Reflux "increases risk of adenocarcinoma of oesophagus"

Scott Gottlieb, *New York*

Chronic heartburn can greatly increase a person's risk of developing adenocarcinoma of the oesophagus, according to a new study that adds strong epidemiological support to a widely held assumption.

The study, published in the *New England Journal of Medicine* (1999;340:825-31), found that the risk of oesophageal adenocarcinoma was almost eight times higher among people in whom heartburn, regurgitation, or both occurred at least once a week than among people without these symptoms (adjusted odds ratio 7.7).

Symptoms of reflux at night were associated with a risk nearly 11 times higher. Among patients with longstanding, severe heartburn the risk of developing oesophageal cancer was 43.5 times greater than for people without the condition.

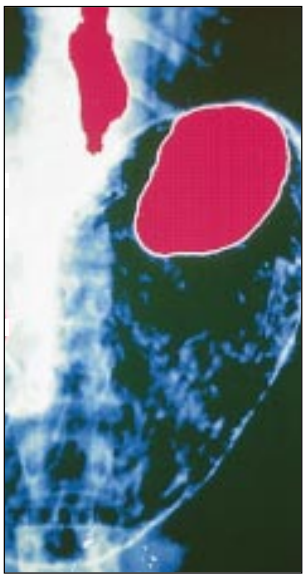
No relation was found between reflux and squamous cell carcinoma, which accounts for nearly half of all oesophageal cancers.

The survey, conducted by Dr Jesper Lagergren, from the Karolinska Institute in Stockholm, and colleagues, was based on a nationwide, case-control study in Sweden. Altogether, 618 patients with cancer of the oesophagus or gastric cardia and 820 controls were interviewed from 1995 to the end of 1997.

Chronic reflux has long been known to be the major cause of Barrett's oesophagus, a columnar metaplasia that has been previously linked to a substantially increased risk of adenocarcinoma. The strength of the findings prompted the authors to conclude that chronic reflux is a likely cause of oesophageal adenocarcinoma. The report did not assess the benefits of drugs for treating reflux disease, and it is not yet known whether use of these drugs will reduce the risk.

Until now, however, there has been little direct epidemiological data to support an association between gastro-oesophageal reflux and oesophageal adenocarcinoma. In an accompanying editorial (1999;340:878-9) Dr Sidney Cohen, a gastroenterologist at Temple University School of Medicine in Philadelphia, writes that this study shifts the emphasis from the diagnosis of Barrett's oesophagus to the clinical importance of symptomatic gastro-oesophageal reflux.

Dr Cohen recommends aggressive treatment of the symptoms of heartburn as well as new studies to evaluate healing regimens that can lead to squamous re-epithelialisation of the damaged oesophagus. □



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***x* Ray shows gastro-oesophageal reflux thought to increase risk of cancer**

Statins being prescribed for those "least in need"

Bryan Christie, *Edinburgh*

A lack of resources is hampering attempts to implement an effective strategy to combat the problem of coronary heart disease in the United Kingdom, which has some of the highest rates of the disease in the world, a consensus conference held last week has concluded.

The conference, organised by the Royal College of Physicians of Edinburgh, examined the issue of lowering lipids to prevent vascular events and called for a clear commitment by the government to implement preventive policies of proved value.

The conference agreed that a joint approach needs to be taken involving action to encourage the public to improve their diet, reduce smoking, and increase exercise as well as implementing direct intervention among individuals at highest risk .

People with a 3% or greater annual risk of having a major coronary heart disease event should be targeted for treatment with statins, which have been shown in clinical trials to reduce the incidence of such events. This treatment standard has already been recommended by the Standing Medical Advisory Committee in England and Wales.

The consensus statement also declared that there is compelling evidence to extend the use of these drugs progressively to those with a 1.5% annual risk "as resources and costs permit."

Although the use of statins has increased substantially in the United Kingdom over the past few years, many people who could benefit from the drugs are still not receiving them. Figures from England and Wales show regional disparities in use with some of the highest prescribing in areas of lowest need.

To counteract this effect, the conference recommended that general practices working in areas of deprivation, where the prevalence of coronary heart disease is highest, be given extra resources to be able to respond to identified needs.

It has been estimated that in an average Scottish general practice of 10 000 patients, there will be 353 candidates for secondary prevention and 121 for primary prevention at a 3% annual level of risk. Prescribing statins for these patients would cost about £150 000-£200 000 ($240 000-$320 000).

The conference recommended that all practices should develop a system for managing patients whose multiple risk factors would allow them to be identified opportunistically.

However, some general practitioners at the conference complained that family doctors did not have the time, the resources, or the training to take on the task of identifying people who could benefit from this preventive approach.

Dr Christopher Isles, a consultant physician at Dumfries and Galloway Royal Infirmary and a member of the conference organising committee, said that it would take some time to close the gap between what is achievable in the United Kingdom and what is affordable. □

Bryan Christie was a member of the panel that drew up the consensus statement.