

What is Barrett's esophagus?

Barrett's esophagus is a precancerous disease that affects the lining of the esophagus. It occurs when stomach acids and enzymes leak back into the esophagus and over time this may cause the cells to change. This transformation is also known as intestinal metaplasia.¹

What are the symptoms?

There are no symptoms specific to Barrett's esophagus, other than the typical symptoms of gastroesophageal reflux disease (or GERD).¹ These include heartburn, chest pain, and regurgitation.^{1,2}

Who is at risk?

Caucasian males over the age of 50 with chronic reflux symptoms or heartburn have a higher risk for the disease.¹ Receiving a diagnosis at a young age or having a family history of Barrett's esophagus also contribute to one's risk.³ Being overweight and obese (body mass index 25-30) increases a person's risk of developing cancer of the esophagus by almost two times.^{2,3}

How many people have Barrett's esophagus?

Barrett's esophagus is estimated to affect approximately 12.5 million adults in the United States.⁵

How is Barrett's esophagus diagnosed?

Barrett's esophagus cannot be diagnosed by symptoms.⁵ A diagnosis of Barrett's esophagus is currently dependent on an upper endoscopy performed by a gastroenterologist.⁵ This procedure enables the doctor to directly visualize the esophagus and take tissue samples of the esophageal tissue.⁵

Are treatment options available?

Yes, treatment with the Barrx™ radiofrequency ablation system has been shown to reduce disease progression by removing precancerous tissue from the esophagus.⁴ Barrett's esophagus patients treated with radiofrequency ablation are less likely to progress to esophageal cancer compared to patients who undergo surveillance.⁶ The Barrx™ radiofrequency ablation system can reduce the relative risk of disease progression to cancer by up to 94% percent.⁶

What happens if Barrett's esophagus goes untreated?

Patients with untreated Barrett's esophagus have up to 60x higher risk of developing esophageal cancer (EAC).⁷ EAC has a relative 5-year survival rate of 19.9%.⁸ Barrett's esophagus patients should speak to their physician about the most effective treatment to reduce their risk.

For more information about Barrett's esophagus, visit learnaboutbarretts.com

***94% is the calculated relative risk reduction [(26-1.5)/26] = 25/26 *100. From [25.0% (1.5%for ablation vs 26.5%for control; 95%CI, 14.1%- (p.5)**

The following are transient side effects that may be expected after treatment: chest pain, difficulty swallowing, painful swallowing, throat pain, and/or fever. Potential complications include mucosal laceration, minor or major bleeding, endoscopic clipping to manage mucosal laceration or bleeding, perforation of the stomach, esophagus, or pharynx, surgery to manage perforation, esophageal stricture, endoscopic dilation to manage stricture, pleural effusion, transfusion secondary to major bleeding, cardiac arrhythmia, aspiration, infection and death.

References

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