

Importance of a Full Screening at Index Endoscopy

■ GASTROINTESTINAL ENDOSCOPY ■

September 24, 2018

Publication Title: INCREASING PREVALENCE OF HIGH-GRADE DYSPLASIA AND ADENOCARCINOMA ON INDEX ENDOSCOPY IN BARRETT'S ESOPHAGUS OVER THE PAST 2 DECADES: DATE FROM A MULTICENTER U.S. CONSORTIUM - [HTTPS://DOI.ORG/10.1016/J.GIE.2018.09.041](https://doi.org/10.1016/j.gie.2018.09.041)

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STUDY DESIGN

Objective: To determine the prevalence patterns of BE-associated dysplasia on index endoscopy over the past 25 years



3,643
BE patients



Multi-center
consortium



6 tertiary
referral centers



Data from
1990-2016

At index endoscopy, patients were grouped by:

NDBE: Non-dysplastic BE (Intestinal Metaplasia)

HGD: High-grade dysplasia

LGD: Low-grade dysplasia

EAC: Esophageal adenocarcinoma

INDEX ENDOSCOPY RESULTS

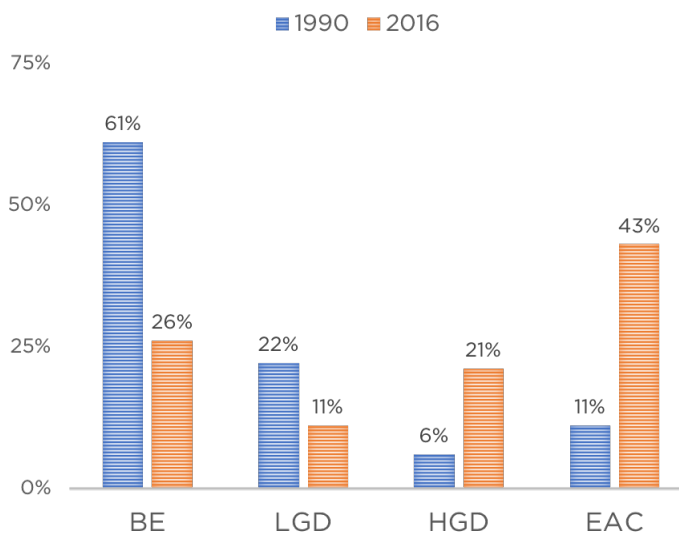
19%

of patients diagnosed with EAC survive 5 or more years, up from 10% in 1997, however early detection of BE is a crucial step for intervention

25%

of EAC cases are diagnosed within 1 year of index endoscopy in patients with BE

PREVALENCE TRENDS



- BE is the only known precursor to EAC
- This highlights the importance of a **meticulous inspection during screening endoscopy** in patients with BE
- The proportion of visible lesions with HGD/EAC histology increased over the years **from 16.7% to 63.8%**
- The increase of the prevalence of HGD/EAC corresponds to the increase in detection of BE lesions identified with histology

Conclusion: Diagnoses of BE/EAC are being missed at index endoscopy. Even though BE is a slow progressing disease, early diagnosis is being missed entirely.

Real-Time Diagnosis of BE with pCLE

■ SURGICAL ENDOSCOPY ■

September 4, 2018

Publication Title: REAL-TIME DIAGNOSIS OF BARRETT'S ESOPHAGUS: A PROSPECTIVE, MULTI-CENTER STUDY COMPARING CONFOCAL LASER ENDOMICROSCOPY WITH CONVENTIONAL HISTOLOGY FOR THE IDENTIFICATION OF INTESTINAL METAPLASIA IN NEW USERS - [HTTPS://DOI.ORG/10.1007/S00464-018-6420-9](https://doi.org/10.1007/S00464-018-6420-9)

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STUDY DESIGN

Objective: To examine the role of pCLE in BE screening and surveillance as compared to conventional 4-quadrant biopsy (Seattle Protocol)



172 patients



8 non-academic centers

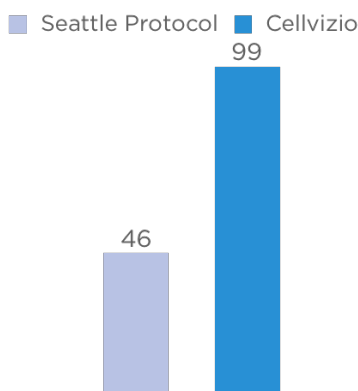


Large multi-center prospective clinical trial

RESULTS

2x

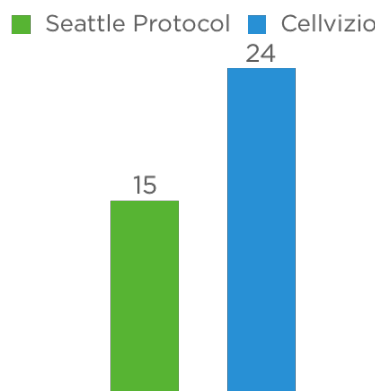
detection of IM with pCLE



Using pCLE, physicians detected Barrett's Esophagus (BE) in 99 patients, which is more than double BE detected with Seattle Protocol (46 patients)

1.6x

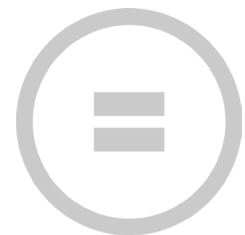
detection of IM without visible Columnar Lined Epithelium



Using pCLE, physicians detected BE (without visible columnar lined epithelium) in 24 patients, which is 1.6x the BE detected with Seattle Protocol (15 patients)

0

No significant difference between early pCLE users and expert review



Novice user experience of 8.5 months with no formal training in pathology

The addition of pCLE resulted in increased detection of BE in patients that would otherwise not have been identified. The combination of HD-WLE / NBI and pCLE did not miss any patients with BE.