

## UFHCC Research Day 2017 | Abstract Template

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### TITLE

Purging as a Risk Factor for Esophageal Cancer: Why Aren't We Screening for Barrett's Esophagus?

### HYPOTHESIS:

We hypothesize that physicians and clinicians who treat individuals with a current or past history of purging type eating disorders are not screening for Barrett's esophagus in this population. We seek to understand the rationale for the lack in screening, which is the first line of defense against esophageal adenocarcinoma.

### BACKGROUND/AIMS:

Health complications from engagement in purging behaviors may have pernicious effects years after the disordered eating behaviors themselves have ceased. In particular, repeated engagement in self-induced vomiting, whether for months or years, can result in permanent esophageal damage. Purging behaviors characterize a number of eating disorders, including bulimia nervosa; anorexia nervosa, binge-eating/purging type; and the provisional diagnosis of purging disorder, wherein even small amounts of food may be willfully vomited regularly. *Barrett's esophagus (BE)* is a condition in which tissue similar to the lining of the intestine replaces the tissue lining of the esophagus from acid exposure. BE is an asymptomatic, slow-progressing disease that must be routinely evaluated for escalating grades of dysplasia (i.e., abnormal cell growth or development), which ultimately may cause cancer. As such, instances of dysplasia must be surveilled for years. When identified, progressive dysplasia can be deterred through pharmaceutical or surgical intervention. Unfortunately, individuals who develop EAC frequently go undiagnosed for BE, thereby missing opportunities for intervention. BE is the only known precursor to an extremely fatal cancer, esophageal adenocarcinoma (EAC), which is the most rapidly rising cancer in the US. There is no consensus as to when to initiate screening for BE or whom to screen. Individuals with a history of purging, however, are likely also susceptible to BE due to extreme and repeated exposure of stomach acid from chronic vomiting. We aim to discuss why screenings for BE are not routinely done for patients with a history of a purging-type disorder, and if they should be considered an at-risk population.

### METHODS:

An electronic Qualtrics survey was sent out to physicians, clinicians, and mental health professionals who have the opportunity to see and treat eating disorder and/or Barrett's esophagus patients. The survey was distributed at UF Health Shands as well as on social media and eating disorder treatment centers. Descriptive statistics in SAS 9.4 were completed to report the findings.

### RESULTS & CONCLUSIONS

TBA- data collection closes in 2 weeks but will be finalized by the time of presentation.