BOOK REVIEW

GERD: Reflux to Esophageal Adenocarcinoma, 2006.
PT Chandrasoma, TR DeMeester. Academic Press,
Burlington, Massachusetts 01803, USA.
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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

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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 surgery 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 adenocarcinoma. Gastroenterologists reading the book may want to take some statements with a grain of salt, but this should not dissuade them from carefully examining the information presented 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.

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