

A WELCOME FROM THE CHAIRPERSON



The Oesophageal Cancer Fund was formed by a group of Lucilla Hyland's close friends after she died from oesophageal cancer in the summer of 2001. The OCF raises funds to support both the patients and families who become affected by this disease as well as a continued programme of scientific research.

As a group we strive to further the public awareness and understanding of this disease. Many patients are diagnosed late when the disease is advanced. We hope that through continued public education we will all recognise the significance of difficulty in swallowing just as we all have become aware of the sinister nature of a breast lump or of a mole which changes in size or colour.

Our main fundraising event is an annual **Lollipop Day** that has become a very successful and recognisable event. The Lollipop was chosen as our symbol to highlight the commonest symptom of oesophageal cancer – *difficulty swallowing*.



Natasha Byram joins the fun!

Success of any charity depends on an army of volunteers, the loyalty of our sponsors and a growing and enthusiastic committee, all of whom I would like to recognise and thank for their continued support.

Noelle Ryan, Chairperson OCF

LUCILLA HYLAND RESEARCH FELLOWSHIP

The OCF is pleased to continue to fund the Lucilla Hyland Research Fellowship on an annual basis. The recipient of this fellowship continues ongoing research into cancer of the oesophagus. This research is performed under the direction of Professor Tom Walsh, Consultant Surgeon at James Connolly Memorial Hospital, Blanchardstown.

Ongoing research includes investigation of the role of bone marrow derived cells in the development of the main precursor of cancer of the oesophagus, a condition called Barrett's oesophagus. Furthermore, we continue to look at the role which bile reflux in conjunction with acid reflux, may play in the development of both inflammation and cancer of the oesophagus.

Some of Our Recent Research Findings

In recent years we have identified for the first time that primitive cells derived from the bone marrow circulate in significantly higher numbers in patients

with Barrett's oesophagus than in the normal population. We have speculated that these cells represent immature cells that are destined for a role in repair to the damaged lining of the oesophagus which occurs in this condition. We have further demonstrated that the numbers of these cells released by the bone marrow in patients with Barrett's oesophagus can be manipulated with dietary supplementation with the amino acid taurine. It may be that on localising to the area of injury these immature cells are then stimulated to differentiate in an abnormal manner by an abnormal local environment. Presently research is being designed to study the engraftment of these immature cells from the circulation into the lining of the oesophagus.

Research on Treatment

Other recent research has also examined the role of the same amino acid in providing protection from the toxic side effects of radiotherapy. Radiotherapy forms

LUCILLA HYLAND RESEARCH FELLOWSHIP

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a constituent part of the treatment of oesophageal cancer. In particular we have been able to demonstrate a role in reducing the toxicity of radiotherapy to lung tissue, showing a possible reduction in radiation induced lung fibrosis. Such lung fibrosis is a common side effect that may limit therapy. This reduction toxicity has been shown to occur whilst not compromising the anti-tumour effect of either chemotherapy or radiotherapy.



Committee at work

Research on Barrett's Oesophagus

Barrett's oesophagus is known to be the main risk factor for the development of the most common type of oesophageal cancer. This condition can run in families. We continue to be involved with a group of researchers in the Mayo Clinic who are attempting to identify a gene which could account for a familial link. We also continue to screen the siblings of patients with Familial Barrett's cancer in an attempt to detect cancers earlier and provide the best hope of cure.



John O'Shea of Manchester United lends his support to Lollipop Day



One of our younger supporters!

Dr Aymon Nasr – Lucilla Hyland Fellow 2004-2005

This years recipient of the Lucilla Hyland Research Fellowship is Mr. Aymon Nasr. He is continuing work to assess the relationship between bile reflux and the development of the complications of gastro-oesophageal reflux disease. Further projects include the evaluation of the synergistic role that both acid and bile may have in the disease process.



Collectors at Supervalu, Mt. Merrion, Co. Dublin

Patient and Family Chalet Accomodation in JCMH

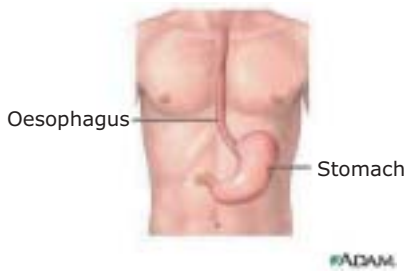
The OCF has planned the provision of a chalet style accommodation unit on the grounds of James Connolly Memorial Hospital. We plan to fund the building and running of a facility which could accommodate patients and their families whilst they undergo courses of treatment in JCMH.

This idea was first mooted just over a year ago. We are now optimistic that this project will commence in the near future. It is envisaged that this accommodation will provide patients and their families with privacy, independence and comfort, whilst ensuring appropriate medical supervision, during a difficult period of treatment.

FREQUENTLY ASKED QUESTIONS

What is the Oesophagus?

The oesophagus (pronounced E-SOF-A-GUS) is the tube which transports food from the mouth to the stomach. It is approximately 25cm long. Commonly it is known as the 'gullet'.



What is Cancer?

Essentially cancer means the abnormal growth and multiplication of cells which have escaped from their normal control mechanisms.

They have the ability to spread and scatter around the body and invade important organs at distant sites.

What Symptoms Signal Cancer of the Oesophagus?

The most common symptom of suspicion is **difficulty in swallowing**. This means that food sticks on the way down. Later, as the tumour grows, difficulty swallowing liquids also occurs. It is advisable that if food sticks on swallowing on two separate days it should be investigated urgently.

If difficulty in swallowing is accompanied by **weight loss** it should be investigated immediately.

**Difficulty swallowing + Weight loss
= Oesophageal Cancer until proven otherwise**

Other symptoms may include hiccups, pain between the shoulder blades or discomfort behind the breastbone.

What are The Risk Factors for Developing Oesophageal Cancer?

The incidence of one type of oesophageal cancer is increasing more rapidly than any other tumour. This is an 'adeno-cancer' and now accounts for greater than 60% of oesophageal cancers in Ireland. The main risk factor for its development is a prolonged history of acid reflux leading to the development of the condition known as Barrett's oesophagus.

What is Barrett's Oesophagus?

Barrett's oesophagus is a change in the cell type lining the lower oesophagus. This is thought to occur as a result of longstanding reflux of acidic juices from the stomach over the lining of lower oesophagus. Barrett's oesophagus is the main risk factor for the development of a cancer of the lower oesophagus. This type of cancer is now the most common type of cancer in Ireland.

If I have Chronic Heartburn Should I be Worried?

A long history of heartburn, which has required either regular over-the-counter medication or prescription

medication, does not mean that you will develop cancer of the oesophagus. It is prudent, however, to discuss your symptoms with your General Practitioner and be referred for a once off endoscopy (camera) test.

What is the Incidence of Oesophageal Cancer?

Cancer of the oesophagus is uncommon. Approximately 400 cases of the disease are diagnosed annually in Ireland.

However it is a disease with a particularly bad outcome. This makes early diagnosis essential if the chances of curative treatment are to be maximised.

In general the incidence of oesophageal cancer shows considerable geographical variation. In Europe the incidence is highest along the Western European seaboard including in Ireland, the UK and France.

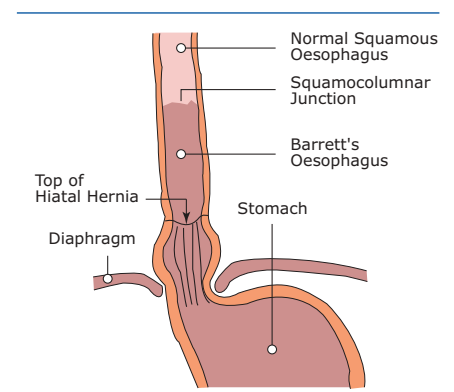
Whilst its incidence is low it is because it is such an aggressive cancer with such a poor prognosis that a heightened public awareness of worrying symptoms is critical. Approximately two thirds of people diagnosed with the disease cannot undergo surgery because the disease is too advanced or they are too old or unfit for surgery. The earlier in its course it is diagnosed and treated then the higher the chances of cure.

What is the Current Management of Oesophageal Cancer?

Surgery is the main stay of treatment for Oesophageal Cancer. In 1996, Professor Tom Walsh published a landmark paper in the New England Journal of Medicine showing that pre-operative chemotherapy and radiotherapy prior to surgery dramatically improve the outcome for patients with more advanced disease. It is hoped that in the future we may be able to predict who will respond best to each treatment modality, allowing us to individually tailor therapy.

Why the OCF is keen to promote more Public Awareness of Oesophageal Cancer?

Early diagnosis increases the chances of successful treatment. The OCF is aware of the fact that oesophageal cancer is usually diagnosed late when the disease has already reached an advanced stage and may not be curable. This is related to poor public awareness of the symptoms to be aware of. *We hope that as a result of our publicity this is changing.*





Ivor Lewis who described the first operation for cancer of the middle oesophagus

Early Diagnosis Remains Elusive

It was very interesting to find that Ivor Lewis, the first surgeon to operate on cancer of the middle oesophagus, and to devise the operation which now bears his name – the Ivor Lewis Operation – wrote in the British Journal of Surgery in 1946:

“Is it too much to hope before long that the public will be taught that any disturbance in swallowing must mean seeing the doctor about it, that the doctor will assume that all such cases over 40 years of

age are due to cancer unless obviously due to something else, and that physicians and surgeons will insist that such growth is excluded only when radiography and esophagoscopy are negative”. Despite his optimism we are not aware in the intervening 60 years of any other group in any other country who are promoting awareness of the significance of difficulty swallowing.

Remember...

New onset of difficulty in swallowing combined with weight loss = oesophageal cancer until proved otherwise.

REPORT ON LOLLIPOP DAY 2005

Lollipop Day will take place on Friday 25th & Sat 26th February 2005. You can order lollipops or make a donation at Bank of Ireland, Blackrock, Co. Dublin. Account No. 33740363 or log on to our website to make a credit card donation. www.lollipopday.com

THE COMMITTEE

The OCF committee began in 2001 as a small group of close friends anxious to remember their friend Lucilla Hyland who died at a young age of oesophageal cancer. Since then the committee has grown far beyond its modest beginnings and is very fortunate to have committee members who continue to enthusiastically give time and energy on a voluntary basis. Whilst some original members of the committee continue to have an active role, the group has been delighted in the past years to welcome many new faces to the group. This has ensured that the organisation has continued to thrive and grow stronger by the year.

GET INVOLVED

The committee is always enthusiastic in welcoming new members and faces who would like to contribute in any way that they can.

- Volunteer to sell lollipops on Lollipop Day
- Get your family friends and neighbours to sell lollipops in their place of work
- Direct sponsorship and donations
- Involve yourself in the work of the Committee ...

ACCOUNTS

Oesophageal Cancer Fund Income and Expenditure Account For the Period to Dec 04

	€	€
INCOME		
Sale of Lollipops and Pins	191,541	
Sponsorships	-	
Donations	30,354	
Total Income		221,895
EXPENSES		
Purchase of Lollipops and Pins	14,200	
Advertising	22,476	
Print, Post & Stationary	2,697	
Insurance	745	
Sundry Expenses	666	
Part-time Salaries	12,304	
Bank Charges	16	
Total Expenses		53,104
NET FUNDRAISING		168,791
PRIOR FUNDS RAISED		
Lucy Ball	145,074	
Lollipop Day 2002	73,812	
Lollipop Day 2003	137,619	
Funds Given To Medical Research (incl College of Surgeons Fellowship)	(180,000)	176,505
NET FUNDS ON DEPOSIT		345,296
Reconciliation To Bank Accounts		
Deposit Account		110,000
Current Account (128)		235,296
Accrued Exps		0
		345,296