

# Reflux Disease (GERD), Barrett's Esophagus & Esophageal Cancer: A Guide for Patients

Created with the participation of more than 100 doctors from around the nation.

## GERD

### What is Reflux Disease or GERD?

**Gastroesophageal Reflux Disease (GERD)** happens when food and liquid from the stomach move back up into the esophagus, causing irritation of the lining of the esophagus.

### How do I know if I have GERD?

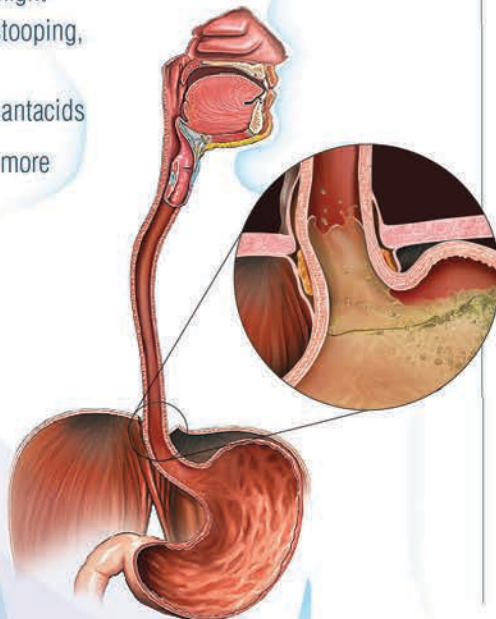
Symptoms of GERD:

- Heartburn or burning in the chest\*
- Regurgitation (bringing food back up)
- Chest pain\*
- Nausea after eating
- Sour taste in mouth
- Coughing, choking or wheezing
- Difficulty swallowing
- Hiccups
- Belching or burping excessively
- Hoarseness or change in voice
- Sore throat
- Feeling that food is stuck behind the breastbone

In cases of GERD, these symptoms are:

- More likely or worse at night
- Increased by bending, stooping, lying down or eating
- Temporarily relieved by antacids

GERD may put you at risk for more serious problems



\* may be a sign of heart problems; do not delay evaluation

## BARRETT'S ESOPHAGUS

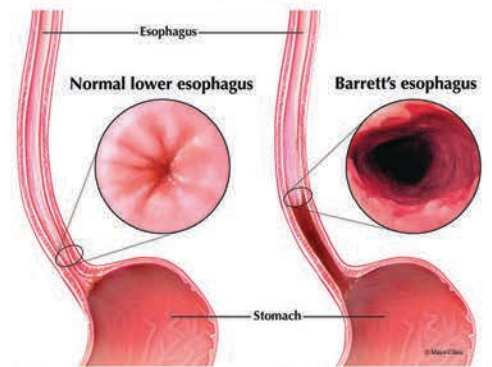
### Pre-Cancerous Changes in the ESOPHAGUS

Acid and other digestive juices from the stomach can cause damage to the lining of the esophagus. In some cases, that causes pre-cancerous cells to form. That condition is known as **Barrett's Esophagus**.

You are more likely to have this condition if you have had GERD for a long time. Barrett's Esophagus occurs more often in men than women and in people who are middle aged or older.

### No clear SYMPTOMS; significant RISKS

There are no symptoms that mean someone has Barrett's Esophagus. In fact, when developing Barrett's Esophagus, some may think that they are getting better because symptoms of GERD (like heartburn) sometimes get better or even disappear. This may lead to a false sense of security.



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*That's why it's important to talk with your doctor when symptoms of GERD begin or if they have gone away.*

But even without symptoms they can feel, those with Barrett's Esophagus still have a much greater risk of developing Esophageal Cancer.

Barrett's Esophagus may never go away, even with medication or changes in diet. That is why doctors often check those patients on a regular basis to make sure their condition isn't getting worse.

### Cause for Hope

Barrett's Esophagus can be treated with a variety of effective outpatient procedures. In most cases, Barrett's Esophagus can be eliminated but patients must be checked regularly for reoccurrence.

New tests can predict the risk that a Barrett's patient will develop esophageal cancer. This can help determine how often a patient needs to be checked.

## ESOPHAGEAL CANCER

### Two types of Esophageal Cancer:

- 1) **Adenocarcinoma**, the type most common in the western world, which usually results from long lasting reflux disease, and
- 2) **Squamous Cell Carcinoma**, which is often linked to smoking and drinking alcohol.

### Esophageal Cancer is *deadly and* INCREASING RAPIDLY

The type of Esophageal Cancer caused by reflux disease is increasing at a faster rate than any other cancer in the U.S. Sadly, only those who catch their cancer at the earliest stages are likely to be cured. So finding the cancer early is very important.

Only one in five patients diagnosed with Esophageal Cancer will survive five years because it is most often caught at late stages. The disease is often only discovered when patients have a hard time swallowing because of a large tumor in their esophagus.

Though considered a rare disease, Esophageal Cancer takes more American lives each year than melanoma skin cancer or cervical cancer.

### Screening for Barrett's Esophagus and Esophageal Cancer

The best way to diagnose Barrett's Esophagus or Esophageal Cancer is to look into the esophagus with a special camera. This procedure is called an "upper endoscopy" or EGD.

A doctor will pass a flexible tube with a light and camera on the end through the mouth and into the esophagus and stomach. Patients are given medicine to help them avoid discomfort and they sleep through the procedure (sedation). This can be done at the same time as a colonoscopy which screens for colon cancer.

#### *Early Detection Saves Lives!*

*Once detected, Barrett's Esophagus can be treated and eliminated so patients do not develop Esophageal Cancer.*

*Patients whose Esophageal Cancer is detected at early stages have far better chances for survival.*

Newer technologies are now available that don't require patients to be sedated, such as a pill-sized balloon or capsule that can be swallowed. The testing device collects tissue samples and is quickly removed. Those samples are tested to determine your risk of Barrett's Esophagus or Esophageal Adenocarcinoma.

### Talk to your DOCTOR *about your concerns if:*

- You have** more than occasional heartburn symptoms
- You have** experienced heartburn in the past, but the symptoms have gone away
- You have** any pain or difficulty swallowing
- You have** a family history of Barrett's Esophagus or Esophageal Cancer
- You have** an ongoing, unexplained cough
- You have** been speaking with a hoarse voice over several weeks
- You have** a long lasting, unexplained sore throat
- You** cough or choke when you lie down
- Your** tooth enamel is eroding
- You** have a history of smoking



Learn more about GERD, Barrett's Esophagus,  
and Esophageal Cancer at  
[www.ecan.org](http://www.ecan.org)

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