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Summary

LONG TERM FOLLOW-UP FROM THE BARRETT'S OESOPHAGUS SCREENING TRIAL 3 (BEST3) DEMONSTRATES HIGH NEGATIVE PREDICTIVE VALUE OF CAPSULE-SPONGE-TREFOIL FACTOR 3 TEST FOR ESOPHAGEAL ADENOCARCINOMA

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Oesophagus | Stomach & H. Pylori | Mechanisms & Personalised Medicine | Digestive Oncology

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Long-term follow-up of the BEST3 trial demonstrates that the capsule-sponge-TFF3 test for Barrett's oesophagus screening has a 99.9% negative predictive value for dysplasia and cancer, with no missed oesophageal adenocarcinomas over a median 6.9 years.

KEY POINTS

- Among 1,370 participants with a negative or equivocal CS-TFF3 test, no oesophageal adenocarcinomas were identified during extended follow-up (median 6.9 years, IQR 6.4–7.3), and one gastric cardia cancer was diagnosed five years after a negative test.
- The negative predictive value of the CS-TFF3 test for dysplasia or cancer was 99.9% (95% CI: 99.5 – 100%), with an overall missed cancer rate of 0.07% at median follow-up of almost 7 years.
- The original BEST3 trial demonstrated that the CS-TFF3 test increased Barrett's oesophagus detection by 10-fold compared with usual care in participants aged over 50 years with a history of heartburn.
- During the initial 1-year BEST3 analysis period, the CS-TFF3 pathway detected 3 oesophageal adenocarcinomas, 3 cases of Barrett's oesophagus with high-grade dysplasia, and 1 gastric cancer.

- Cancer registry linkage was achieved for 94% (1,651/1,750) of BEST3 participants, of which 97.6% (1,611/1,651) completed the CS-TFF3 test and were included in the long-term follow-up analysis.
- The authors disclosed that the Cytosponge technology has been licensed by the Medical Research Council to Medtronic, with RCF and CSR-I named on patents and RCF holding a shareholder position (<2%) in Cyted Health.

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