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Summary

Panel discussion: Best of Barrett’s oesophagus

UEG Postgraduate Teaching Programme Berlin 2025 | Presentation

Digestive Oncology | Endoscopy | Oesophagus

October 5, 2025

This Q&A session addressed practical management questions in Barrett's oesophagus, emphasizing patient-tailored approaches to surveillance, selective PPI use, and emerging tools like the cytosponge.

KEY POINTS

- The speaker recommended moving away from blanket PPI policies, stating that lifelong PPI in young patients without volume reflux may not be justified and that pH impedance testing can guide treatment decisions in asymptomatic patients.
- Screening for Barrett's requires risk factors such as GERD symptoms because the risk in asymptomatic populations is very low and screening would not be cost-efficient.
- The cytosponge can detect Barrett's and dysplasia with very good positive and negative predictive values according to a study published in the Lancet journal, and the speaker stated that new BSG guidelines are likely to recommend it as an alternative to endoscopy.
- When visible lesions are found, the speaker recommended taking one or two targeted biopsies after obtaining good photographs, as this does not interfere with subsequent endoscopic resection.
- p53 immunohistochemistry is useful when histopathology shows indefinite or low grade dysplasia, with p53 wild type providing reassurance and p53 positivity prompting repeat endoscopy.
- There is no indication for endoscopic resection or ablation of non-dysplastic Barrett's oesophagus, and there is no evidence that anti-reflux surgery prevents cancer.

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