UNDERSTANDING YOUR RISK

Cancer of the esophagus and Barrett’s esophagus

Clinical studies have shown that several factors can make a person more likely to develop cancer of the esophagus (the swallowing tube that leads from your mouth to your stomach).

The most accepted risk factor is whether a person has Barrett’s esophagus (BE), which can increase one’s risk of cancer of the esophagus by 50 times or more.1-4
## WHAT ARE RISK FACTORS FOR DEVELOPING CANCER OF THE ESOPHAGUS?

Shown below are other factors that add to the risk of developing cancer of the esophagus. When these factors exist along with Barrett’s esophagus, a person’s risk may further increase.

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| GENDER       | • In the general population, males are approximately seven times more likely to develop cancer of the esophagus than females<sup>2,4,5</sup>  

*NOTE: Studies have shown that among men and women diagnosed with Barrett’s esophagus the difference in risk is not as great<sup>1-3</sup>* |
| RACE         | • Caucasians are at higher risk of developing Barrett’s esophagus and cancer of the esophagus than many other racial groups<sup>5</sup>                                                                 |
| WEIGHT       | • Obesity (body mass index $\geq 30$) increases a person’s risk of developing cancer of the esophagus by more than 2½ times<sup>6</sup>  

• Being overweight (body mass index $\geq 25$ but $< 30$) increases a person’s risk of developing cancer of the esophagus by almost 2 times<sup>6</sup> |
| SMOKING      | • If a person smokes, the risk of developing cancer of the esophagus more than doubles compared to non-smokers<sup>7</sup>  

• If a person previously smoked, the risk of cancer is over 1½ times greater<sup>7</sup> |
| HIATAL HERNIA| • Having a hiatal hernia (where a part of the stomach pushes up into the chest through an opening in the diaphragm) has also been suggested to increase a person’s risk of developing cancer of the esophagus<sup>8,9</sup>  

*NOTE: A hiatal hernia would likely have been diagnosed by a gastroenterologist or other physician during an upper endoscopy exam, or during an imaging study, such as a CT scan* |
What factors increase the risk of Barrett’s esophagus getting worse?

If a person has already been diagnosed with Barrett’s esophagus, there are factors that put that person at an increased risk of their Barrett’s disease progressing to high-grade dysplasia (the most advanced form of Barrett’s esophagus) or onto cancer of the esophagus. These include:

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<td><strong>Long segment of Barrett’s esophagus</strong></td>
<td>• Long segment of Barrett’s esophagus – generally greater than or equal to 3 centimeters – makes it 3-9 times more likely a person’s disease will progress compared to those with short segment disease(^{10,11})</td>
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<td><strong>Family history of Barrett’s esophagus</strong></td>
<td>• If Barrett’s esophagus is present in a person’s family, the risk is 300 times or more greater than the general population(^{5,12})</td>
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<td><strong>Age of diagnosis with Barrett’s esophagus</strong></td>
<td>• A person’s risk of developing cancer of the esophagus adds up over time, for at least the first 10-15 years after being diagnosed with Barrett’s esophagus(^{2,3,13})</td>
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<td>• Barrett’s esophagus patients have about a 0.29% chance of the disease progressing to cancer of the esophagus each year; this means that, over a 10-year span, that risk would be about 2.9%(^{1-3,13})</td>
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<td>• The lifetime risk may be higher for individuals diagnosed with Barrett’s esophagus at a younger age(^{2,3,10,13})</td>
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To determine if a person has Barrett’s esophagus, a gastroenterologist or other physician would have to perform an endoscopy exam, in which a flexible tube with a light and camera at the end is inserted into the esophagus.
WHO SHOULD BE SCREENED FOR BARRETT’S ESOPHAGUS OR CANCER OF THE ESOPHAGUS?

When determining a person’s risk of developing cancer of the esophagus, one can look to guidelines published by the American College of Physicians, American College of Gastroenterology, and the American Society for Gastrointestinal Endoscopy regarding who might be appropriate for screening for Barrett’s esophagus and cancer of the esophagus by performing an endoscopy exam.\textsuperscript{14-16} They include:

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| **AGE AND GENDER** | • Men older than 50 years with chronic gastroesophageal reflux disease (GERD) symptoms for more than 5 years along with additional risk factors, such as:\textsuperscript{14-16}  
  • night-time reflux symptoms  
  • hiatal hernia  
  • overweight, particularly around the belly  
  • tobacco use  
  • family history of Barrett’s esophagus or cancer of the esophagus |
| **HEARTBURN ALONG WITH ALARM SYMPTOMS** | • A person who has heartburn along with alarm symptoms:\textsuperscript{14,15}  
  • difficulty swallowing  
  • bleeding  
  • anemia  
  • weight loss  
  • recurrent vomiting |
| **HEARTBURN SYMPTOMS CONTINUING EVEN WITH MEDICATIONS** | • A person whose usual GERD symptoms continue even while taking proton pump inhibitor (PPI) medications at high doses for 4-8 weeks\textsuperscript{14,15} |
SO WHAT DOES THIS MEAN?

If you have any concern about the health of your esophagus, take this checklist to your physician and discuss your risk factors.

If detected early, Barrett’s esophagus can be treated.
References


medtronic.com*  
*This is a global website. It is not specific to Canada.  
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