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Summary

Progression risk, chemoprevention and surveillance strategies

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Digestive Oncology | Endoscopy | Oesophagus

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The annual cancer risk in Barrett's oesophagus is approximately 0.33% (1 in 300 patients), with risk highest in the first 6-12 months after diagnosis and increasing 12-14% per centimetre of segment length.

KEY POINTS

- The speaker stated that a recent UK randomised trial (BOSS) of 3,500 patients found no difference in overall survival, cancer-specific survival, or cancer diagnosis rates between two-yearly surveillance and endoscopy-on-need, though 55% of cancers diagnosed on surveillance resulted in death.
- The speaker reported that aspirin showed no chemoprevention benefit in the randomised ASPECT trial, while retrospective meta-analyses suggested PPI and statins may reduce cancer risk by 54% and 46% respectively, but all studies had serious or critical risk of bias.
- ESG guidelines recommend standard daily PPI for all Barrett's patients, whereas Nice guidelines found no convincing evidence for routine PPI and recommend focusing on symptom control at the lowest effective dose.
- Current surveillance recommendations are every three years for long-segment Barrett's and every five years for short-segment, though the speaker emphasized that quality of endoscopy matters more than frequency.
- The speaker noted that stopping surveillance should consider comorbidity burden rather than age alone, as a patient over 80 with no comorbidities has a 53% chance of surviving another 10 years, and the Dutch are stopping surveillance for Barrett's under 6cm as part of research.

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