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Summary

LOW RECURRENCE RATES AFTER ENDOSCOPIC ERADICATION THERAPY OF BARRETT'S NEOPLASIA: LONG-TERM FOLLOW-UP RESULTS FROM THE NATIONWIDE DUTCH BARRETT'S REGISTRY

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Oesophagus | Histopathology | Endoscopy | Digestive Oncology

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Long-term follow-up of 1269 Dutch patients after successful endoscopic eradication therapy for Barrett's neoplasia shows low recurrence risk with 7% developing any dysplasia/EAC at median 65 months and EAC-related mortality under 1%.

KEY POINTS

- Recurrent dysplasia or EAC occurred in 91/1269 patients (7%, annual risk 1.3%), with 76/91 (84%) amenable to endoscopic treatment and only 15/91 (1% of total cohort) progressing to advanced EAC.
- EAC-related death occurred in 11/1269 patients (0.9%), while unrelated death occurred in 319/1269 (25%) during median vital follow-up of 101 months.
- Independent predictors of advanced EAC recurrence were increasing number of endoscopic resection sessions and longer Barrett's esophagus length.
- Most recurrences (90%) were detected during routine follow-up endoscopy; 73 endoscopies were needed to find one recurrence.
- For baseline LGD (n=347), annual risk of advanced EAC was 0.1% with 2 EAC-related deaths (1%), while for baseline HGD/EAC (n=922), annual risk was 0.2% with 9 EAC-related deaths (1%).

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