

Clinical summary

The following is a synopsis of a published clinical study.

Title	Recurrence of Barrett's Esophagus is Rare Following Endoscopic Eradication Therapy Coupled with Effective Reflux Control
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BACKGROUND

Barrett's esophagus (BE), a pre-cursor to esophageal adenocarcinoma, is frequently treated with a multimodal endoscopic eradication therapy (EET) using endoscopic mucosal resection (EMR) and radiofrequency ablation (RFA). The present single center observational cohort study evaluated the safety, efficacy, and durability of EET in conjunction with a structured reflux management protocol.

STUDY DESIGN

Patients were initially treated with EMR for any visible lesion or focal abnormality identified; 2-3 months post-EMR, patients underwent RFA. Circumferential ablation was completed in successive sessions at 2-month intervals until all endoscopically visible disease was eradicated. All patients were treated with a standard reflux management protocol.

KEY RESULTS

Primary study outcomes were defined as the proportion of patients achieving complete eradication of intestinal metaplasia (CE-IM), the proportion of patients maintaining CE-IM without recurrence, and the rate of CE-IM achieved in patients requiring modifications of their anti-reflux management plan.

Overall, CE-IM was achieved in 93% (205/221) of patients and complete eradication of dysplasia (CE-D) was achieved in 96% (170/177) of patients within 11.6 ± 10.2 months of treatment. Recurrence rates for IM and dysplasia were 4.8% and 1.5% respectively, and the mean time to recurrence was 18 ± 6.1 months. Durability of CE-IM is summarized in the table below.

Durability of CE-IM (n (%))	All Patients (n=205)	High Grade Dysplasia/Intramucosal Adenocarcinoma Patients (n=101)	Low Grade Dysplasia Patients (n=76)	Non-Dysplastic BE Patients (n=44)	P Value
1 year	190/195 (97.4%)	84/88 (95.5%)	70/71 (98.6%)	36/36 (100%)	0.60
3 years	126/129 (97.7%)	61/63 (96.8%)	44/44 (100%)	21/22 (95.5%)	0.09
7 years	27/27 (100%)	21 (100%)	6 (100%)	0 (0%)	0.43

48 patients did not achieve CE-IM in 3 RFA sessions, following modification of their reflux management plan, 45 (93.7%) achieved CE-IM in an average of 1.1 RFA sessions. Within this subset of patients, recurrence occurred in 13 patients (10 showed IM (4.8%) and 3 showed dysplasia (1.5%) within mean follow-up of 44 ± 18.5 months. Recurrence of IM was significantly lower when compared to historical controls ($p=0.04$).

CONCLUSIONS

Results of this study suggest that EET has long-term durability with low recurrence rates in the treatment of BE. Additionally, proper reflux management is important for adequate treatment of BE patients undergoing EET.