

BOSS update: Oesophageal cancer with Massimiliano Di Pietro (bonus episode)

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Podcast Episode

Digestive Oncology

Endoscopy

Oesophagus

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The BOSS trial, the first randomised controlled trial of Barrett's oesophagus surveillance, found no difference in overall survival or cancer-specific survival between two-yearly surveillance and endoscopy-at-need over a median 12.8 years.

KEY POINTS

- The trial randomised nearly 3500 patients across 109 UK centres to either two-yearly surveillance or endoscopy-at-need, with no significant difference in overall survival, cancer-specific survival, or cancer incidence between arms.
- More than 50% of cancers diagnosed in the surveillance arm were stage higher than T1a, and 55% of patients diagnosed with cancer on surveillance died of oesophageal cancer, suggesting suboptimal endoscopy quality.
- The guest argues the trial does not support stopping surveillance altogether, noting that 25% of recruited patients lacked intestinal metaplasia, 60% of the control arm received endoscopy anyway at median 2.5-year intervals, and the trial reflects general rather than specialist practice.
- The guest's specialist service achieved a cancer incidence three times higher than BOSS but with only 6.3% cancer-specific mortality versus 55% in BOSS, supporting the view that quality of surveillance by dedicated endoscopists is critical.
- The Dutch guidelines recently stopped surveillance for Barrett's under five centimetres; revised BSG guidance is expected by September 2024 and will incorporate BOSS findings while considering quality improvement strategies.

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