

LOLLIPOP DAY 2004

The **Oesophageal Cancer Fund** (OCF) was founded in 2001 in co-operation with Tom Walsh (Surgeon, Blanchardstown Hospital,). The inaugural Lollipop Day was planned and launched in April 2002, and the event has continued to grow in profile since. The Lollipop was chosen as an emblem to highlight what is the most common presenting symptom of this disease – **difficulty swallowing**.

Oesophageal cancer remains a disease with a poor prognosis. The rate of growth in cancers of the lower oesophagus has outstripped all other solid tumours in the western world. Ireland is now the seventh country in Europe in terms of the increasing incidence of oesophageal carcinoma and in older women, Ireland tops the league.

The lack of awareness that **difficulty swallowing** may be a **sinister sign** means that patients present to a doctor when their disease is already advanced. It is important to raise public awareness about difficulty swallowing. One woman told us that after hearing the symptoms discussed on the radio last year that, "**I knew immediately that this is what I had**". It is a pity that people are not as aware of the significance of difficulty swallowing, as they are of the significance of a breast lump.

In planning Lollipop day, extensive annual media coverage of the event is generated. The Irish Times, The Irish Examiner, The Irish Independent and The Evening Herald have all helped in the past by carrying interviews with group members. Radio shows including the Gerry Ryan show and Radio Limerick have also kindly further publicised the event. School pupils have

been extremely helpful and willing to give their time on Lollipop day and boost our number of collectors. Last year the scope of Lollipop day was extended and we were able to collect more widely throughout Dublin as well as Galway, Cork, Waterford and Athlone. We hope to further extend this years list and ultimately have a truly nationwide event.

Lollipop Day 2003, was a fantastic success and in excess of €140,000 was collected nationwide and will be used to further the charity's ongoing projects in the year to come.

In the coming year Lollipop Day is planned for the 27th and 28th of February 2004. Anyone interested in volunteering their time to help may contact the group by emailing lollipopday@eircom.net or looking at our website – www.lollipopday.com -- for further information.



**DATE FOR
YOUR DIARY**

**27/28TH
FEBRUARY 2004**



**2004
LOLLIPOP DAY**

HOW TO GET INVOLVED!

More help is always needed and may be given by:

- Volunteering to sell lollipops in your area on Lollipop Day
- Interesting family and friends in selling lollipops in their place of work
- Direct donations or sponsorship
- Getting involved in the work of the Committee!

Contact the OCF through Noelle Ryan,
2 Granville Rd., Blackrock, Co.Dublin.

Tel: 289 7457 or **e-mail** – lollipopday@eircom.net

OCF – THE COMMITTEE

The OCF is very fortunate to have committee members who continue to enthusiastically give time and energy on a voluntary basis. Whilst the original members of the committee continue to have an active role, the group is delighted this year to have expanded its numbers and have new faces join its ranks.



Left to right: Professor Tom Walsh, Dr Peter Naughton, Pdraig MacGrory and Noelle Ryan (Chair)

A NOTE FROM THE CHAIR

The OCF (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. Since its formation the group has attempted to raise further public awareness of the disease and has raised funds for ongoing research

and treatment for people with oesophageal cancer.

Our main fundraising event is an annual **Lollipop Day** that has become a very successful and recognisable event. As with any voluntary charity, success depends on an army of volunteers, our sponsors, a great committee and

our families, all of whom I would like to recognise and thank for their continued support.

A handwritten signature in black ink that reads 'Noelle Ryan'.

Noelle Ryan, Chairperson OCF

PATIENT AND FAMILY ACCOMMODATION IN JCMH

Recently the OCF has entered into discussions with James Connolly Memorial Hospital in Blanchardstown regarding the provision of accommodation on the hospital grounds. This would provide a place for people to stay from outside Dublin during their consultations and treatment. They would be out of

the hospital environment but close enough should they become ill.

It is envisaged that this accommodation would give patients and their families independence and comfort, whilst ensuring appropriate medical supervision, during a difficult period of treatment.

LUCILLA HYLAND RESEARCH FELLOWSHIP

The Lucilla Hyland Research Fellowship has been established and funded by the Oesophageal Cancer Fund. The recipient of this fellowship will conduct research into cancer of the oesophagus. This work is performed under the guidance of Professor Tom Walsh, Consultant Surgeon at James Connolly Memorial Hospital Blanchardstown.

The ongoing aims of this research are to enhance our understanding of cancer of the oesophagus and to improve response to treatment. One body of work focuses on the gastro-oesophageal reflux of acid into the oesophagus. This leads to the development of inflammation or oesophagitis. This in turn can lead to a change called Barrett's oesophagus. Barrett's oesophagus is the main cause of cancer of the oesophagus in Ireland.

Some Studies that the Research Fellowship has Supported

Irish women have the highest incidence (next to Scotland) of oesophageal cancer in Europe. We are working on the theory that this may reflect a Celtic Gene, common to Irish, British and European Celts. This is a long term project which is being undertaken in association with the Biochemistry Department of the Royal College of Surgeons in Ireland.

It is well known that acid may damage the lining of the lower oesophagus, but bile may also play a role. The concentration of bile and acid both increase after removal of the gallbladder, for instance. Acid and bile

appear to act synergistically. Currently, William Robb is examining the toxicity of bile salts on oesophageal cells, and the effect that an acidic environment may have on this toxicity. He is also investigating the ability of an amino acid Taurine, a constituent of bile, to attenuate this damage.

Peter Naughton, last years fellowship recipient, identified for the first time a significant increase in the numbers of circulating primitive stem cells from the bone marrow in patients with reflux disease and with Barrett's oesophagus. This may be the source of the cells in the oesophagus and their detection in the blood stream may be an early marker for who is at risk of developing cancer. We are also investigating whether the release of these stem cells can be enhanced. This could provide an improving reparative response to injury induced by acid and bile. The majority of patients have malignant cells spread to the bone marrow at the time of surgery. Surgery alone cannot cure them. Peter Naughton is examining our data on these to determine whether eliminating these cells by chemoradiotherapy can improve the chances of survival. This work is being carried out in association with Professor O'Sullivan in Cork.

Sometimes Barrett's can run in families and we are working with researchers in the Mayo Clinic to help identify a gene that can account for this familial link. We are currently attempting to screen all siblings of patients with Barretts cancer in the hope of detecting cancer earlier when the chances of cure are greatest.



Audrey Haugh



OCF Committee Members, left to right: Noelle Ryan (Chair), Ciaran Rooney, Claire O'Reilly, Audrey Haugh and Aoife Stokes



Claire O'Reilly and Audrey Haugh

OESOPHAGEAL CANCER – WHAT IS IT?

Cancer of the oesophagus, or gullet, is a cancer with a poor prognosis. Over 400 cases of oesophageal cancer are diagnosed annually in Ireland. It is usually diagnosed late, largely because the general public is unaware of its symptoms. We found that two thirds of people with cancer of the oesophagus had symptoms for more than three months before coming to hospital. We also found that only 17% of people stopped in the street, would associate difficulty swallowing with cancer.

Symptoms

The main complaint is **difficulty swallowing**. If food sticks on the way down while swallowing on two separate days it should be investigated urgently. If difficulty **swallowing is accompanied by weight loss**, it should be investigated immediately. Unfortunately, not many people have heard of this cancer or know about difficulty swallowing and persist with medication and hope for the best.

Other symptoms include unexplained hiccups, pain between the shoulder blades and weight loss alone.

Other Facts about Oesophageal Cancer

The incidence of one type of oesophageal cancer is increasing more rapidly than any other tumour. This cancer (adeno-cancer) used to account for 5% of cancers 30 years ago – now accounts for 60 percent of oesophageal cancers in Ireland.

This is secondary to acid reflux disease (causing heartburn) and leading to Barrett's oesophagus. Patients with Barretts usually will admit to years of heartburn that can then improve as the lining of the oesophagus undergoes change. This changed lining is at risk of developing cancer.

The incidence in oesophageal cancer has shown geographical variation, with the lowest incidence in Europe being along the Mediterranean and the highest being North West Europe – Ireland, Britain and France.

The early spread and late diagnosis of oesophageal tumours are reflected in the poor results from treatment. Two thirds of people cannot undergo surgery because the disease is too advanced or they are too old or unfit for surgery.

Management of Oesophageal Cancer

Management of oesophageal cancer has traditionally been by surgical removal of the tumour. In 1996, Mr Tom Walsh published a landmark paper in the New England Journal of Medicine, showing that pre-operative chemo-radiotherapy prior to surgery, dramatically

improved the outcome. This has been confirmed by other trials and remains the current standard of treatment throughout the world for this disease.

Chemo-radiotherapy alone can only cure a small percentage of tumours. In the future, it is hoped that we will be able to predict who will respond to what treatment regimen in the way we currently do for antibiotic sensitivity. This will allow patients to be selected for the most appropriate treatment.

ACCOUNTS

Oesophageal Cancer Fund Income and Expenditure Account For the Period to Dec 03

INCOME	€	€
Sale of Lollipops and Pins	154,102	
Sponsorships	4,780	
Donations	13,247	
Total Income		172,129
EXPENSES		
Purchase of Lollipops and Pins	19,669	
Advertising	4,247	
Print, Post & Stationary	759	
Insurance	490	
Sundry Expenses	999	
Bank Charges	113	
Total Expenses		26,277
NET FUNDRAISING		145,852
PRIOR FUNDS RAISED		
Lollipop Day 2002	73,812	
Lucy Ball	145,074	
Funds Given To Blanchardstown Research Dept (incl College of Surgeons Fellowship)	(120,000)	98,886
NET FUNDS ON DEPOSIT		244,738