Barrett’s esophagus: ablate or wait?

Non-dysplastic BE  Low grade dysplasia  High grade dysplasia  Early cancer

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Treatment of LGD?

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- LGD: not outside clinical trials?
Treatment of LGD?

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- Early cancer: only after endoscopic resection of the lesion.
- LGD: if the patient is properly selected. (Need for good quality expert pathology panels).
What about non-dysplastic Barrett’s?

- Non-dysplastic BE
- Low grade dysplasia
- High grade dysplasia
- Early cancer
Risk for progression of NDBE?

- Reported progression rate: 0.18%/year.
- Based on pathology data only.
- No endoscopic follow-up.
- Selection of low risk Barrett’s.
- Inflated duration of follow-up.
- Underdiagnosis of HGD/ca.

Incidence of Adenocarcinoma among Patients with Barrett’s Esophagus

Frederik Hvid-Jensen, M.D., Lars Pedersen, Ph.D., Asbjørn Mohr Drewes, M.D., Dr. Med. Sci., Jette Tækema, M.D., Ph.D., and Finn Furu, M.D., Ph.D., M.B., Ch.B., N.M. (Met.)
Risk for progression of NDBE?

- Annual progression rate: 0.3% for cancer and 0.5% for HGD.
- Probably cumulative over time.

*de Jonge et al. Gut 2010*
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• Note: most BE patients are old with comorbidity (obese, cardiovascular risk factors).

• Protective effects by aspirin, NSAIDS, PPI?
Ablating non-dysplastic Barrett’s?

- **No**, given the low risk of progression to cancer (0.3%/yr) or HGD (0.5%/yr).
- **Maybe**, if we find ways of identifying those cases at risk.
- **Yes**, if we find “the Holy Grail” for ablating BE.
Is the effect of RFA maintained over time?

**Fleisher et al. Endoscopy 2010**
- 50 NDBE pts (median length 6 cm)
- At 60-mo: 92% persisting eradication of BE.

**Shaheen et al. Gastroenterology 2011**
- 2-year FU data of RCT (HGD and LGD cases)
- Complete removal of BE persisted in 95%.

**Amsterdam results (Gastroenterology 2013)**
- 54 HGD/ca patients treated with RFA/EMR.
- At 60 mo: 94% persistent eradication of BE.
Ablating non-dysplastic Barrett’s?

- **HGD**: if the patient is properly selected.
- **Early cancer**: only after endoscopic resection of the lesion.
- **LGD**: if the patient is properly selected (path review!).
- **NDBE**: selected cases (e.g. <50 years, family history BE-cancer).
Who to treat?

- **HGD**: if the patient is properly selected.
- **Early cancer**: only after endoscopic resection of the lesion.
- **LGD**: if the patient is properly selected (path review!).
- **NDBE**: selected cases *(e.g. <50 years, family history BE-cancer).*