

Dedicated to promote cure by early detection and research to prevent cancer since 1933

#### **ESOPHAGEAL & GASTRIC CANCER**

# 1. Guidelines for Screening

### Risk factors for esophageal cancer:

Age 45 to 70 years

Gastroesophageal reflux disease (GERD)

Barrett's esophagus

Smoking

Alcohol

Asian Flush Syndrome (in response to alcohol)

Bile reflux

Chewing tobacco

Achalasia

Drinking very hot liquids

Obesity

Prior radiation therapy to the chest or upper abdomen

Eating insufficient fruits and vegetables

Eating foods preserved in lye, such as lutefisk, a Nordic recipe for whitefish and some olive recipes

Being male

**Tylosis** 

Plummer-Vinson syndrome

Caustic esophageal injury

## **Risk factors for gastric cancer:**

H. Pylori

Atrophic gastritis

Intestinal metaplasia on endoscopic gastric biopsy

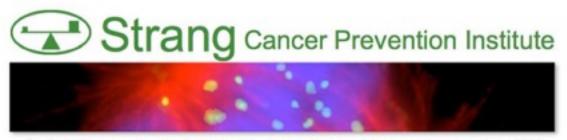
First generation Japanese living in the United States

Pernicious anemia

Prior distal gastrectomy

Lack of fresh fruits and vegetables

Eating foods prepared in salt such as pickled vegetables



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Family history of gastric cancer HNPCC

## Screening

#### **Esophageal cancer**

Screening endoscopy is not appropriate for all patients with GERD

There is no level I evidence that screening for esophageal cancer will lower the very high mortality of the disease but cancers diagnosed in patients with Barrett's Esophagus who have been screened with esophagogastroscopy, tend to be at earlier stages than cancer patients who have not been screened

Screening patients with GERD, of whom about 10 percent are associated with Barrett's esophagus with annual esophagoscopy. About 10% of these patients will develop esophageal cancer in their lifetime

Smoking is a strong risk factor for squamous cancers of the esophagus and to a lesser degree adenocarcinomas

#### Gastric cancer

There is no level 1 evidence that screening for gastric cancer will lower the very high mortality of the disease

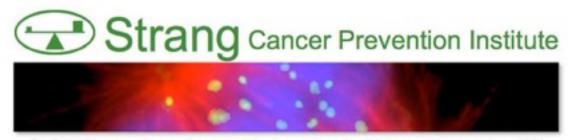
Gastric cancer patients who are under the age under the age of 50 should be screened for HNPCC or Familial gastric cancer

## 2. Cancer Prevention

Patients with Barrett's esophagus, and dysplasia on biopsy, may reduce their chances of esophageal cancer with treatment of their GERD and local ablative therapy to the Barrett's disease

Not smoking

Quitting smoking preferably by joining a smoking cessation program



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Smoking cessation programs:

Eating more fruits and vegetables

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