Ablation

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Endoscopy | Oesophagus

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Radiofrequency ablation and other endoscopic ablation techniques effectively reduce neoplastic progression in Barrett's esophagus with dysplasia when combined with endoscopic resection and high-dose PPI therapy.

KEY POINTS

- The speaker reported that radiofrequency ablation achieved complete remission of high-grade dysplasia and mucosal cancer in more than 90% of cases and intestinal metaplasia in more than 85% of cases in the Euro tutorial study, with ablation sessions performed every three months.
- For confirmed low-grade dysplasia, the SURF trial showed progression to high-grade dysplasia or cancer was 1.5% with RFA versus 26% with surveillance, though the speaker advised clinicians to think carefully before treating all low-grade dysplasia cases.
- Cryoballoon ablation demonstrated equivalent response rates to RFA (over 95% remission of dysplasia) but was associated with a 12 to 13% stricture rate compared to less pain than RFA.
- Recurrences after successful ablation occur in 1 to 3% of cases, mostly in the first two years, with an annual risk of 1% per year, and all high-grade recurrences were associated with visible lesions requiring careful junction inspection.
- The speaker emphasized the importance of removing all visible lesions with endoscopic resection before ablation, stating that inadequate resection increases recurrence risk because cancer may grow underneath ablated tissue.
- In expert centres, salvage endoscopic submucosal dissection after RFA achieved 82% overall remission despite severe fibrosis, though this scenario occurs in less than 1% of RFA-treated patients.

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