

[MUSIC PLAYING]

CLAUDIA: And when we come back, we're going to go into the operating room with a co-director of thoracics, at John Muir.
WONG: A look at some of the new technology that could find cancer, sooner than later.

Doctors say esophageal cancer isn't usually found until it is stage three or four, and by that time, survival rates are at best 20%. The co-director of thoracics at John Muir, says the focus can't just be on treatment anymore. It also has to be on prevention.

DR. WILSON: As I pass my scope down the esophagus, I'm at the junction of where the stomach meets the esophagus.
TSAI:

CLAUDIA: Dr. Wilson Tsai says what we are watching isn't the most complicated procedure.
WONG:

DR. WILSON: It's a very straightforward procedure. The endoscope is something that's done in the thousands, by many physicians in the country.
TSAI:

CLAUDIA: And yet, he says this procedure could save your life.
WONG:

DR. WILSON: As I tell patients, it's almost like a detective at the scene of the crime. You're looking for things that may not fit the normality of what should happen.
TSAI:

CLAUDIA: In this case, the crime is cancer. Specifically, esophageal cancer.
WONG:

DR. WILSON: Unfortunately, it's actually the fastest growing cancer in this country, and in the Western hemisphere now. Over the past 30 years, it has increased in incidents about 600%. Which is again, if you look at all the other cancers, it's actually the fastest growing cancer combined over breast cancer, colon cancer, pancreatic cancer. So it's a very dangerous cancer, that's rising significantly in incidents.
TSAI:

CLAUDIA: Why is that?
WONG:

DR. WILSON: I do feel that the most common reason why is because, number one, the rate of influx has increased significantly in this country. Reflux is directly related to other diseases, such as obesity. And when you have such a high rise in reflux, about 34% to 40% of Americans have heartburn and reflux now. Many patients feel like these diseases can be controlled with medications alone.
TSAI:

CLAUDIA: Medication is pretty common. You can get it over the counter. But is that easy fix covering up something much more serious? Should we be looking closer? Dr. Tsai says yes.

So it's fair to say, you see the worst cases. By the time they get to you, they have stage three, sometimes stage four, and their prognosis isn't good. Do you think that skews the way you look at the overall issue?

- DR. WILSON** Absolutely, and I do think that from-- and everything I say is from a personal bias because as you alluded to, I am a thoracic oncologist, so I see a lot of patients with cancer. And you know, I think, you know of course, being someone that tries to cure patients with cancer, Part of the cure has to be preventive medicine, as well.
- CLAUDIA** Hillary Wolf met Dr. Tsai after she was diagnosed with stage 3 esophageal cancer, in February of 2015.
- WONG:**
- HILLARY WOLF:** Very shocking. I didn't smoke. I didn't drink. You know, I just lived a very healthy life. I ate well. I wasn't overweight, so I don't know why it happened, but it did.
- CLAUDIA** Chemo and surgery saved her life.
- WONG:**
- HILLARY WOLF:** If I had not had surgery, I would have been deceased.
- CLAUDIA** You wouldn't be with us right now.
- WONG:**
- HILLARY WOLF:** Right. I had about three months.
- CLAUDIA** That was the prognosis?
- WONG:**
- HILLARY WOLF:** Yeah.
- CLAUDIA** And it's been a year and a half?
- WONG:**
- HILLARY WOLF:** Yes. Everything's changed. I can't swallow, I can't eat, I can't talk to friends and eat dinner. They took out most of my esophagus. I have a little bit left, about maybe an inch. And they took out over half of my stomach.
- CLAUDIA** It does sound horrible.
- WONG:**
- HILLARY WOLF:** I don't recommend it for anyone.
- CLAUDIA** Well. You do it-- You are handling it all with a smile, but I know it's been a long road for you. Did esophageal
- WONG:** cancer ever even enter the spectrum?
- HILLARY WOLF:** Either I have blinders on, or I just didn't hear about esophageal cancer. The reason I'm here today, is because I don't want to see anybody have to suffer like this.
- CLAUDIA** Which brings us back to Dr. Tsai. Do you think patients have to be bigger advocates for what they feel like they need?
- DR. WILSON** I actually think that patients are the ones who will probably try most of their own care.
- TSAI:**
- CLAUDIA** He believes that, as well as new technology like this cell Visio machine, can save lives. How is this different from what you were doing before this?

DR. WILSON Before, what we would do is called random biopsy's.

TSAI:

CLAUDIA Cell Visio uses a mini probe to give doctors a real time close up look at cells during endoscopies.

WONG:

DR. WILSON And now I'm looking for abnormalities in anatomy, but this is a part that looks extremely abnormal to me. And so

TSAI: therefore, I know I need to biopsy this segment right here at 4:00, versus the conventional 06:00 appearance.

CLAUDIA For doctor Tsai, this is one of the best ways to fight the fastest growing cancer in the hemisphere. He believes

WONG: you don't just fight it, you find out who is at risk of getting it.

DR. WILSON I personally feel that it's most important to identify the patients who are at risk. Once they're at risk, then you

TSAI: can actually try to help prevent them from having esophageal cancer.

CLAUDIA But fair to say, you think we should all be doing more, prevention-wise, to catch it earlier before you see them at

WONG: stage three and stage 4.

DR. WILSON I think that that definitely is proven through studies time and time again. It's important to make sure we catch

TSAI: the cancers before it's too late.

CLAUDIA Dr. Tsai says he hopes patients and doctors start looking at heartburn, and reflux, and a condition called

WONG: Barrett's Esophagus, much more seriously, as a warning of what could come.