HEARTBURN CANCER UK

Just been told you have

Barrett's oesophagus?

Here's everything you need to know...

Oesophageal cancer, **raising** awareness, **changing** the future

When a doctor says you've got a named medical condition, it can make us worried or confused with a lot of uncertainty and questions.

This leaflet is to help you understand what it means to have Barrett's oesophagus, and what you need to do now. It might also give you some answers and help you manage your concerns.

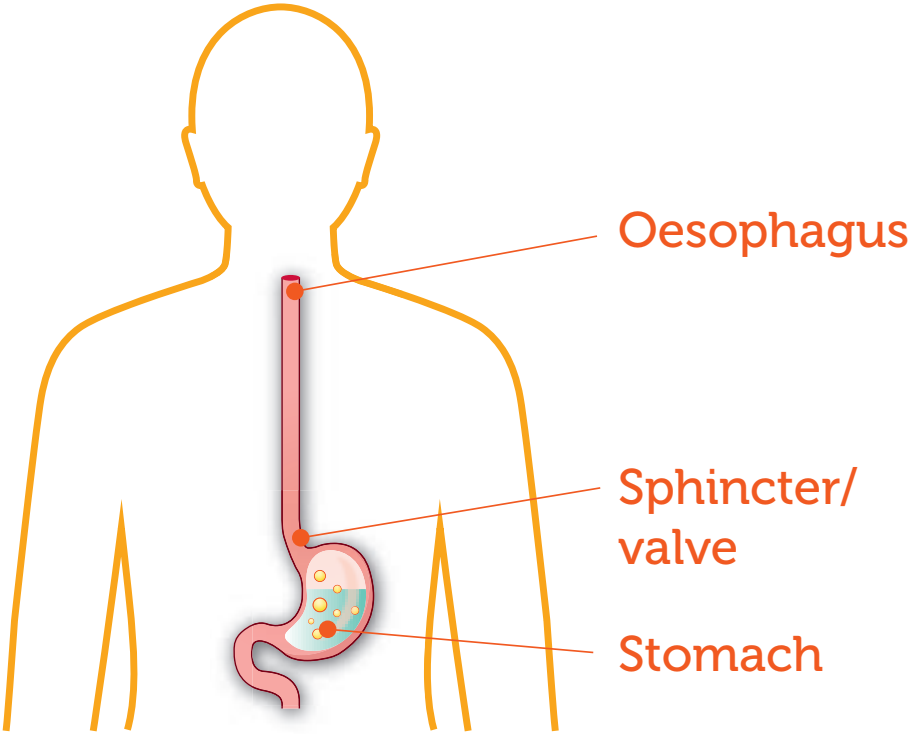
You may not believe this yet, but it's probably a good thing that you now know about your Barrett's... but we'll come on to that.

Having Barrett's does not mean you have or will get cancer. Most people with Barrett's never go on to develop cancer. It just means doctors will keep a closer eye on you, and you might like to think about making changes to your lifestyle to help yourself.

The main things you'll probably want to know now.

What is the oesophagus?

The oesophagus is the muscular tube that carries food from the mouth to the stomach. It is also known as the food pipe or gullet.



What is Barrett's oesophagus?

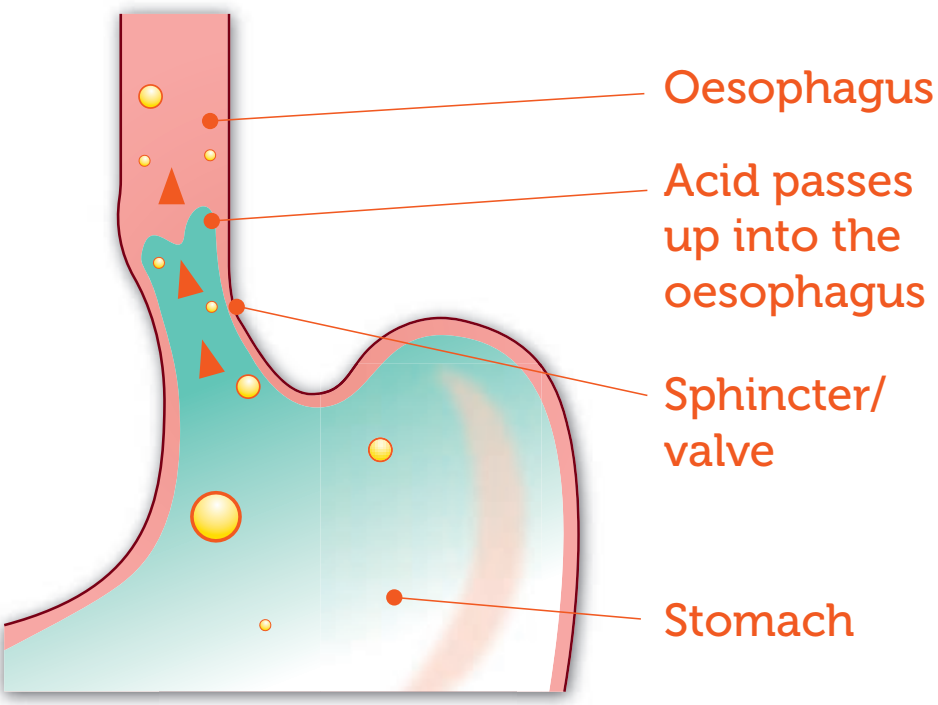
Barrett's oesophagus is where some of the normal cells in the lining of your oesophagus have started to become 'abnormal' and could be more at risk of turning into cancer.

It doesn't mean, however, that you have - or you will definitely get - cancer.

When people talk or write about Barrett's oesophagus, the name is sometimes shortened to just 'Barrett's'.

What causes Barrett's oesophagus?

Acid passing back up from the stomach into the oesophagus or food pipe can cause cell changes that can result in a condition called Barrett's oesophagus. As the body repairs itself, it creates stomach or intestine lining cells, not normal oesophagus lining cells, in the area that's been damaged by the acid.



The initial smaller changes are called **metaplasia**.

Over time, these changed cells can develop into something called **dysplasia**, which is a precancerous condition, and may need more treatment or to be checked more often.

How worried should I be?

Having Barrett's **does not mean you have cancer**. But it can be a warning sign.

It tells doctors that they may need to keep monitoring you, every now and then.

A small number of people – about 1 in 10 - who are diagnosed with Barrett's or have dysplasia go on to develop cancer. But **remember** that also means 9 out of every 10 people, don't go on and develop cancer.

Why is it a good thing to know I have Barrett's oesophagus?

Most people with Barrett's don't develop cancer. But because you have Barrett's, your doctors will probably want to:

1. Give you some medication to stop the stomach acid from reaching and damaging your oesophagus.
2. Keep a closer eye on you.
3. Maybe even send you for some treatment.

They do these things to reduce the chance of you developing cancer. It also means if you are the 1 in 10 - you can be treated a lot more quickly and have a better outcome.

Cancer is much more treatable when it is found early.

How is Barrett's treated?

Your treatment will depend on a number of things including:

- The stage and location of the Barrett's.
- How big the area affected is.
- Your own health history.
- Your family health history.

Treatment to manage the acid may include tablets called PPIs (proton pump inhibitors such as Omeprazole and Lansoprazole) which reduce the amount of acid in the stomach and make it less likely to leak into the oesophagus.

If you are finding you can't tolerate the PPIs that have been prescribed to you - please speak to your GP or Gastroenterology department - as they may be able to give you an alternative medication, like Famotidine.

Your doctors might also decide to do other things to try and stop your Barrett's turning into cancer.

This can include:

- Regular reviews where they check if the area has changed or grown, and then take other action if it's needed.
- A procedure to take away the affected area called EMR - Endoscopic Mucosal Resection or ESD - Endoscopic Submucosal Dissection.
- A heat therapy procedure called RFA – Radio Frequency Ablation.

The plan will be developed to fit your own situation.

Making sense of some of the jargon

An endoscopy/gastroscopy – this is where a flexible thin tube with a camera at the end is used to look inside your oesophagus. You've almost certainly had one of these already and you are likely to need more of these in the future.

A biopsy – where a few cells are picked up and sent away to be analysed in the laboratory. A biopsy is used to diagnose cell changes.

Surveillance – monitoring of your condition

Metaplasia – initial signs of cell changes and abnormal cells developing.

Dysplasia – where there's a more significant amount of cell changes and abnormal cells developing.

Dyspepsia – the medical term for persistent heartburn or acid reflux.

Cells – are the basic building blocks of all living things. The human body is composed of trillions of cells. They provide structure for the body, take in nutrients from food, convert nutrients into energy and carry out specialised functions.

Famotidine – a type of medicine to treat conditions caused by too much acid being produced in the stomach.

Follow-up questions you might like to ask your doctor or your consultant.

You might like to know...

- **What stage is my Barrett's at?**
  Are there initial, small changes in the cells (Barrett's with metaplasia) or are there more or wider spread cell changes (Barrett's with dysplasia)?
- **If you have Barrett's with dysplasia, is it high or low grade?**
  High grade has more cell changes than low grade. If you are diagnosed with high grade dysplasia, you will be offered treatment.
- **How large is the area of my Barrett's?**
  The length of the oesophagus affected and how far around the oesophagus it covers can both have an impact on how often you should have a review of your condition.
- **How often will you be monitoring me?**
  The current NICE recommendations are every 2-3 years for a longer segment (where there is evidence of Barrett's style cell changes in 3cms or more) and it's every 3-5 years in short segments (less than 3cms long with fewer cell changes). If you need more treatment now, you may be monitored more often.
- **Is there anything, in particular, I should keep an eye on myself?**
  If you know what to look out for, you'll know if you need to see a doctor sooner than your next scheduled appointment.
- **Is there anything I can do to help myself?**
  Sometimes there are things we can do ourselves to reduce our risks.

Some hints and tips

Diet, health and fitness can all have an impact on how easily acid reaches your oesophagus and can affect the potential for more cell changes.

Some of the advice is pretty routine, such as to stop smoking, drink less alcohol and lose weight if you're overweight. But others are more particular for conditions such as Barrett's oesophagus and they include:

- Look out for and avoid triggers that make your heartburn or acid reflux worse. Consider keeping a food diary to help identify what prompts flare-ups for you. These can include spicy foods, tomatoes, acidic foods such as citrus fruits, onions and garlic, fizzy drinks, fatty foods, and coffee. But remember everyone is different.
- Eat small meals at regular intervals and avoid eating less than two hours before you head off to bed.
- If you experience heartburn and/or regurgitation at night, propping the head of the bed up with bed risers often helps. You can also purchase a wedge pillow which can help to keep you upright when sleeping.

At HCUK, we work with a specialist dietician, and you will find more diet and lifestyle advice in our '**supporting you**' section on our website.

Where to find more information

On our website, you can find lots of other resources including the latest NICE treatment guidelines and a helpful blog called 'Words of Wisdom' from Dr Oliver.

We also have an online Facebook support group where you can connect with other people in a similar position. It's called Barrett's and Oesophageal Cancer Online Support Group.

You will find everything at **www.heartburncanceruk.org** and if you have any further questions, please drop us a line to **info@heartburncanceruk.org**.

Call 01256 338668

www.heartburncanceruk.org

HEARTBURN CANCER UK

Is it really only Heartburn?

Heartburn Cancer UK is registered in England & Wales. Company Limited by Guarantee.
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