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Summary

Barrett’s oesophagus and overdiagnosis: Pioneering the ‘less-is-more’ approach

Sanne van Munster

UEG Week Barcelona 2026 | Presentation

Digestive Oncology | Stomach & H. Pylori | Oesophagus | Endoscopy

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The speaker presented the Dutch 'Less is More' initiative, which stopped Barrett's oesophagus surveillance in low-risk patients (non-dysplastic, under 5cm, age over 50) based on lack of evidence for benefit, and established a nationwide registry to monitor outcomes.

KEY POINTS

- The speaker stated there is no reliable scientific evidence for survival benefit or cost effectiveness of Barrett's surveillance, and the Boss trial (over 3400 patients, 109 UK centres) showed no difference in overall survival, cancer-free survival, or cancer incidence between two-yearly surveillance and no surveillance.
- The speaker reported that progression risk to high-grade dysplasia or cancer in non-dysplastic Barrett's is 0.3-0.9% per person-year, far lower than the 2-5% assumed when surveillance was introduced into guidelines.
- All guidelines recommend Barrett's surveillance with conditional or weak strength based on low to very low quality evidence, according to the speaker.
- The Dutch guideline was revised 18 months before the presentation to stop surveillance in low-risk patients, with a nationwide registry following all patients for at least 10 years to monitor clinically relevant oesophageal cancer against an acceptable threshold.
- All hospitals in the Netherlands participate in the project, and the speaker stated that 95-99% of patients are happy when told they no longer need endoscopies.
- The initiative has catalysed 18 less-is-more projects across diverse medical specialities in the Netherlands, with work underway on pancreatic cyst, colorectal cancer, IBD, polyp, and HCC surveillance.

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