

# Gastrointestinal Malignancies



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## KEYWORDS

• Esophageal • Cancer • Malignancy • Gastric • Colon • Helicobacter • Pylori

## KEY POINTS

- Esophageal cancer is one of the few cancers that is increasing in incidence in the United States. Symptoms are nonspecific and present late.
- Preventive measures include weight control, increasing consumption of fruits and vegetables, smoking cessation, alcohol limitation, and fiber.
- Gastric cancer has been on the decline for decades, largely owing to improved sanitation and treatment of *Helicobacter pylori* infection.
- There are no screening recommendations in the United States for gastric cancer.
- Colon cancer is the third most common cancer and the second leading cause of death in the United States. Screening is effective and has the potential of reducing death by 50%.

## INTRODUCTION

This article discusses 3 gastrointestinal malignancies: esophageal, gastric, and colorectal. Anne Walling and Robert Freelove's article "[Pancreatitis and Pancreatic Cancer](#)," elsewhere in this issue. Collectively, these 3 cancers are responsible for 22% of cancer deaths in the United States. It is estimated that 90% of all cancers in the United States are the result of environmental exposures, and the gastrointestinal malignancies certainly are associated with those exposures. These outside insults include dietary intake, tobacco use, alcohol consumption, obesity, and pathogens. Osler said of the stomach, "The stomach is the hardest worked and most abused organ of the body, more subject also to irritation than any other." It is certain that Osler would also agree that the esophagus and colon are victims of these same irritants ([Table 1](#)).

## ESOPHAGEAL CANCER

Perhaps one of the most distressing cancer diagnosis for both the patient and the physician is esophageal cancer ([Fig. 1](#)). It is estimated in 2016 there will be 16,910

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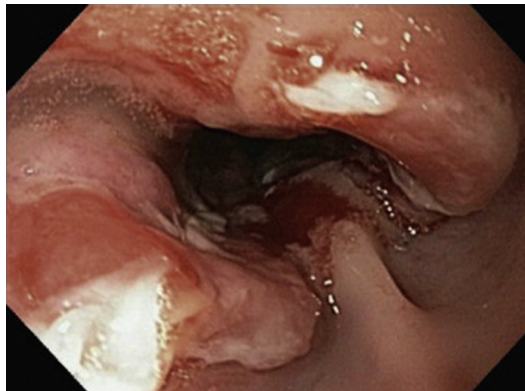
Site	Incidence	Deaths
Colorectal	142,820	50,830
Pancreas	45,220	38,460
Gastric	21,660	10,990
Esophagus	17,990	15,210

Data from Siegel R, Naishadham D, Jemal A. Cancer statistics, 2013. *CA Cancer J Clin* 2013;63:12.

new cases and 15,690 deaths per year. The mean age at diagnosis is 67 and mean age of death is 69. It is more common in men at a ratio of 3 to 4:1. It is the 11th leading cause of cancer death, yet ranks as the 18th most common cancer. The lifetime risk of getting esophageal cancer is 0.5%.<sup>1</sup>

Ninety-five percent of esophageal cancers are epithelial in origin and there are 2 main types, squamous cell and adenocarcinoma.<sup>2</sup> Squamous cell carcinoma is the predominant esophageal cancer in the developing world and responsible for 90% of cancers worldwide. Risk factors for squamous cell esophageal cancer seem to be associated with lifestyle factors, such as smoking tobacco and alcohol consumption. Consumption of 3 or more drinks per day increases this risk 3 to 5 times.<sup>3</sup> It seems that beer and spirits carry the highest risk. Those who heavily smoke black tobacco and drink alcohol may be cursed with an odds ratio for developing esophageal cancer of greater than 100-fold.<sup>4</sup> Other risk factors include being male or black, having had thoracic radiation therapy or a history of lye ingestion, and consuming a high-starch diet lacking in fruits and vegetables.<sup>5</sup>

Adenocarcinoma is more of a cancer of the developed world and is replacing squamous cell carcinoma as the most common cancer in the United States and Western Europe.<sup>6</sup> Currently in the United States, it accounts for 70% of esophageal cancers. The incidence is increasing faster than any other cancer in the United States.<sup>7</sup> Unlike squamous cell carcinoma, adenocarcinoma is less associated with alcohol consumption. Current smokers have twice the risk as nonsmokers of developing adenocarcinoma of the esophagus, but smoking is still less of an etiologic factor than it is for



**Fig. 1.** Adenocarcinoma of the esophagus. (From Banerjee N, Adler DG. Malignant dysphagia: evaluation and endoscopic treatment. In: Davis MP, Feyer PC, Ortner P, et al, editors. *Supportive oncology*. Chapter 17. Saunders; 2011. p. 172; with permission.)

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