



Your Health

NEW DEVICE OFFERS EFFECTIVE TREATMENT FOR PRE-CANCEROUS CHANGES OF THE ESOPHAGUS

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A new medical device is changing the way doctors treat Barrett's esophagus, a pre-cancerous condition linked to gastroesophageal reflux disease (GERD).

Gastroesophageal reflux disease is characterized by chronic back-splash of acid from the stomach into the lower part of the esophagus. Although heartburn and acid reflux are the most common symptoms of GERD, coughing, hoarseness and chest pain may also be present.

Normally, stomach acid is kept out of the esophagus by a muscular ring called the lower esophageal sphincter. In people without GERD, the sphincter opens briefly during swallowing, and clamps tightly shut after food and liquid enter the stomach.

In individuals with GERD, the muscles of the sphincter are often weak, and may allow the sphincter to remain partially open, or to open at inappropriate times. As a result, the acidic contents of the stomach splash up into the esophagus.

Since the esophagus lacks the protective mucous coating found in the stomach, it is particularly vulnerable to damage by stomach acid. Over time, GERD can lead to Barrett's esophagus, a condition marked by pre-cancerous changes in the cells of the lower esophagus.

Currently, Barrett's esophagus affects an estimated 3.3 million adults in the United States. Each year, approximately 86,000 Americans are newly diagnosed with the disease.

According to gastroenterologist William Lyday, M.D., assistant clinical professor at Emory University in Atlanta, "Most patients with Barrett's esophagus don't develop esophageal cancer, but their risk of developing it is significantly increased." Research suggests that patients suffering from Barrett's esophagus are at least 40 times more likely to develop esophageal cancer than those without the condition.

Cancer of the esophagus may spread to other areas of the body, and is often fatal. In 2006, an estimated 14,550 Americans will develop esophageal cancer, and about 95 percent of those diagnosed will lose their lives to the disease.

In years past, Barrett's esophagus was treated conservatively, with antacid medications and regular endoscopic examinations of the upper gastrointestinal tract. When traditional management failed, surgical removal of all or part of the esophagus was often the only remaining option.

"This type of surgery is very extreme," said Lyday. "It's associated with a lot of serious complications, and it's best to avoid it if at all possible."

The development of a new medical device, called the **Halo 360 System**, promises to reduce the need for surgery in patients with Barrett's esophagus. The FDA-cleared device allows physicians to remove diseased tissue from the esophagus with minimal damage to normal, healthy tissue.

Treatment with the Halo 360 System involves placing a thin catheter and a small balloon into the esophagus. After the balloon is inflated against the affected area, a generator delivers a burst of energy that destroys a thin layer of diseased tissue.

"This is an outpatient procedure that takes about 20 to 24 minutes to perform, and there are virtually no complications," said Lyday. Even better, clinical trials demonstrated that the Halo 360 System eliminated diseased esophageal tissue in 75 percent of patients whose progress was observed for six to seven months.

In the majority of the patients treated, the removal of diseased tissue was followed by the re-growth of normal, healthy tissue in the esophagus.

The development of new treatment options for Barrett's esophagus is more important than ever. In the United States, the incidence of esophageal cancer is rising faster than that of any other type of cancer, including cancer of the breast and prostate gland.

To diagnose Barrett's esophagus and esophageal cancer, physicians must perform an endoscopic examination. The exam involves inserting a flexible, camera-equipped tube, called an endoscope, into a patient's esophagus and stomach.

After inspecting the lining of these organs, physicians insert instruments through the endoscope to collect tissue samples. A microscopic examination of the tissue is performed to check for pre-cancerous changes.

Signs and symptoms that may suggest the development of Barrett's esophagus or esophageal cancer include a change in the nature of heartburn, a loss of appetite, or unexpected weight loss. Difficulty swallowing may occur if the esophagus becomes scarred and begins to narrow.

In some cases, however, Barrett's esophagus and esophageal cancer may develop in the absence of any specific signs or symptoms.

"Barrett's esophagus may be a completely silent disease until it turns into cancer," cautioned Lyday. "People who have had GERD for five years or longer should talk to their doctors about having an endoscopic exam to check for Barrett's esophagus, especially if they're over the age of 50."

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