard of Barrett's oesophagus or oesophageal cancer even though she had been treated for acid reflux for some 40 years. Despite feeling perfectly healthy, curiosity meant that Liz took the test, reasoning that negative results were important too. She then went home and forgot about it.

Liz was surprised when she received a call some weeks later saying that the test had revealed some abnormalities and she needed to have an endoscopy for further investigation. Within a week of the test she was called back into the hospital where she was met by Professor Fitzgerald at Addenbrookes Hospital. Unfortunately, the scope confirmed that she had cancer of the oesophagus.

As you can imagine, this news was something of a shock for Liz. How could she have cancer when she felt so well, particularly a cancer with such a poor survival rate? Getting used to the idea that along with 75 per cent of patients given this diagnosis, she was likely to be dead within five years, took some getting used to.

Biopsies showed that Liz's cancer had been found at a very early stage. It was restricted to the mucosal layer and could be treated by endoscopic resection, where the affected area is lifted from the underlying tissues by suction and then nipped off. After the resection had healed, she was made aware of just how very critical the timing of her diagnosis was.

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Needless to say, Liz is immensely grateful. Had her GP practice not agreed to take part at an early stage, her cancer would not have been discovered until it had developed clear symptoms by which time her chances of survival would have been poor.

Liz Chipchase

PUTTING IT TO THE TEST

Researchers found that the Cytosponge™ test was capable of reducing by half pathologists' workload, while matching the accuracy of even experienced pathologists.

Early detection of cancer often leads to better survival because pre-malignant lesions and early-stage tumours can be more effectively treated. This is particularly important for oesophageal cancer, the sixth most common cause for cancer-related deaths. Patients usually present at an advanced stage with swallowing difficulties and weight loss. The five-year overall survival can be as low as 13 per cent.

'What I would like to see is the Cytosponge™, or if not that, something else, to be successful, to turn things around for patients so we can improve early diagnosis of cancer of the oesophagus,' explained Professor Rebecca Fitzgerald OBE.

Scotland is the first country in the world to implement the use of the Cytosponge™ across all mainland Scottish health boards in a national screening programme. It was fast-tracked into clinical practice to help manage risk for healthcare professionals and vulnerable patients during the COVID-19 pandemic and beyond.

Professor Fitzgerald added, 'We've trained the nurses across all the health boards in Scotland who are widely adopting and implementing this test.

'The samples are sent to the laboratory for analysis and the results come back to patients within a couple of weeks. Early detection of oesophageal adenocarcinoma cancer can improve patient survival dramatically; treated at stage one, the patient has a survival rate greater than 90 per cent.'

HEARTBURN CANCER UK'S MISSION

Liz has since become involved with Heartburn Cancer UK's support group in East Anglia (one of several across England) and is secretary for this very active group. They are always looking for appropriate opportunities to raise awareness about the dangers of persistent

Dr James Morrow, Liz Chipchase, Mimi McCord and Professor Rebecca Fitzgerald OBE

heartburn and why it's so important to get this checked out early. As with Liz's story, the opportunities for successful treatment are so much better with early diagnosis.

Mimi McCord, Chairman of Heartburn Cancer UK, who set up the charity when her husband died from cancer of the oesophagus after ignoring early warning signs of persistent heartburn, said, 'Early diagnosis is vital. Our mobile test unit using the Cytosponge™ brings testing to the doorstep of their GP so we can help more people be seen sooner and do it in a much less intimidating and more convenient way.

'If we pick up more cases of Barrett's oesophagus or early signs of cancer, we are much closer to preventing people from dying unnecessarily.

'This is so-often a preventable disease but we just have to be clever about how we do it. Our mobile unit and the Heartburn Sponge Test, using the Cytosponge™, is a clever way. We hope to widen the reach of this initiative as far as we possibly can, and we thank everyone who has supported us so far.'

There are lots of ways we could work together to help make a difference. Please get in touch if you would like more information on:

- Anything covered in this feature
- Accessing information to promote symptoms and raise awareness, i.e. posters, leaflets or pockets size information cards
- Assets to share on social media or websites
- Support groups for Barrett's or oesophageal cancer patients or working together to set one up in your area
- Our mobile unit
- Further information on the Cytosponge™ and helping patients to access it where available
- Helping us to raise funds

For more information, visit www.heartburncanceruk.org or email info@heartburncanceruk.org.