

Screening with endosponge

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Presentation

Digestive Oncology

Endoscopy

Nurses

Oesophagus

Surgery

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The speaker presented evidence that minimally invasive capsule sponge devices, particularly Cytosponge TFF3, can increase diagnosis of Barrett's oesophagus and early oesophageal cancer tenfold in primary care populations with reflux symptoms.

KEY POINTS

- The BEST3 trial randomised 13,000 people with reflux symptoms in primary care and demonstrated that capsule sponge screening increased the rate of Barrett's or early cancer diagnosis tenfold compared to standard care, with more early stage one cancers detected in the intervention arm.
- The speaker reported that Cytosponge TFF3 showed nearly 80% sensitivity and 92% specificity in intention-to-treat analysis, including patients unable to swallow the device.
- The speaker stated that targeting men aged 50 to 74 and women aged 65 to 74 with reflux could detect approximately 70% of community adenocarcinomas and Barrett's while reducing screening volume by 45%.
- The ongoing BEST4 trial is targeting 120,000 people in the UK with results on cancer morbidity and mortality not expected for ten years.
- For surveillance, the speaker reported that risk stratification using sponge biomarkers plus clinical factors achieved a 98 to 99% negative predictive value for dysplasia in low-risk patients.
- The American College of Gastroenterology in 2022 and the ESG in 2023 recommend non-endoscopic capsule sponge devices combined with biomarkers as an alternative to endoscopy for screening Barrett's in patients with reflux, according to the speaker.

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