

## Gut instincts: Taking control of digestive health

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DIGESTIVE HEALTH is often overlooked until discomfort arises, but stomach and oesophageal cancers remind us of the importance of proactive care in managing our digestive health. In Malaysia, cancer was the third leading cause of death in 2022, rising from fourth place in 2021, according to the Ministry of Health.

While not among the most common cancers, stomach and oesophageal cancers still pose significant health risks, with stomach cancer accounting for three in 100 and oesophageal cancer one in 100 of all new cancer cases in 2020.

Early detection is crucial, but because stomach and oesophageal cancers often present with nonspecific symptoms which are often overlooked, they are frequently diagnosed in advanced stages. This highlights the need for early symptom recognition, as late-stage cancer diagnoses have risen from 63.7% to 65.1%, according to the Malaysia National Cancer Registry Report 2017/2021.

### Understanding stomach and oesophageal cancers

Stomach and oesophageal cancers develop when abnormal cells grow uncontrollably in the digestive tract. Stomach cancer primarily affects the stomach's main body, while oesophageal cancer develops in the oesophagus lining and is often associated with chronic acid reflux and Barrett's oesophagus — a condition in which the lining of the food pipe changes due to prolonged acid reflux.

The symptoms of both cancers can be similar, particularly when the tumours develop at the gastrooesophageal junction. This may include symptoms such as difficulty in swallowing (dysphagia), unexplained weight loss, loss of appetite, persistent heart burn and indigestion, nausea or vomiting, chest or upper abdominal pain.

The five-year survival rate for early-stage stomach cancer is 65–75% but drops to 5–7% at Stage 4. Similarly, localised oesophageal cancer has a survival rate of 47–55% for early-stage diagnosis but falls to 5–6% in advanced stages.

### Key risk factors of stomach and oesophageal cancers

Stomach and oesophageal cancers are more prevalent in older adults, with six in 10 new stomach cancer cases diagnosed in individuals aged 65 and above. However, age is not the only factor, as lifestyle choices and underlying conditions also contribute to an increased risk.

Individuals with high-risk lifestyles should be proactive about screening as they are at a higher risk to develop oesophageal and stomach cancers. Those who smoke heavily, chew betel nuts (a habit linked to cancer-causing effects due to the presence of harmful chemicals), frequently consume very hot liquids, binge drink alcohol or regularly eat preserved foods are more susceptible to squamous oesophageal cancer which starts in the thin, flat cells lining inside the oesophagus. On the other hand, those who are obese, smoking, have long-term gastrooesophageal reflux disease (GERD) or suffer from Barrett's oesophagus are more likely to develop oesophageal adenocarcinoma, which begins in the glandular cells lining the lower oesophagus near the stomach.

For stomach cancer, the risk factors include GERD, those who consume high-fat and low-fibre diets, frequent consumption of smoked foods and Helicobacter pylori infections caused by bacteria in the stomach lining, leading to gastritis and increasing the risk of peptic ulcers and stomach cancer. Individuals with a family history of stomach cancer should also be particularly vigilant and consider early screening to manage their risk.

### GERD and its link to oesophageal cancer

GERD is a condition where stomach acid frequently flows back into the oesophagus, causing irritation and, over time, increasing the risk of oesophageal cancer. Persistent acid exposure can lead to Barrett's oesophagus, a precancerous condition where the oesophagus undergoes abnormal changes. Smoking,

overeating, excessive alcohol and even coffee consumption can worsen GERD, making effective management of the condition essential. While lifestyle modifications and medication often provide relief, persistent or worsening symptoms may require endoscopic or surgical intervention like fundoplication that involves wrapping the top of the stomach around the lower oesophagus to strengthen the lower oesophageal sphincter and prevent acid reflux to reduce complications and improve patient outcomes.

#### Role of endoscopy in early detection

Endoscopic procedures such as gastroscopy and colonoscopy have significantly improved the ability to diagnose and treat gastrointestinal conditions. These procedures allow doctors to detect any abnormalities at an early stage and facilitating timely intervention. Gastroscopy enables detailed examination of the stomach lining, while colonoscopy provides insights into the health of the colon, helping to identify potential cancerous growths or inflammation.

Regular screenings are strongly recommended for individuals over 50 years old or those over 40 with a family history of gastric or colorectal cancer. In countries with a high prevalence of these cancers, such as Japan and South Korea, upper endoscopies are recommended to be done from age 40 and repeated every three years. Whereas in Malaysia, screening is still primarily focused on individuals with gastric issues, a strong family history of cancer, or those exhibiting warning symptoms for cancer such as difficulty swallowing, bleeding, unexplained weight loss or abdominal pain.

#### Treatment options

Treatment for stomach and oesophageal cancers often overlaps, especially for tumours at the gastrooesophageal junction, with surgery, chemotherapy and radiation therapy being the standard approaches depending on the stage and location of the cancer.

Immunotherapy has shown promise for advanced oesophageal cancer, particularly in PD-L1-positive tumours, improving survival rates when chemotherapy is ineffective. In stomach cancer, targeted therapies are increasingly used for patients with specific genetic mutations, such as HER2-positive cases, which account for 10–20% of stomach cancers. In these cases, anti-HER2 therapy has been proven effective in slowing tumour growth and improving patient outcomes.

Early detection, lifestyle modifications and routine screenings are key in improving outcomes for stomach and oesophageal cancers. Although these cancers are not the most common in Malaysia, the high rate of late-stage diagnoses underscores the need for greater awareness. By staying informed, recognising symptoms early and prioritising regular screenings, individuals can take proactive steps in safeguarding their digestive health, enabling better health outcomes and improving overall quality of life.