

18 June 2013 Last updated at 01:08 GMT

'Quiet epidemic' of male cancer in UK

By Helen Briggs BBC News

Action is needed to fight a "quiet epidemic" of oesophageal cancer, which is on the rise in the UK, particularly among men, cancer experts say.

Men are almost three times more likely than women to get the cancer - one of the biggest gender divides in cancer rates, according to new figures.

Early diagnosis is the key to saving lives, says a Cancer Research UK team.

Scientists are working on ways to detect symptoms earlier and to decipher the genetic code of the cancer.

Poor outcomes

Oesophageal cancer - cancer of the gullet or food pipe - is the ninth most common cancer in the UK.

It is one of the most difficult cancers to detect and treat, with only about one in 10 patients surviving for 10 years or more.

"Food getting stuck when you swallow and persistent heart burn are not normal"

Tim Underwood Oesophageal cancer

Latest figures show 5,600 UK men (almost 15 out of every 100,000) developed the disease in 2010, compared with 2,800 UK women (about five out of every 100,000).

This equates to a lifetime risk of one in 56 for men and one in 110 for women.

There are two types of oesophageal cancer:

- squamous cell carcinoma - linked to smoking, drinking and a low fruit intake
- adenocarcinoma - linked to obesity, smoking and persistent acid reflux

Researchers believe a steady rise in the number of adenocarcinomas in men is behind the gender gap.

Tim Underwood, an oesophageal surgeon and researcher at the University of Southampton, said many questions remained unanswered about the cancer, but urgent action was needed.

"We need a game changer," he told a news conference.

"And we need a game changer relatively urgently. There is an epidemic of this disease and outcomes are poor."

A survivor's story



Ian Barclay, 65, from Salisbury, was diagnosed with oesophageal cancer in 2009 when he was rushed to hospital bleeding internally.

"I was two and a half hours from dying," he says. "I was lucky to get through that. If you feel something's not right, go and get it checked, and you could save your own life."

Mr Underwood, who is running the New York Marathon to raise money for research, said diagnosing the disease earlier was key to improving the chances of survival.

"Food getting stuck when you swallow and persistent heart burn are not normal," he said.

"If this is happening to you, you need to see your GP.

"The vast majority of people won't have anything seriously wrong with them, but it's important to get checked out.

"If left untreated acid reflux - often called heartburn - can damage cells of the oesophagus leading to a condition called Barrett's oesophagus which in turn can be a precursor of oesophageal cancer."

Lifestyle link

Dr Harpal Kumar, chief executive of Cancer Research UK, said the factors behind the rise in oesophageal cancer were unclear.

"We think it may be linked to some changes that we've seen in people's lifestyles, for example increasing levels of obesity," he told BBC News.

"There is a lot more that we need to do to try and understand this disease better, but at this point in time the most important thing is to increase awareness of it and get people to go and see their doctor if they have the symptoms."

Research projects are under way in the UK to understand oesophageal cancer better and develop techniques for earlier diagnosis.

A "sponge-on-a-string" device to collect cells from the gullet for diagnosis could be available on the NHS in five years, said Prof Rebecca Fitzgerald, of the Medical Research Council's Cancer Cell Unit in Cambridge.

The cytosponge test is designed to be swallowed and retrieved to detect pre-cancerous cells.

Clinical trials suggest the test shows promise as a safer and cheaper alternative to endoscopy, a procedure where the inside of the body is examined internally using a long, flexible tube.

"For the patient, this is a five-minute test - it will make your eyes water for two seconds but it is an awful lot simpler, less invasive, safer and cheaper than an endoscopy," said Prof Fitzgerald.

"We're hopeful that in the future this will really transform early diagnosis by making it something much more patient-friendly and affordable."

Prof Fitzgerald said work to decode all of the genes in 500 oesophageal cancer samples, looking for genetic mistakes, was in progress, with about 100 samples completed.

The long-term goal was to develop better drugs for the condition, she said.

Current treatment relies on chemotherapy and radiotherapy, with surgery as an option if the cancer is detected early enough.

28 August 2010 Last updated at 10:08 GMT

Oesophageal cancer 'doubles in British men'



Abdominal weight is a risk factor for oesophageal cancer

Cancers of the food pipe in Britain have doubled in men over 25 years, figures from Cancer Research UK show.

However, over the same period - 1983 to 2007 - cases in women only rose by 8%.

Researchers said the gender contrast in oesophageal cancer rates could be largely explained by the way men put weight on - as "beer bellies" - as well as genetic differences.

Men are also likely to have poorer diets, eating more fatty foods and lower amounts of fruit and vegetables.

"Being overweight significantly increases the risk "

Professor Janusz Jankowski Barts and The London School of Medicine and Dentistry

Oesophageal cancer is the ninth most common cancer in the UK.

It is one of the most difficult cancers to detect and treat, with only 8% surviving for five years or more. The risk of developing the disease increases with age.

In 1983, about 2,600 men were diagnosed with oesophageal cancer (9.6 in every 100,000 men).

Latest figures show 5,100 men (14.4 in every 100,000) were diagnosed with the disease in 2007.

The number of cases in women rose from 5.1 to 5.5 per 100,000 people.

The most dramatic rise was among men in their 50s, where the rates rose by 67% over the period.

Poor survival

Professor Janusz Jankowski, an oesophageal cancer expert at Barts and The London School of Medicine and Dentistry, whose work is backed by Cancer Research UK, said: "One basic issue is that men's diets are worse than women's."

Case study



Larry Rees, who was diagnosed with oesophageal cancer four years ago, talks about his experience.

"I was sensing that as I swallowed things were getting stuck in my food tube, and that went on for a couple of weeks.

I thought this isn't right, I had better go on and talk to a doctor.

Your life changes the moment someone says 'I'm sorry you have got a tumour', but you very quickly have to adapt to what is going to come next.

Treatment wise, first of all they sort out lots of tests so that they can actually find out how far along you are in terms of the tumour.

And then chemotherapy to try and reduce the tumour, followed by a very aggressive surgery which takes out most of your oesophagus and most of your stomach, and lots of lymph nodes, and things like that.

Eating and drinking is very different, I can't sit down and have a three course meal, which is normally what we do when we go out and socialise.

I have to sit there and have maybe one course, and eat it very slowly.

I'm four years out and doing very well, there has been no signs of any recurrence for me, so I consider myself cured.

Five years is the magic number that everybody looks at, so hopefully within a few months I'll be all clear."

"They tend to eat more fatty foods and less fruit and veg.

"Both of those things increase reflux disease, where acid comes up from the stomach."

But Professor Jankowski said obesity may be a big reason behind the increase.

"Being overweight significantly increases the risk of adenocarcinoma - the main type of oesophageal cancer that's on the up.

"Men tend to put weight on their abdomen as beer bellies and become oranges, - whereas women tend to put it on differently and become pears."

He said having fat on the abdomen was riskier in this context because it put pressure on the stomach.

The researchers are also studying genetic changes that also appear to be linked to the disease.

Dr Lesley Walker, director of cancer information at Cancer Research UK, said: "These new figures are particularly concerning as oesophageal cancer is a very difficult cancer to treat.

"Oesophageal cancer rates have risen dramatically in the UK compared with many other Western countries so we need to determine the underlying causes.

"To combat the poor survival rate for oesophageal cancer, Cancer Research UK is funding research to find new ways to identify the disease earlier and improve treatment so that more people beat the disease."