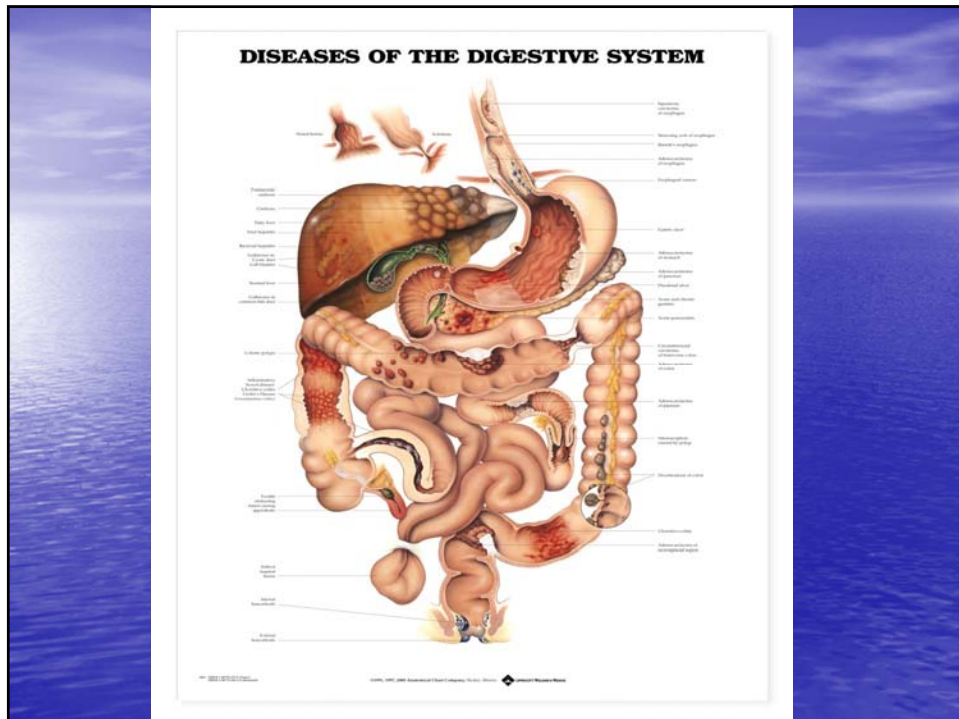


# GI and Liver Diseases Important to the Chinese American

What is a Chinese American?



## The OBAMA Freebies and Cancer Prevention

- Any level **A** or **B** recommendations from the **United States Preventive Service Task Force (USPSTF)** are covered 100% by your insurance. (Google USPSTF recommendations)

## What does Obamacare Cover?

- Does not cover yearly exams with your doctor
- Does not cover Prostate Cancer Screening recommendations (**level D**)
- No recommendations about screening for Gastric and Esophageal Cancers
- Does cover Colon, Breast and Lung cancer\* screening

\* Smokers or history of smoking

\*\*Men age 65-75 who have a history of smoking get a free Ultrasound of the abdomen

## Hepatitis B

- 20-40% of Chinese immigrants in NYC and SF have hepatitis B and most don't know it
- Untreated hepatitis B can lead to Cirrhosis and 50x increased risk for Liver cancer
- Testing is free under the Obama law for certain high risk group
- Treatment is a pill a day and this does reduce your risks for cancer and Cirrhosis
- Ultrasound of your liver 2x per year substantially reduces your risk of dying from liver cancer or needing liver transplant
- Negative effects treatment?
- Side effects of treatment is minimal but presently treatment is life time

## Hepatitis C

- Leading cause of liver transplant in the United states
- Can lead to liver cancer and cirrhosis
- Testing is free and recommended for all baby boomers
- Curable in 98%
- Treatment is one pill a day for 12 weeks for most people and has virtually no side effects
- Unlike hepatitis B, I don't see this in our "well educated" Chinese population



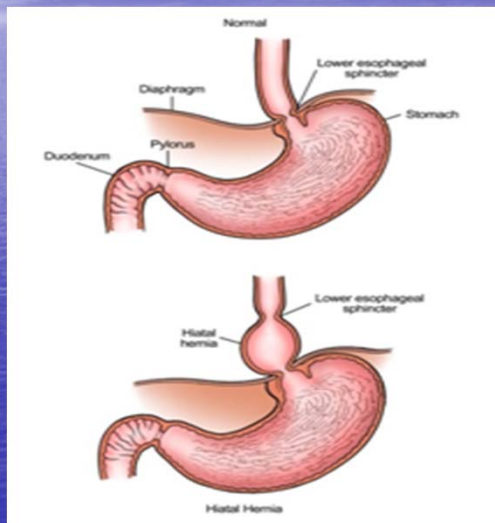
## GERD- was asked to talk about this

- Gastro-esophageal reflux disease
- Symptoms are often obvious, sometimes not
- A very common problem but much less common in Chinese/Asians.
- Very rare to see complications of this disease in the Chinese American. 10 -20% of the US population has symptoms 2x per week but 2-6% in the Chinese American population.
- Testing is not Free, often treatment is diagnostic and more sensitive

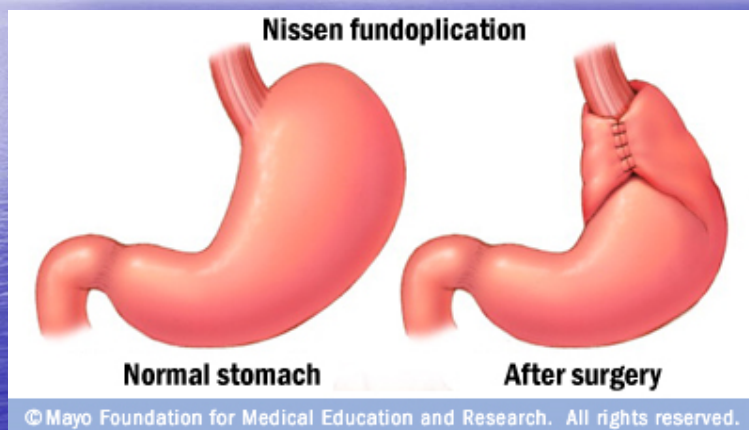
## Mechanism and Rx of GERD

- Mostly a mechanical problem and not a problem with too much acid.
- Medical treatment is toward reducing the acid in your stomach (Nexium, Prevacid and Prilosec for example)
- Long and short term studies suggest Surgical and Medical treatments have equal outcomes.
- What about Diet?

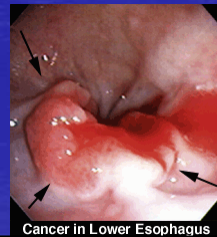
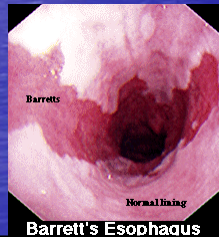
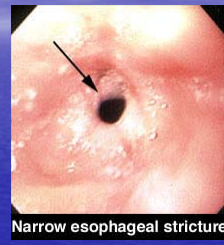
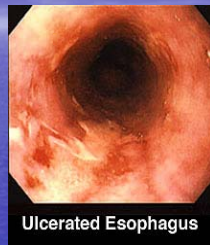
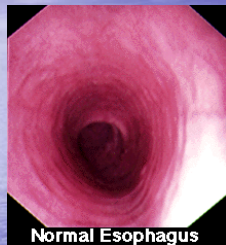
## Mechanism of GERD: exposure and sensitivity. Rationale for recommendations that we give.



## Surgical Option for GERD



## Complications of Esophageal reflux

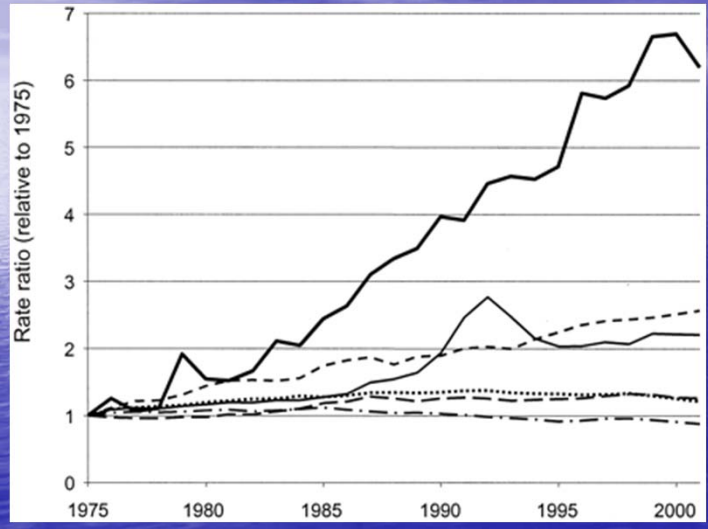


## Esophageal Cancer, do Chinese Americans have to worry about this?

- Two types. Squamous and Adenocarcinoma
- Only the adenocarcinoma is related to Barrett's and reflux. The other is 100% smoking related.
- Smoking does double your risk for esophageal adenocarcinoma.
- GOOD NEWS. In Asian countries Adenocarcinoma only comprise 1% of the esophageal cancers.



**Esophageal Adenocarcinoma Is One of the Fastest Growing Cancers of the Past Four Decades in "Caucasian Males"**



Esophagus

Melanoma

Prostate

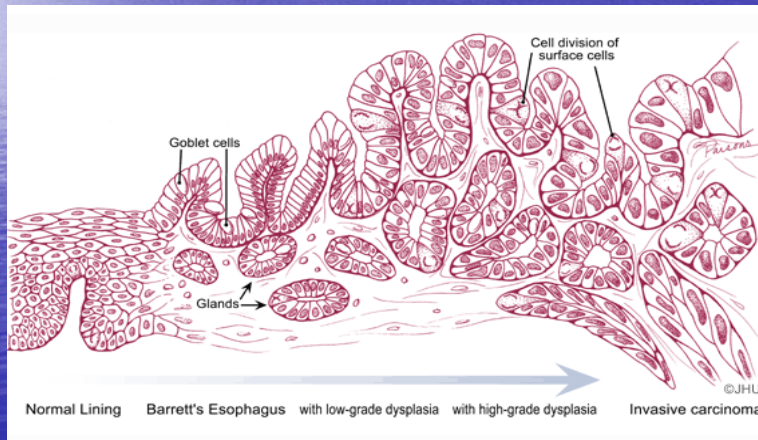
Lung/Breast

Colorectal

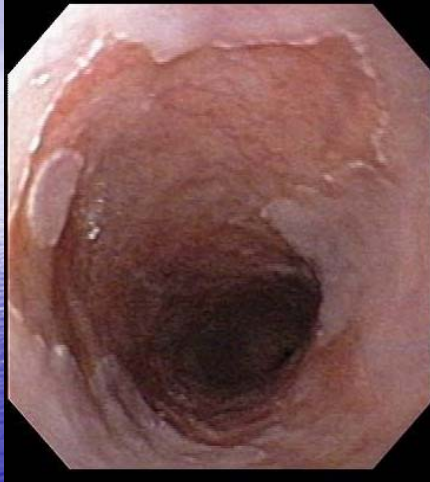
M130636-USA, July 2013

Pohl H, Welch HG. Natl Cancer Inst 2005

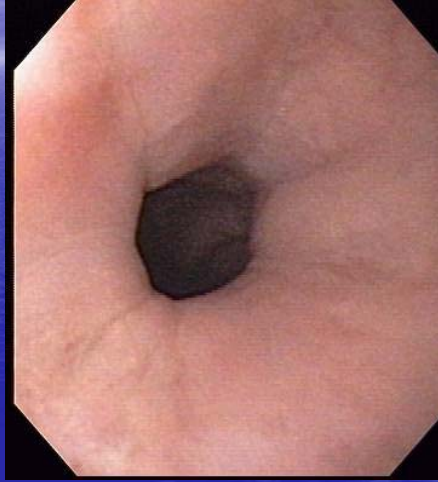
**The Development of Esophageal Cancer from Barrett's esophagus to cancer (is esophageal cancer preventable?)**



# Is Barrett's reversible and is there a lot of Hype?



Baseline



Post-RFA: 2 years

M130636-USA, July 2013 <sup>15</sup> Courtesy of Jacques Bergman, M.D., Academic Medical Center, Amsterdam, the Netherlands

## Barrx™ RFA Catheters



## Barrx™ Flex Generator



M130636-USA, July 2013 <sup>16</sup>



## Is surgery or medicine best for GERD?

- Most patient want treatment, and diet and lifestyle helps a little
- Medical treatment benefits and risks
- Surgical treatment benefits and risks
- Does any of these treatments prevent the complications of this disease?

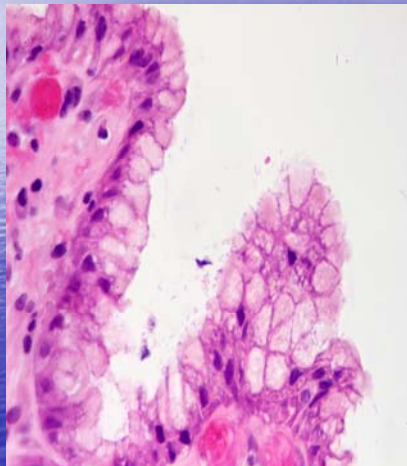
## Reflux Disease when should you see a specialist ?

- Yes if
- Difficulty swallowing
- If associated with other GI symptoms such as nausea or vomiting or loss of appetite, weight loss or anemia
- If not responding to medication
- Suggested if
- If you have had regular symptoms for more than 5 years
- If you have a history of smoking, smoking doubles your risk
- Remember, Esophagus Cancer from Barrett's is very rare in the Asian population !!!

## Gastric Cancer

- More prevalent in Asians and Hispanics
- In Japan and Taiwan the risk of Gastric Cancer is now similar to the risk of Colon cancer. Lifetime risk is about 3% in Japan versus less than 1% here
- Gastric cancer screening is not covered under Obamacare although preventive screening is done in Taiwan, Japan and Korea.

## Helicobacteria Pylori increases Stomach cancer risk **6X**



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## Endoscopic Mucosal Resection of Gastric Cancer



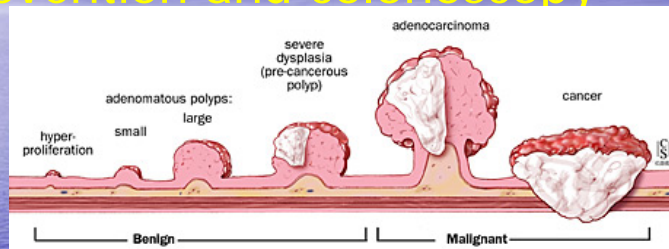
## Colon Cancer is still important!

- Data from Hawaii suggests that immigrants and their descendants in the United States have the same risk as the general population over time.
- Gastric cancer and colon cancer incidences are similar in the more westernized Asian countries
- The lifetime risk is about 4-5%
- Probably the only "Preventable Cancer"
- Colonoscopy Covered 100% by Obamacare



## Polyp to Colon Cancer Progression

### The rationale behind colon cancer prevention and colonoscopy



The assumption is that if you remove the polyps, you don't get cancer.

Polyps don't cause symptoms and neither do small cancers  
Reduction in colon cancer and death from colonoscopy and removal of polyps may be 60-70%

30% of asymptomatic patients will have polyps but there is only a 4-5% one will develop colon cancer in their lifetime.

## Colon Cancer Screening

- Colonoscopy is not the only test
- Consider "Cologuard" every three years or yearly stool test for occult blood.
- Cologuard is covered by Medicare.
- **GET TESTED!**