

# BARRETT'S OESOPHAGUS: A PRECANCEROUS DISEASE

## Frequently Asked Questions



### What is Barrett's oesophagus?

Barrett's oesophagus is a precancerous disease that affects the lining of the oesophagus. It occurs when stomach acids and enzymes re-enter the oesophagus over time and cause the cells to change, also known as intestinal metaplasia.

### What are the symptoms?

There are no symptoms specific to Barrett's oesophagus, other than the typical symptoms of gastrooesophageal reflux disease (or GORD). These include heartburn, chest pain, and regurgitation.

### Who is at risk?

Patients with GORD are at an increased risk for developing Barrett's oesophagus. Caucasian males over the age of 50 with chronic reflux symptoms or heartburn are also at risk for the disease.<sup>1</sup> Being overweight (body mass index 25-30) increases a person's risk of developing cancer of the oesophagus by almost two times.<sup>2</sup>

### How is Barrett's oesophagus diagnosed?

For diagnosis, a physician performs an endoscopy — a procedure that allows for inspection and tissue sampling of the oesophagus.

### Are treatment options available?

Yes, the Barrx™ radiofrequency ablation system has been shown to reduce disease progression. It does this by removing precancerous tissue (called dysplastic Barrett's oesophagus) from the oesophagus with precise depth control. One study showed that patients who undergo this treatment may reduce the risk of their disease progressing from confirmed low-grade dysplasia to high-grade dysplasia and oesophageal cancer by over 90%.<sup>4</sup>

### What happens if Barrett's oesophagus goes untreated?

In one study, 8.8% of the patients with Barrett's oesophagus and confirmed low-grade dysplasia developed oesophageal cancer, which may result in removal of all or part of the oesophagus.<sup>4</sup> Oesophageal cancer has a five-year death rate of 82% after diagnosis.<sup>5,6</sup>

### Barrett's oesophagus is treatable.

#### References:

1. Spechler SJ, Souza RF. Barrett's Esophagus. *N Engl J Med*. 2014;371:836-45.
2. Turati F, Tramacere I, La Vecchia C, et al. A meta-analysis of body mass index and oesophageal and gastric cardia adenocarcinoma. *Ann Oncol*. 2013;24(3):609-17.
3. Dymedex Market Development Consulting. Strategic Market Assessment: Barrx - GI, October 30, 2014.
4. Phoa KN, van Vilsteren FG, Weusten BL, et al. Radiofrequency ablation vs. endoscopic surveillance for patients with Barrett's oesophagus and low-grade dysplasia: a randomized clinical trial. *JAMA*. 2014;311:1209-17.
5. SEER Cancer Statistics Factsheets: Esophageal Cancer. National Cancer Institute. Bethesda, MD. <<http://seer.cancer.gov/statfacts/html/esoph.html>> Accessed December 2015.
6. Reid BJ, Weinstein WM. Barrett's esophagus and adenocarcinoma. *Gastroenterology Clinics of North America*. 1987;38:477-492.

© 2018 Medtronic. All rights reserved. Medtronic, Medtronic logo and Further, Together are trademarks of Medtronic. All other brands are trademarks of a Medtronic company. 18-emea-gord-faq-for-barretts-website-2545662-2

[medtronic.com/covidien/en-gb/clinical-solutions.html](https://www.medtronic.com/covidien/en-gb/clinical-solutions.html)

**Medtronic**  
Further, Together