

# The Moultrie News

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## Healthy Living

### MUSC offers new tool to treat pre-cancerous condition

Just about everyone has experienced GERD in one way or another. Whether as an uncomfortable feeling of burning in the chest or acid regurgitation, symptoms of gastroesophageal reflux disease or GERD occur weekly in about 20 percent of U.S. adults and place them at risk for a pre-cancerous condition affecting the lining of the esophagus, Barrett's esophagus.

For a patient with Barrett's esophagus the annual risk of developing cancer is similar to the risk of developing colon cancer for a patient with a colon polyp. However, unlike a colon polyp, which is removed immediately upon diagnosis, the standard treatment for Barrett's esophagus is a protocol of "watchful waiting." Under this monitoring process, patients receive regular screening, which includes an upper endoscopy with tissue biopsy, as frequently as every three months.

As a result, patients with Barrett's esophagus live with the daily fear of the unknown: Will I develop cancer? If so, when and what can I do to prevent it? Moreover, people with Barrett's esophagus must undergo regular endoscopies that require a visit to the hospital, anesthesia, several days of recovery and eating restrictions.

If pre-cancerous changes are found, patients will be forced to go through a lifetime of endoscopies as frequently as every three months without the benefit of treating the underlying condition. In the worst case scenario, esophageal adenocarcinoma is found. These patients often require an esophagectomy, which is a formidable surgical procedure that involves removing the patient's esophagus.

An esophagectomy significantly decreases a patients' quality of life and confers a five-year survival rate. Esophageal adenocarcinoma is often incurable as the disease is frequently discovered at a late stage. It is also the fastest growing type of cancer in the United States, rising faster than breast cancer, prostate cancer, or melanoma. Approximately 15,000 Americans will be diagnosed with esophageal cancer in 2006, and over 95 percent will die from the disease.

The current strategy of monitoring does not treat Barrett's esophagus or prevent the disease progression. MUSC Medical Center is the first and only hospital in South Carolina to offer patients a new tool to treat Barrett's esophagus called the HALO360 System, which uniformly removes the thin layer of diseased

tissue. Normal cells usually grow back in three to four weeks for most patients. Dr. Robert Hawes, a gastroenterologist at MUSC Medical Center, currently offers this treatment to patients.

Local resident, John MacMaster, 63, learned the dangers associated with Barrett's esophagus. John experienced chronic heartburn for 25-30 years and was diagnosed with Barrett's esophagus in 2002. John's physician advised him to undergo surveillance with testing every six months to monitor any changes to his condition.

On Thanksgiving of 2005, after a battery of tests, John was told that his Barrett's esophagus had advanced and he would need an esophagectomy. John and his wife were crushed by the news. He was referred to an esophagectomy specialist and was prepared to hear the worst. The specialist told John that rather than moving forward with the surgery, she felt he was a candidate for the HALO360 System. John had the procedure and has since learned that his Barrett's esophagus was completely removed. John and his wife call the treatment "a miracle."

"I feel I've been given another chance at life," he says.