

# Star-Telegram

## **Acid reflux heightens probability of cancer**

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A few people with long-term gastroesophageal reflux disease, where stomach acid refluxes into the esophagus, develop Barrett's esophagus.

Acid reflux changes the cell structure in the esophagus. The normal lining of the esophagus looks like tile; the medical term is stratified squamous epithelium. In patients with Barrett's esophagus, the lining looks more like shag carpet. It's termed intestinal metaplasia with goblet cells.

Barrett's esophagus doesn't present unique symptoms, other than what patients typically experience with gastroesophageal reflux disease, or GERD: Heartburn, a burning pain or discomfort behind the breast bone in the chest; or acid regurgitation, a bitter or sour-tasting fluid coming up into the throat or mouth. Many patients (about 40 percent) with Barrett's esophagus do not perceive their gastroesophageal reflux at all.

The reason Barrett's esophagus matters is that patients with at least 3 centimeters of Barrett's esophagus lining have a 30- to 125-fold increased risk of esophageal cancer compared with the general population.

Patients with shorter segments of Barrett's have a somewhat lower risk. Doctors treat patients with long- and short-segment Barrett's the same.

Although the cancer risk figures initially sound frightening, the overall risk of cancer in people with Barrett's esophagus is low. Only 3 percent to 10 percent of people with Barrett's esophagus will develop cancer in their lifetime.

Our best indicator of the seriousness of Barrett's esophagus is the degree of dysplasia, or change in cells, found on a biopsy. Higher grades of dysplasia indicate that the cells are more abnormal.

The symptoms of reflux (heartburn and acid regurgitation) can be controlled with medications, surgery and lifestyle changes. But neither medicines nor surgery have been shown to lower the cancer risk in Barrett's sufferers.

The usual lifestyle recommendations for controlling reflux symptoms apply to patients with Barrett's esophagus. Cut back on caffeine (coffee, tea, soda, chocolate), alcohol, tobacco, mint and fatty foods. It is best to avoid lying flat within four hours of finishing a meal.