

Message from Editor in Chief of Thai Journal of Gastroenterology 2007-2008



Dear Members

Thai Journal of Gastroenterology (TJG) was produced regularly for 3 volumes a year. Last year, the editor and the editorial board had a real hard work to push TJG online. Now we can access and download the content of this journal via www.thaigastro.com. We have a welcome positive feedback from our visitors. We still need the support from members of the TJG and GI fellows by submitting original research papers. We have to say many thanks to our sponsors who support and make this journal possible.

Finally, we would like to say congratulation to our recent senator, Prof. Dr. Pinit Kullavanijaya, visit his article inside this issue.

Duangporn Thong-Ngam, M.D.
The Editor in Chief

Gastrointestinal Cancer

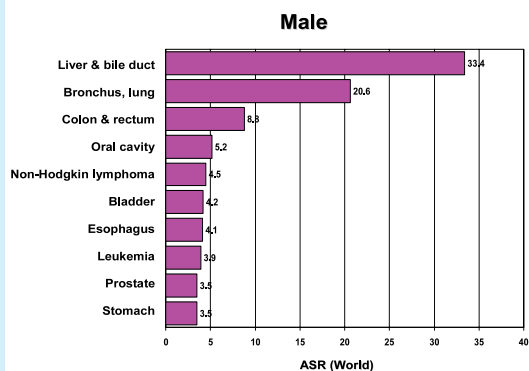
Professor Pinit Kullavanijaya



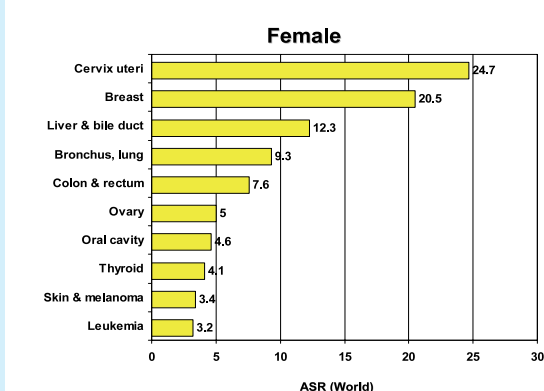
According to statistics from the National Cancer Institute, Ministry of Public Health⁽¹⁾, in the year 1999 Thailand had increased incidence in all types of cancer in both male and female. There were 33,678 cases of females with cancer, or 125.5 cases per 100,000 population, and 31,582 cases of male with cancer, or 127.7 cases per 100,000 population. In male the order of frequency were cancer of the liver, bile duct, lung, colon, and mouth. In the female were cancer of the cervix, breast, liver, bile duct, and lung

We may think that cancer is unavoidable or unpreventable but this is far from the truth in most cases. Many, if not most, of all types of cancer are preventable or easily detectable in the early stages and are therefore preventable or treatable or curable.

Leading cancers in Thailand (estimated), 1999



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Cancer of the liver can be broadly divided into hepatoma and cholangiocarcinoma. Hepatoma arises from liver cells and usually occurs in pre-cancerous conditions such as cirrhosis. Hence it can be seen straight away that hepatoma can be preventable. This is because cirrhosis in Thailand has four main causes which are alcohol, viral hepatitis B, C, and non alcoholic fatty liver disease or NAFLD. So it is up to doctors and health personnel to educate the public in these matters, such as not to drink excessively (i.e not more than 3 units of alcohol per day for male or 2 units/day for female; one unit is 30 ml. of spirit such as whisky, or 350 ml. of beer, or 85 ml. of wine), not to be obese which is to have body mass index, BMI, less than 23 (BMI is body weight in kilogram divided by height in metre⁽²⁾) and waist circumference of less than 90 cm. for male, 80 cm. for female, by dieting and exercising appropriately.

With regards to viral hepatitis B and C patients receive virus from blood and blood products usually at birth, sexual intercourse, and by using dirty infected needles such as in intravenous drug users. Other possibilities are using the same razor, tooth brush, tattoo with dirty needles etc. From here it can be seen that transmission of viral hepatitis B and C are preventable if one does not get the infection from mother at birth. For hepatitis B, we have vaccine which is given to babies at birth free of charge for about 20 years now. We still do not have vaccine for HCV but luckily infected mother passes the infection to baby at less than 8%. So in summary, if you do not get it from your mother and you look after yourself, there is no need to get the infection at all.

As for cholangiocarcinoma in Thailand, this arises mainly from eating uncooked pla la or koi pla which has liver flukes (*Opisthorchis viverrini*). To prevent, it is not to eat uncooked pla la etc or if you have eaten it in the past have your stool examined for eggs of the flukes and have the infection treated if present.

Cancer of the colorectum is extremely common in the west. In 2004 it was reported that throughout the world there were 1,023,152 cases of colorectal cancer. In the USA colon cancer is the number one cancer of the gastrointestinal tract affecting 148,610 persons in 2006 and is the second most common cause of cancer deaths (behind lung cancer), with 55,170 deaths in 2006. (Table 1) (but is number 2 for all cancers, being second only after the lung). In Thailand it is number 3 in male and number 5 in female. The risk factors for cancer of the colon are family history of colon cancer, male age 50 or above, obesity, eating red meat, animal fat, eating few fiber, eating too many calories, no exercise, alcohol, and smoking. One third of the patients will have history of colon cancer in the family. Those who have no family history is considered to have an average risk of developing colon cancer.

Table 1 Incidence and mortality of gastrointestinal cancers in the United States for 2006

Cancer	Incidence	Male Incidence	Female Incidence	Deaths
Esophageal	14,550	11,260	3,290	13,770
Gastric	22,280	13,400	8,880	11,430
Small intestine	6,170	3,160	3,010	1,070
Pancreas	33,730	17,150	16,580	32,300
Liver and intrahepatic duct	18,510	12,600	5,910	16,200
Gallbladder and other biliary	8,570	3,720	4,850	3,260
Colorectal	148,610	72,800	75,810	55,170

Colon cancer usually develops from adenomatous polyps and this sequence takes about 10-20 years, the bigger (>1 cm.) the polyps the more risk. This is why most guidelines in the West suggest screening for colon cancer for those with average risk at the age of 50 (before, if there is a family history). Screening can be done by fecal occult blood (FOB) testing every year, or FOB plus flexible sigmoidoscopy every 5 years, or barium enema every 5 years, or colonoscopy every ten years. If FOB is

positive then proceed to colonoscopy but not to repeat FOB testing. If colonoscopy is negative repeat after 10 years. If adenoma was found then resection should be done and colonoscopy repeated within 3 years.

In the year of 1999, cancer of the esophagus accounts for about 4.6 cases in male and 1.6 cases in female per 100,000 population. The incidence of esophageal cancer remains relatively low in the USA, with 14,550 cases predicted for 2006.

The causes of this cancer is eating nitrosamines which are present in pickled food and salted fish, food contaminated with fungus, alcohol, smoking or drinking chemical containing sodium hydroxide by accident or suicidal attempt. It is best to avoid all the risk factors and if there is any symptom from the esophagus such as dysphagia etc one must consult a doctor urgently.

Cancer of the stomach is the 4th most common cancer in the world. In the year 2005 there were 930,000 new cases and 700,000⁽²⁾ deaths. However, the incidence is decreasing, this may be due to the fact that people are eating less salty food, eating more fruits and vegetables. In Thailand cancer of the stomach is ranked number 10 of all cancers in male but is not even in the top 10 for female. To reduce the risks is to eat less salty food, meal with nitrates, pickled food and of course if there is the chance to eradicate *Helicobacter pylori* (HP) such as when someone presents with peptic ulcer and Hp is present.

Pancreatic cancer is the 4th leading cause of cancer death in men and women, with an estimated 33,700 cases for 2006 in the United States. Pancreatic cancer has the highest incident-to-death ratio of all gastrointestinal cancers, with 32,300 expected deaths in 2006. (Table 1) The 5-year survival is dismal at less than 5%, with a median survival of 6 months. The peak incidence is in the 7th decade of life, with a slight preponderance for males (1.3:1) and blacks (1.8:1).

The risks for developing cancer of the pancreas are alcohol, smoking, diabetes mellitus, and chronic pancreatitis.

So these are the common GI cancers and the risks for all these cancer are reducible, more in some, not so much in others. Apart from the above information there are 7 cancers which more or less are related to obesity, these are cancer of the breast, colon, prostate, liver, esophagus, gall bladder, and uterus. So by exercising and dieting correctly one can reduce the risks for these 7 cancers plus other diseases such as coronary artery disease, cerebrovascular disease, hyperlipidemia, diabetes mellitus, obesity and its complications etc.

Doctors should be made aware of all these information and should try to educate population at large as much as possible so that they all can modify their lifestyle to reduce the risks as much as possible.

REFERENCES

1. Kluhapprema T, et al. Cancer in Thailand, Vol. IV, 1998-2000. Bangkok: Bangkok Medical Publisher; 2007.
2. Digestive Disease Self - Evaluation Program, DDSEP Version 5, AGA Institute 2007.