Manchester Cancer: OG Cancer Board Barrett’s Low Grade Dysplasia Management Algorithm.

The British Society of Gastroenterology published guidelines on the management of Barrett’s dysplasia in 2013 with low grade dysplasia management previously being limited to endoscopic surveillance (refs 1-2). Following subsequent publications showing the increased risk of cancer progression in true LGD (refs 3-5) and the benefit of RFA these BSG guidelines have now been amended along with NICE approval (ref 6) to state that:

Patients with LGD should have a repeat endoscopy in 6 months time. If LGD is found in any of the follow up OGDs and is confirmed by an expert GI pathologist, the patient should be offered endoscopic ablation therapy after review by the specialist MDT. If ablation is not undertaken, 6-monthly surveillance is recommended (*Recommendation grade A for endoscopic therapy and C for surveillance*).

References:
Barrett's Dysplasia Algorithm

Barrett's Dysplasia Confirmed on histology by 2 independent pathologists

Indefinite for Dysplasia

Low Grade Dysplasia

Repeat OGD in 6 months with maximal acid suppression

No Low Grade Dysplasia on 2 Consecutive OGDs (done 6/12 apart)

No definite dysplasia

Definite dysplasia

Return to standard Barrett's surveillance

Follow LGD or HGD Flow chart

Low Grade Dysplasia confirmed on both OGDs

sMDT review

Management review in clinic prior to any endoscopic intervention

OGD in tertiary referral centre

Flat mucosa

Macroscopically Visible lesion

Endoscopic Resection +/- CT

Schedule for RFA therapy

Re-review at sMDT for RFA v surgery depending on EMR histology

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