

ACETIC ACID CHROMOENDOSCOPY FOR THE DETECTION OF NEOPLASTIC BARRETT ESOPHAGUS: A STEPPED WEDGE CLUSTER RANDOMIZED CLINICAL TRIAL

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Presentation

Endoscopy

Oesophagus

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Acetic acid chromoendoscopy does not improve neoplasia detection in Barrett's esophagus surveillance in community hospitals, with 7.4% neoplasia detected with AAC versus 7.1% without AAC (OR 0.97, 95% CI 0.65-1.44).

KEY POINTS

- In this stepped wedge cluster randomized trial across 18 Dutch community hospitals with 2,267 Barrett's esophagus surveillance patients, acetic acid chromoendoscopy did not significantly increase overall neoplasia detection rate (7.4% with AAC versus 7.1% without AAC; OR 0.97; 95% CI 0.65-1.44).
- Although AAC increased visible lesion detection (14.0% versus 6.4%, $p < 0.001$), targeted neoplasia detection rate remained similar (2.1% versus 1.8%; OR 1.05; 95% CI 0.49-2.24), indicating many false positives.
- Random four-quadrant biopsies detected neoplasia in the majority of patients (78% in the AAC group and 72% in the usual care group), with only 25% of neoplasia detected by targeted biopsies alone in both groups.
- Endoscopic surveillance with AAC-guided targeted biopsies cannot replace the random biopsy protocol in routine clinical practice.
- Endoscopists were non-experts trained immediately prior to AAC implementation, and the study excluded patients with known or previously treated dysplasia.

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