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Proton pump inhibitors (PPIs) and cancer. What should patients with gastroesophageal reflux disease candidates for PPIs therapy who refuse to comply with treatment know?

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Dear Editor,

We have read with interest the article by Martín de Argila de Prados C et al. (1) about the safe use of proton pump inhibitors (PPIs). As the authors refer, the relationship between PPIs with gastric cancer is not clear (1). However, more and more patients with gastroesophageal reflux disease (GERD) who are candidates for therapy with PPIs reject such treatment. This situation is largely caused by global access to information, especially on the internet, where some news has recently been published linking PPIs to the development of gastric cancer.

For this reason, patients with GERD who are candidates for therapy with PPIs, before rejecting such treatment and opting for antireflux surgery, should be aware of the morbidity and mortality of the surgery and the current scientific evidence regarding the relationship between PPIs and gastric cancer.

Antireflux surgery has a 4.1 % rate of acute complications in the first 30 days, which include infection (1.1 %), bleeding (0.9 %) and esophageal perforation (0.9 %). Acute-onset dysphagia, which affects approximately 50 % of patients, usually resolves conservatively within three months postoperatively. Also, later complications that alter quality of life may occur, being structural (failure of the fundoplication, wrap disruption, slippage of stomach or paraesophageal herniation...
in 2-23 % or stenosis of the fundoplication in 10 %) or functional (dysphagia due to esophageal
dysmotility, gas-bloat syndrome, chest pain and diarrhea, the latter in 18-33 % of patients).
Furthermore, the mortality of this procedure ranges from 0.1 % to 0.2 % (2).
The association of PPIs with cancer has not yet been clarified. The only thing that can be stated is
that its prolonged use can produce fundic gland polyps, increasing its risk by four times after five
years of treatment with PPIs, and its malignization is extremely rare (3). Regarding gastric
adenocarcinoma, there is no clear evidence (3), but the eradication of *Helicobacter pylori* (main
etiological factor of gastric cancer) is recommended in patients with prolonged treatment with
PPIs, since it improves gastritis (4). With regard to neuroendocrine tumors, although
hypergastrinemia secondary to treatment with PPIs can produce hyperplasia of enterochromaffin
cells, its development is very rare (1,3).
Finally, the American Gastroenterological Association recommends that clinicians should
emphasize safety of PPIs for the treatment of GERD (5).

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