

Barrett's esophagus profile and outcome in a large cohort

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Introduction: Barrett's esophagus (BE) patients undergo endoscopic surveillance for dysplasia and cancer(EAC), though significance of associated morbidity and mortality is questionable. Aims and methods: To describe local BE profile as-well-as dysplasia and cancer rates and assess per-guideline endoscopic-reporting rates. Consecutive patients with BE(N=406) were recruited from March 2009 -May 2015. Two-hundred-Fifty underwent multiple-sequential endoscopies. One-Hundred-fifty-Five filled out a questionnaire for clinical data and personal/familial cancer history. Results: Mean age was 60.9±13.3 years(y), 69% were males. Maximal and circumferential BE length were reported in 70.9%(288/406) and 27.6%(112/406) respectively, mean 2.8±1.9cm and 4.9±3.1cm, respectively. Low(LGD) and high grade dysplasia(HGD), intramucosal carcinoma (IMC) and EAC rates were 4.4%, 3%, 0.7%, and 2%, respectively. The prospectively followed subgroup had 914 years of follow up, with a mean endoscopy number of 4.7±3. Incidence rates of LGD, HGD, IMC, EAC per 1,000 patient-years were 20.8, 15.3, 2.2, and 7.6, respectively. Questionnaire subgroup analysis revealed BE was diagnosed at mean age and duration of 57.8±12.5y, and 4.9±5.7y, respectively. Personal history of non-esophageal malignancy was reported in 15.4%. Family history of BE, EAC and non-esophageal cancer was reported in 5.2%, 4.5%, and 35.4%, respectively. Conclusions: Compared to USA reference, we demonstrated a lower rate of LGD, but comparable rates of HGD and EAC. Personal and familial history of non-esophageal malignancy rates was higher than esophageal. Our findings support age appropriate non-esophageal malignancy screening in BE patients. Physician compliance for Prague classification compatible-reporting is lacking. Israeli BE profile should be further characterized to better use health resources.