Progression of Barrett’s esophagus (BE) to esophageal adenocarcinoma (EAC) can be deadly. Surveillance may not be enough for some patients with risk factors that contribute to disease progression.
PROGRESSION CAN BE DEADLY. THINK BEYOND SURVEILLANCE.

It has been published in the literature that several risk factors contribute to disease progression:

■ Dysplasia is the best-known precursor of disease progression.\(^1,2\)

■ Family history: Barrett’s patients with first-degree family history of EAC are 5.5 times more likely to progress to EAC.\(^4\)

■ Long segment disease: there is a 28% increase in risk of progression to HGD/EAC per 1 cm increase in BE length.\(^5\)

■ Young patients may have elevated risks as progression from intestinal metaplasia to HGD/EAC is cumulative over time.\(^6,7\)

In the future, the use of a risk scoring system to predict progression and guide treatment decisions might have value in clinical practice.\(^8\)

THE POWER TO MAKE A DIFFERENCE.

The Barrx™ radiofrequency ablation system eradicates BE and reduces the relative risk of disease progression to HGD/EAC by up to 94 percent.\(^1,2,3\)

Major GI societies support the use of radiofrequency ablation in the treatment guidelines for BE.

The AGA\(^9\), ASGE\(^10\), and ACG\(^11\) guidelines suggest that RFA should be the preferred ablative therapy for patients with non-nodular and dysplastic BE.

In addition, risk factors that contribute to disease progression are mentioned in all three guidelines:

■ AGA 2011 states that RFA should be a therapeutic option for patients with non-dysplastic Barrett’s esophagus (NDBE) carrying higher risks of progression.

■ ACG 2015 also recognizes several risk factors that may impart a higher lifetime risk of cancer such as family history and long segment disease.

■ ASGE 2018 states that risk stratification and the development of predictive models to identify high risk patients is a critical future area of research.

Radiofrequency ablation can eradicate Barrett’s esophagus and reduce risk of disease progression, regardless of histological grade.\(^1,2,3,12\)

When risk of progression is high, treat proactively with the proven Barrx™ radiofrequency ablation system.
Barrx™ Radiofrequency Ablation System

Please see the package insert for the complete list of indications, warnings, precautions, and other important medical information.

Indications for Use:

- The catheters are indicated for use in the coagulation of bleeding and nonbleeding sites in the gastrointestinal tract including, but not limited to, the esophagus.
- Indications for the circumferential catheters include esophageal ulcers, Mallory-Weiss tears, arteriovenous malformations, angiomata, Barrett’s esophagus, Dieulafoy lesions, and angiodysplasia.
- Indications for the focal catheters include esophageal ulcers, Mallory-Weiss tears, arteriovenous malformations, angiomata, Barrett’s esophagus, Dieulafoy lesions, and angiodysplasia, gastric antral vascular ectasia (GAVE) and radiation proctitis (RP).

Contraindications:

- Pregnancy
- Prior radiation therapy to the esophagus
- Esophageal varices at risk of bleeding
- Prior to Heller myotomy
- Eosinophilic esophagitis

Caution:

Federal law restricts this device to sale by or on the order of a licensed healthcare practitioner. Rx only.

Risk Information:

The following are transient side effects that may be expected after treatment: chest pain, difficulty swallowing, painful swallowing, throat pain, and/or fever. Complications observed at low frequency include: mucosal laceration, minor and major acute bleeding, stricture, perforation, cardiac arrhythmia, pleural effusion, aspiration, and infection. Potential complications that have not been observed include: death. Please refer to the product user manual or medtronic.com/gi for detailed information.

References


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We are committed to providing training materials and resources to help healthcare professionals and staff deepen their expertise.

We provide educational courses, comprehensive reimbursement support, and marketing tools to help our partners connect with patients and referring physicians.

We collaborate with public and private payers, governments, and hospital systems interested in working together to shape and deploy value-based business models.

Visit us at medtronic.com/gi