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Summary

ENDOSCOPIC SURVEILLANCE IN AN EXPERT BARRETT'S CENTRE ASSOCIATES WITH HIGH DETECTION OF EARLY NEOPLASIA AND LOW DISEASE-SPECIFIC MORTALITY

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Prospective single-centre study of 980 Barrett's esophagus patients in an expert surveillance programme found an annual progression rate to high-grade dysplasia or cancer of 1.98%, with 79.6% of cancers detected at stage I and disease-specific mortality of 0.4%.

KEY POINTS

- In the expert cohort followed for median 5.7 years, 111 of 980 patients progressed to high-grade dysplasia or esophageal adenocarcinoma, yielding an annual progression rate of 1.98%.
- Of 49 patients diagnosed with esophageal adenocarcinoma in the expert cohort, 39 (79.6%) were stage I, and only 4 patients (0.4%) experienced disease-specific mortality in intention-to-treat analysis.
- A comparison non-expert cohort of 98 patients followed for median 4.1 years had an annual progression rate of 0.50%, no high-grade dysplasia or stage I cancers detected, and 2% disease-specific mortality with two stage IV cancer diagnoses.
- The expert centre featured endoscopists trained in Barrett's surveillance standards and image-enhanced endoscopy, centralised pathology review, and a tracking system to reduce loss to follow-up.
- The authors conclude that randomised-controlled trials are warranted to compare surveillance outcomes across different clinical settings.

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