

# You might call it **heartburn** or **indigestion**.



It's probably nothing.  
But in some cases, it could  
be a sign of cancer.

Whatever you call it,  
**Don't ignore it.**

If it keeps coming back,  
**contact your GP practice.**

# Introduction

This toolkit outlines key information about Oesophageal cancer signs and symptoms, as well as information about prevention, lowering the risk of developing cancer, and how to treat and care for patients.

The Oesophageal Cancer Toolkit covers:

- What oesophageal cancer is
- Signs and symptoms
- The risks and causes
- What 'Barrett's Oesophagus' is
- Pharmacy top tips
- Further Information and Resources

# Contents

<b>Section</b>	<b>Page</b>
Introduction	3
Campaign Overview	4
Key Messges	5
Signs and Symptoms	6
Risks and Causes	7
Community Pharmacy Top Tips	9
Further Information	10
Accessing cancer education	11



# Campaign Overview

In February 2026, RM Partners North West and South West London Cancer Alliance in partnership with Heartburn Cancer UK (HCUK) is supporting a pan-London campaign to help more people recognise the signs and symptoms of oesophageal cancer.

The aim is to help more people recognise the signs and symptoms of oesophageal cancer and to contact their GP practice early with any concerns.

The campaign '**Whatever you call it**' is focusing on people over the age of 45, and those from lower socio-economic groups, as they are more likely to experience a late-stage cancer diagnosis.

It includes people in this age group from Black and South Asian ethnic backgrounds, who are known to experience health inequalities.

The RM Partners campaign will run in areas of highest deprivation across all 14 boroughs in north west and south west London across outdoor advertising, social media and online search engines.

The oesophageal cancer awareness campaign will run from 1-28 February 2026 as part of Oesophageal Cancer Awareness Month.

# Key Messages

- In England, over 9,354 people are diagnosed with oesophageal cancer each year and it is the 14th most common cancer. It is the 7th most common cause of cancer death in the UK and the 4th most common cause of cancer death for men.
- The wall of the oesophagus (the food pipe) has several layers of tissue.
- Oesophageal cancer starts in the inner lining of the oesophagus and can spread outward through the other layers.
- There are two main types of oesophageal cancer: adenocarcinoma, which typically occurs in the lower part of the oesophagus, and squamous cell carcinoma, which occurs in the upper or middle part of the oesophagus.
- 59% of oesophageal cancer cases in the UK are preventable.
- The biggest preventable cause of oesophageal cancer in the UK is smoking or using tobacco products. Smoking and drinking together further increases the risk of some oesophageal cancers more than either by itself.
- Due to the oesophagus' ability to expand, symptoms don't usually appear until the later stages when the tumour has grown to a larger size.
- Knowing the symptoms is important, as the earlier oesophageal cancer is found the more treatable it's likely to be.
- Around 86% of people diagnosed with stage 1 cancer survive for 1 years or more, compared with around 24% of people who are diagnosed at stage 4.



# Signs and Symptoms

*"Heartburn and indigestion are common and usually not serious.*

*However, if they're persistent and don't go away they could be a symptom of oesophageal cancer, as can difficulty swallowing (dysphagia) or unexplained weight loss.*

*If you have any of these symptoms or others that are not usual for you that last 3 weeks or more, please contact your GP practice.*

*The earlier cancer is detected, the easier it is to treat."*

*Dr Navdeep Alg, RM Partners Primary Care Cancer Lead, Sutton, Merton & Croydon and Dr Bina Modi, RM Partners Primary Care Lead, Brent & Harrow*



## Symptoms can include:

- Persistent heartburn, acid reflux or indigestion
- Difficulty swallowing (dysphagia)

Unfortunately, people often treat some of these symptoms with over-the-counter antacids (such as Gaviscon or Rennie) from the supermarket or chemist. This can mask a problem being found, treated, or monitored, and shouldn't be seen as a long term solution.

## Other symptoms can include:

- Losing weight without trying to
- Pain in the middle of your chest, back or between the shoulder blades, especially when swallowing
- A cough that is not getting better
- A hoarse voice
- Feeling very tired for no reason

It is important to be checked by a GP or healthcare professional if your symptoms change, get worse or do not feel normal for you for 3 weeks or more.

# Risks and Causes

## Common risk factors

### Age

Cancer of the oesophagus is more common in older people.

**Around 40 out of 100 oesophageal cancers (around 40%) develop in people aged 75 and over.**

### Gender

Men are more likely to develop oesophageal cancer than women, however women, particularly Asian women, have poorer outcomes when diagnosed.

### Smoking or using Tobacco

**Smoking or using any type of tobacco products increases your risk of the 2 main types of oesophageal cancer: squamous cell cancer and adenocarcinoma.**

This includes:

- cigarettes
- cigars
- pipes and shisha
- chewing tobacco and/or areca nut, using snuff and/or paan

**Around 35 out of 100 oesophageal cancer cases (around 35%) in the UK are caused by smoking or using tobacco products.**

Smoking and drinking together further increases the risk of some oesophageal cancers more than either by itself.

Your risk increases the longer you smoke.

## Being Overweight or Obese

Being overweight or obese increases your risk of getting oesophageal adenocarcinoma.

**Around 25 out of 100 oesophageal cancers (more than 25%) in the UK are caused by being overweight or obese.**

The more overweight you are the higher your risk.

## Alcohol

Drinking alcohol increases your risk of squamous cell oesophageal cancer.

**The more you drink, the higher your risk.**

## Barrett's oesophagus

Barrett's oesophagus is a condition where the cells lining your oesophagus have become abnormal.

The main symptom of Barrett's oesophagus is reflux, also known as gastro-oesophageal reflux disease (GORD). This is where acid or juices from the stomach or small intestine escape and flow back up into the oesophagus, which often gives people heartburn. Not everyone with Barrett's oesophagus has reflux though.

Barrett's oesophagus increases your risk of oesophageal cancer, although the risk is still small.

**Between 3 and 13 people out of 100 (between 3 and 13%) with Barrett's oesophagus in the UK will develop oesophageal adenocarcinoma in their lifetime.**

# Community Pharmacy Top Tips

## Look out for:

**1. If a patient is buying OTC reflux meds for more than 3 weeks or has a repeating new habit, investigate further with the patient.**

**2. For patients started on a Proton Pump Inhibitor (PPIs), encourage them to return to their GP for a review after the initial treatment period (4 weeks) or if symptoms not controlled**

### **3. Practice 30 Second Triage:**

*The "Sticking" Question: 'Does it ever feel like food gets stuck in your throat or chest when you swallow?'*

*The "Weight" Question: 'Have you noticed your clothes/belt getting looser without trying to lose weight?'*

*The "Newness" Question: 'Is this a new feeling for you, or has something changed recently?'*

*The "Duration" Question: 'How many weeks have you been using these antacids?'*

**4. Dysphagia is never normal and persistent symptoms warrants further GP investigation**

**5. Persistent reflux in 55+ needs a GP review** or in any age if the symptoms are persistent or accompanied by any other issues, difficulty swallowing etc.

For further information on how to order your resources or download shareable social media assets, visit:

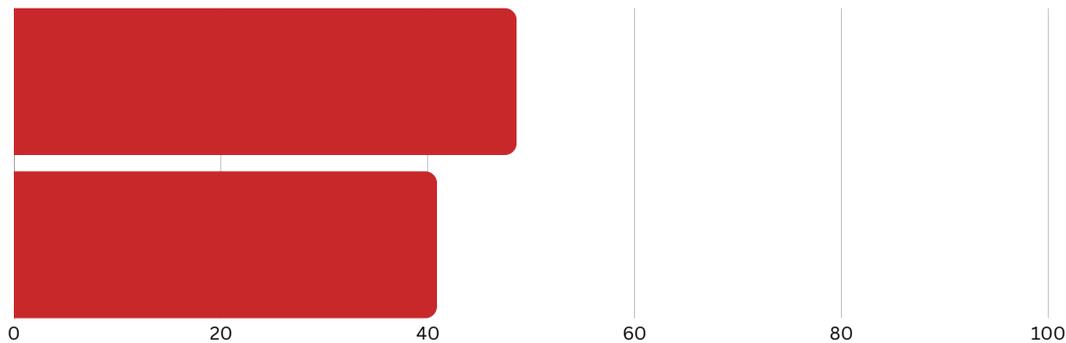
<https://oesophagealcancerawarenessmonth.com/>

or search "**NHS Heartburn**".



# Further Information

In England, around 48.6% diagnosed with oesophageal cancer in the least deprived group survive their disease for 1 year, compared with around 40.9% in the most deprived group (2015-2019).



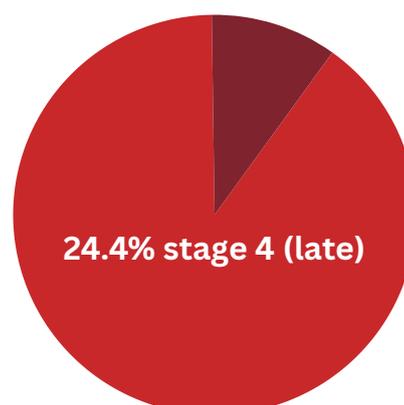
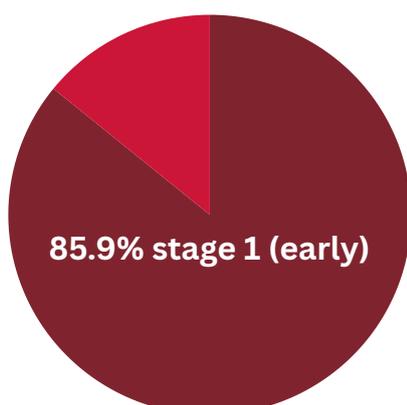
Source: NDRS Cancer Survival

On average, 25% of oesophageal cancers are diagnosed via emergency presentation (2018-2023)



Source: COSD Level 3 and RCRD via CancerStats

Oesophageal cancer 1-year survival by stage:



# Accessing Cancer Education for Oesophageal Cancer

Community pharmacies play a vital role in the early diagnosis of oesophageal cancer.

Many patients manage symptoms such as heartburn, reflux, and indigestion with over-the-counter medicines or prolonged use of PPIs without consulting a GP.

Pan London Cancer Alliances hosted a webinar on 26th January 2026, for community pharmacists to raise awareness of oesophageal cancer Signs and Symptoms and to proactively support early cancer diagnosis efforts and get involved in this Pan London campaign.

**Watch the webinar here:**

<https://youtu.be/re7l1KcmQlc>

## GatewayC: Early Diagnosis

This course aims to assist primary care staff in effectively assessing and managing patients with symptoms potentially indicative of oesophageal cancer and differentiate between referral pathways.

You will be presented with an interactive video consultation following a patient, Frank Street, as he is diagnosed with oesophageal cancer, alongside specialist discussion and a range of activities to reinforce key learning points.

[https://www.gatewayc.org.uk/courses/oesophageal-cancer/#access\\_course](https://www.gatewayc.org.uk/courses/oesophageal-cancer/#access_course)

## Information and Resources for Healthcare Professionals

<https://heartburncanceruk.org/supporting-you/heartburn-information-for-healthcare-professionals/>

## Patient Literature & Information

[https://heartburncanceruk.org/printed\\_information-for-patients/](https://heartburncanceruk.org/printed_information-for-patients/)

## Cancer Research UK

<https://www.cancerresearchuk.org/about-cancer/oesophageal-cancer>

**OESOPHAGEAL CANCER CAMPAIGN - FEBRUARY 2026** 

*Pan London Webinar for Community Pharmacists to raise awareness of Oesophageal Cancer Signs and Symptoms*

**Monday 26<sup>th</sup> January 2026 – 8pm - 9pm**

**Join us to:**

- **Learn** more about Oesophageal Cancer signs and symptoms including who is most at risk.
- **Understand** the importance of diagnosing Oesophageal Cancer early, how it is diagnosed and why often at a later stage of disease progression.
- **Hear about the opportunities for community pharmacy to support early diagnosis** in encouraging patients presenting with key symptoms - often managed by patients accessing over the counter medication - to see their GP if symptoms persist.
- **Hear how you can get involved with our awareness campaign in February 2026!**

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**Ryan Dunlop**  
Strategy Partner

**JACK RYAN**

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Chief Operating Officer

**HOK**  
Cancer UK

[Click here to join webinar](#)

In association with: RM Partners - North West and South West London Cancer Alliance, South East London Cancer Alliance (SELCA), North Central London Cancer Alliance (NCLCA) and North East London Cancer Alliance (NELCA)



<p>Smoking increases your risk of the 2 main types of oesophageal cancer – squamous cell cancer and adenocarcinoma. Around 35 out of 100 oesophageal cancer cases (around 35%) in the UK are caused by smoking.</p> <p>Oesophageal AC risk is 85-96% higher in ever-smokers compared with never-smokers</p> <p>Oesophageal squamous cell carcinoma (SCC) risk is 4.2 times higher in current smokers in Europe compared with never-smokers, a meta-analysis showed</p> <p>Oesophageal cancer risk is 60% higher in ever-users of smokeless tobacco (including snuff and snus)</p>	<p>Tramacere I, La Vecchia C, Negri E. Tobacco smoking and esophageal and gastric cardia adenocarcinoma: a meta-analysis. (link is external) <i>Epidemiology</i> 2011;22(3):344-9.</p> <p>Cook MB, Kamangar F, Whitman DC, et al. Cigarette smoking and adenocarcinomas of the esophagus and esophagogastric junction: a pooled analysis from the international BEACON consortium(link is external). <i>J Natl Cancer Inst</i>2010;102(17):1344-53.</p> <p>Lubin JH, Cook MB, Pandeya N, et al. The importance of exposure rate on odds ratios by cigarette smoking and alcohol consumption for esophageal adenocarcinoma and squamous cell carcinoma in the Barrett's Esophagus and Esophageal Adenocarcinoma Consortium(link is external). <i>Cancer Epidemiol</i> 2012;36(3):306-16.</p> <p>Prabhu A, Obi KO, Rubenstein JH. Systematic review with meta-analysis: race-specific effects of alcohol and tobacco on the risk of oesophageal squamous cell carcinoma(link is external). <i>Aliment Pharmacol Ther</i> 2013;38(10):1145-55.</p> <p>Boffetta P, Hecht S, Gray N, Gupta P, Straif K. Smokeless tobacco and cancer(link is external). <i>Lancet Oncol</i> 2008;(7):667-75.</p>
<p>More than 25 out of 100 oesophageal cancers (more than 25%) in the UK are caused by being overweight or obese. The more overweight you are the higher your risk.</p> <p>Maintaining a healthy weight through diet and exercise can help reduce the risk of developing oesophageal cancer</p>	<p>Brown KF, Runggay H, Dunlop C, et al. The fraction of cancer attributable to known risk factors in England, Wales, Scotland, Northern Ireland, and the UK overall in 2015(link is external). <i>British Journal of Cancer</i> 2018.</p> <p>Kyrgiou M, Kalliala I, Markozannes G, et al. Adiposity and cancer at major anatomical sites: umbrella review of the literature(link is external). <i>BMJ</i> 2017;;j477.</p> <p>Vingeliene S, Chan D, Vieira A, et al. An update of the WCRF/AICR systematic literature review and meta-analysis on dietary and anthropometric factors and esophageal cancer risk(link is external). <i>Annals of Oncology</i> 2017;28(10):2409-2419.</p> <p>Ulrich CM, Himbert C, Holowatyj AN, Hursting SD. Energy balance and gastrointestinal cancer: risk, interventions, outcomes and mechanisms. <i>Nat Rev Gastroenterol Hepatol</i>. 2018 Nov;15(11):683-698. doi: 10.1038/s41575-018-0053-2. PMID: 30158569; PMCID: PMC6500387.</p>

<p>Drinking alcohol increases your risk of squamous cell oesophageal cancer. The more you drink, the higher your risk of developing cancer.</p> <p>13% of oesophageal cancer cases in the UK are caused by alcohol drinking</p>	<p>Bagnardi V, Rota M, Botteri E, Tramacere I, Islami F, Fedirko V, Scotti L, Jenab M, Turati F, Pasquali E, Pelucchi C, Galeone C, Bellocco R, Negri E, Corrao G, Boffetta P, La Vecchia C. Alcohol consumption and site-specific cancer risk: a comprehensive dose-response meta-analysis. Br J Cancer. 2015 Feb 3;112(3):580-93. doi: 10.1038/bjc.2014.579. Epub 2014 Nov 25. PMID: 25422909; PMCID: PMC4453639</p>
<p>Smoking and drinking alcohol have a synergistic effect on oesophageal SCC risk: their effect in combination is almost double the sum of their effects individually</p> <p>risk reduces after you stop smoking or drinking.</p>	<p>Prabhu A, Obi KO, Rubenstein JH. <a href="#">The synergistic effects of alcohol and tobacco consumption on the risk of esophageal squamous cell carcinoma: a meta-analysis(link is external)</a>. Am J Gastroenterol 2014;109(6):822-7.</p> <p>Cook MB, Kamangar F, Whiteman DC, et al. <a href="#">Cigarette smoking and adenocarcinomas of the esophagus and esophagogastric junction: a pooled analysis from the international BEACON consortium(link is external)</a>. J Natl Cancer Inst 2010;102(17):1344-53.</p> <p>Lubin JH, Cook MB, Pandeya N, et al. <a href="#">The importance of exposure rate on odds ratios by cigarette smoking and alcohol consumption for esophageal adenocarcinoma and squamous cell carcinoma in the Barrett's Esophagus and Esophageal Adenocarcinoma Consortium(link is external)</a>. Cancer Epidemiol 2012;36(3):306-16.</p>
<p>Oesophageal AC risk among Barrett's Oesophagus patients is lower in those using proton pump inhibitors, cyclooxygenase inhibitors, or non-steroidal anti-inflammatory drugs, compared to non-users</p>	<p>Wang F, Lv ZS, Fu YK. Nonsteroidal anti-inflammatory drugs and esophageal inflammation - Barrett's esophagus - adenocarcinoma sequence: a meta-analysis(link is external). Dis Esophagus 2010.</p> <p>Singh S, Singh AG, Singh PP, et al. Statins are associated with reduced risk of esophageal cancer, particularly in patients with Barrett's esophagus: a systematic review and meta-analysis(link is external). Clin Gastroenterol Hepatol 2013;11(6):620-9.</p> <p>Beales IL, Hensley A, Loke Y. Reduced esophageal cancer incidence in statin users, particularly with cyclo-oxygenase inhibition(link is external). World J Gastrointest Pharmacol Ther 2013;4(3):69-79.</p> <p>Alexandre L, Clark AB, Cheong E, et al. Systematic review: potential preventive effects of statins against oesophageal adenocarcinoma(link is external). Aliment Pharmacol Ther 2012;36(4):301-11.</p>



Is it really  
only Heartburn?

