

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:

- 1 Fitzgerald, R.C., et al., *British Society of Gastroenterology guidelines on the diagnosis and management of Barrett's oesophagus*. Gut, 2013.
- 2 Curvers, W.L., et al., *Low-grade dysplasia in Barrett's esophagus: overdiagnosed and underestimated*. Am J Gastroenterol, 2010. 105(7): p. 1523-30.
3. Duits, L.C., et al., *Barrett's oesophagus patients with low-grade dysplasia can be accurately risk-stratified after histological review by an expert pathology panel*. Gut, 2014.
4. Singh, S., et al., *Incidence of esophageal adenocarcinoma in Barrett's esophagus with low-grade dysplasia: a systematic review and meta-analysis*. Gastrointest Endosc, 2014. 79(6): p. 897-909 e4; quiz 983 e1, 983 e3.
5. Phoa, K.N., et al., *Radiofrequency ablation vs endoscopic surveillance for patients with Barrett esophagus and low-grade dysplasia: a randomized clinical trial*. JAMA, 2014. 311(12): p. 1209-17.
6. NICE, *Endoscopic radiofrequency ablation for Barrett's oesophagus with low-grade dysplasia or no dysplasia*. <http://www.nice.org.uk/guidance/IPG496/chapter/1-Recommendations>, 2014.

