

EFFICACY AND SAFETY OF CRYOBALLOON180 ABLATION FOR THE TREATMENT OF DYSPLASTIC BARRETT ESOPHAGUS: PRELIMINARY RESULTS FROM A PROSPECTIVE MULTICENTER STUDY

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Presentation

Endoscopy

Histopathology

Oesophagus

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Circumferential cryoballoon ablation with the CBAS¹⁸⁰ system at 1.2 mm/sec followed by focal cryoballoon ablation achieved 90% median Barrett's esophagus regression and complete eradication of dysplasia in all patients completing treatment, with an 8% adverse event rate.

KEY POINTS

- In 23 successfully treated patients with ablation-naïve dysplastic Barrett's esophagus (median length C0M2), CBAS¹⁸⁰ achieved median 90% BE regression at 3 months as assessed by independent adjudication committee.
- Technical success rate was 92% (23/25 patients); two patients could not be treated due to unstable balloon positioning or device malfunction.
- CBAS¹⁸⁰ adverse event rate was 8% (2/23): one esophageal stricture (4%) resolved after single dilation and one post-procedural bleeding (4%) requiring re-endoscopy without intervention.
- Follow-up treatment with focal cryoballoon ablation achieved complete eradication of visible BE in 18 patients after median 1 additional treatment, with 100% complete eradication of dysplasia and intestinal metaplasia in this group.
- The procedure was well tolerated with low post-procedural pain (median score 2 at day 1, 0 at day 7) and dysphagia (44% at day 1, 30% at day 7 with score ≥1).
- The presenter concluded that CBAS¹⁸⁰ is effective and safe in expert hands and recommended further research in longer Barrett's segments and stacked ablations.

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