

Oesophageal cancer with Massimiliano di Pietro (Part 2)

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Podcast Episode

Digestive Oncology

Endoscopy

Oesophagus

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A gastroenterology expert discusses Barrett's oesophagus surveillance strategies, cancer risk stratification, and emerging minimally invasive screening approaches including the Cytosponge.

KEY POINTS

- The annual cancer risk in Barrett's oesophagus is approximately 1 in 300, with Barrett's length being the most important risk factor; surveillance intervals are every five years for short segments (1-2cm) and every three years for longer segments (3cm or more).
- The guest argues that PPIs should be considered standard treatment for Barrett's patients regardless of symptoms, based on retrospective studies showing reduced cancer risk, though the single randomised trial (ASPECT) showed no dose effect between 20mg and 80mg esomeprazole.
- Evidence for surveillance benefit is conflicting, with Dutch and Northern Ireland studies supporting it but US veteran studies not; the guest emphasises that adherence to the Seattle Protocol (four biopsies every two centimetres) and use of advanced imaging are critical for effective surveillance.
- The Cytosponge shows promise as a minimally invasive screening tool, with an NHS England study of 800 patients demonstrating 97% negative predictive value for dysplasia; the ongoing BEST-4 study will enrol 120,000 people with reflux to determine if screening reduces mortality.
- The guest recommends using narrowband imaging during oesophageal examination to improve detection of Barrett's and squamous dysplasia, which is often invisible on white light endoscopy.

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