



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



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 esophagogastrosocopy, 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



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

Smoking cessation programs:

Eating more fruits and vegetables

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