

Esophageal cancer risk lower than expected for patients with GERD

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The risk of esophageal cancer among patients who suffer from gastroesophageal reflux disease (GERD) is not as high as many may think, according to new research from University of Michigan gastroenterologists.

GERD is considered a relative risk for developing esophageal adenocarcinoma, but the absolute risk is not known, says Joel Rubenstein, M.D., M.Sc., an investigator with the Department of Veterans Affairs Center for Clinical Management Research in Ann Arbor and Assistant Professor in the University of Michigan's Department of Internal Medicine.

"Since GERD is incredibly common, many people may be worried about their increased risk for developing cancer due to GERD. This study's results help put that risk into perspective and may help physicians decide when screening to prevent cancer is needed," says Rubenstein.

Rubenstein and his co-authors set out to estimate the incidence of new cases of esophageal adenocarcinoma in the large population of people with GERD symptoms.

The research published in the [American Journal of Gastroenterology](#) this week found:

- Women with GERD likely have a low rate of esophageal

adenocarcinoma, similar to the rate of [breast cancer](#) in men.

- The rate of esophageal adenocarcinoma in white men who are 60 years old with weekly GERD is just one-third of their rate of colorectal cancer or 34.6 per 100,000 patients per year.
- The rate of esophageal adenocarcinoma in younger white men with GERD is less than one-third of their incidence of [colorectal cancer](#).

GERD is characterized by symptoms that result from repeated or prolonged exposure of the lining of the esophagus to acidic contents from the stomach and occurs when the lower esophageal sphincter does not seal off the esophagus from the stomach.

The two most frequently reported symptoms of GERD are heartburn and regurgitation, which is characterized by the effortless flow of fluid rising up the chest toward the mouth. Some estimates say up to 1 in 4 people in U.S. suffer from GERD.

Rubenstein concluded that screening for esophageal adenocarcinoma should not be performed in men younger than age 50 or in women because of the very low incidences of the cancer, regardless of the frequency of GERD symptoms. However, in white men with weekly GERD over the age of 60, the incidence of esophageal adenocarcinoma is substantial and may warrant screening.

"Our study does not say who should be screened or the effectiveness of the screening. But we can say that for a 60-year-old man with GERD, screening for colon cancer is more important than screening for esophageal adenocarcinoma," Rubenstein says.

"We hope this study can help physicians recognize the absolute risk of

esophageal [adenocarcinoma](#) in patients with GERD within the context of the risk of more familiar cancers, and make it easier to communicate these risks to patients, guiding them in rational decisions about screening procedures."

He cautioned however, that if patients are experiencing alarm symptoms such as trouble swallowing, unintentional weight loss, or vomiting, they should seek medical care immediately, as these symptoms could be due to a cancer already present in the esophagus.

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