BOOK REVIEW

GERD: Reflux to Esophageal Adenocarcinoma, 2006. 
PT Chandrasoma, TR DeMeester. Academic Press, 
Burlington, Massachusetts 01803, USA. 
ISBN 13:978-0-12-369416-4, 447 pages. US $99.95, 
UK £51.32

GERD: Reflux to Esophageal Adenocarcinoma provides a 
descriptive and detailed analysis on the pathogenesis of 
gastroesophageal reflux disease (GERD), its relationship to 
Barrett's esophagus (BE) and the development of esophageal 
adenocarcinoma. Controversial at times, the text is authored 
by a pathologist and a surgeon, and comes from the Keck 
School of Medicine at the University of Southern California 
(USA).

Divided into 17 chapters, all relevant topics are covered. 
 Chapters 1 and 2 provide an overview of GERD, and places 
BE into a historical perspective. Chapters 3 through 7 
summarize the embryology, anatomy and histology of the 
upper gastrointestinal tract, with a focus on the gastroesophageal junction. Chapters 8 through 11 review the 
pathology of GERD at both a cellular and an anatomical level. Chapters 12 and 13 define nonerosive reflux disease 
and GERD. Chapter 14 describes the diagnosis of GERD, 
BE and dysplasia. The final three chapters, 15 through 17, 
describe the GERD to adenocarcinoma pathogenesis, the 
rationale for treating GERD and BE, and strategies aimed at 
preventing adenocarcinoma.

Within each chapter, the book is well-organized and very 
readable. Subtitles divide the text into concise sections. A 
literature review within each chapter summarizes and 
references key papers relevant to the topics covered in that 
chapter. Numerous tables and figures, as well as histological and gross anatomical photographs, enhance the information 
found within the text. Although the text and figures are in 
black and white, there is a superb colour photograph section 
depicting typical examples of gastroesophageal pathology.

The most controversial topic is the role of acid-
suppressive medications in the pathogenesis of esophageal 
adenocarcinoma. This topic is alluded to in the preface, with the statement, “This book provides a theoretical basis 
of how acid-suppressive drugs promote reflux-induced 
adenocarcinoma” (page xv). Chapter 16, “Rationale for 
Treatment of Reflux Disease and Barrett Esophagus” 
discusses this point further. Initially a review of the 
effectiveness of acid-suppressive therapy in the treatment of 
symptomatic reflux disease is given, followed by a discussion 
on the effect on the development of BE. Statements made at 
the American Gastroenterological Association Consensus 
Workshop in Chicago (USA) (Sharma et al, Gastroenterology 
2004;127:310-30) are quoted, and at times, questioned. It is 
pointed out that the utility of acid-suppressive drugs in 
patients with BE is uncertain, and may actually be harmful. 
Data are presented suggesting that the use of acid-
suppressive drugs is an independent risk factor for the 

Continued on page 284
BOOK REVIEW

Continued from page 283

development of esophageal adenocarcinoma. A discussion on
the role of surgery in the treatment of patients with GERD is
then presented, and compared with medical therapy. Data
suggesting that antireflux surgery can prevent BE, thus
preventing adenocarcinoma are also presented, along with a
pathophysiological explanation for this phenomenon.

A comparison is made between gastroenterologists and
surgeons in the way they treat GERD patients, and it is
suggested that gastroenterologists may not be best suited for
this purpose (“The attitude among gastroenterologists is that
the problem of adenocarcinoma in Barrett esophagus can be
ignored because cancer is a very uncommon event” [page 386]).
The authors also state that “If it is ever shown that antireflux
surgery decreases the risk of adenocarcinoma when used to
treat reflux disease, the basic control of treating patients with
reflux disease will shift from gastroenterologists to surgeons”
(page 403). Another statement “Most gastroenterologists are
not qualified to make the assessment of whether antireflux sur-
gery decreases the risk of adenocarcinomas” (page 404) suggests

that, although a pathologist and a surgeon can critically review
the literature surrounding acid-suppressive medications, it is
well beyond the scope of expertise for a gastroenterologist to be
able to appraise similar surgical literature.

Although the authors do present some controversial ideas
and make some potentially inflammatory statements, the
book is an excellent up-to-date review of the pathogenesis of
GERD as it relates to the development of BE and adenocarci-
noma. Gastroenterologists reading the book may want to take
some statements with a grain of salt, but this should not dis-
suade them from carefully examining the information pre-
sented to them. This topic is still not fully understood and the
importance and management of complicated GERD patients
remain a question at times. This text provides insight into
what the future may hold in this important clinical area.

Nilesh Chande MD FRCP(C)
Division of Gastroenterology
London Health Sciences Centre
London, Ontario