
Session 6: Cancer prevention and target organs II: Digestive tract cancer

S24. Introduction

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Two features distinguish efforts directed towards prevention of cancers of the digestive tract from those concerning most other organs. First, there are precursor lesions, at least for esophageal and colorectal cancer. Second, these precursor lesions can be detected and their behavior followed by endoscopy. Therefore it is possible to assess the efficacy of preventive measures at a very early stage, long before an overt cancer develops. While this unique opportunity shortens the follow up period needed to observe an effect, such data have to be interpreted with the necessary care taking into account that not every precursor lesion will eventually progress to cancer.

The potential of Aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) to prevent gastrointestinal

malignancies has been evaluated in a number of clinical trials. There is compelling evidence that these drugs lower the risk of colon cancer. However given the potential side effects no general recommendation has been issued regarding the use of Aspirin for prevention of colon cancer in the asymptomatic population. While there is a link between gastroesophageal reflux disease (GERD) and Barrett's esophagus as well as between Barrett's and esophageal cancer no clear evidence for chemoprevention of esophageal cancer with drugs used to treat GERD has been shown to date.

As our understanding of the molecular biology of gastrointestinal cancers grows, new concepts for chemoprevention arise and can be tested in clinical trials.