

Barriers to Barrett's Esophagus Screening within Veterans Affairs Patient Population

Introduction:

Barrett's esophagus (BE) is a metaplastic change in the distal esophagus in which squamous epithelium is replaced by columnar epithelium with goblet cells. Chronic gastroesophageal reflux disease (GERD) is strongly linked to the development of BE, which is a known precursor lesion to esophageal adenocarcinoma (EAC). There is no universal guideline for BE screening, however AJG suggest a single screening endoscopy in patients with chronic GERD symptoms and 3 or more additional risk factors, such as male sex, age > 50 years, white race, tobacco smoking, obesity and family history of BE or EAC. Within the Veteran's Affairs (VA) hospital in Northport, New York, many veterans possess multiple risk factors for BE. Residents in VA primary care clinic are diligent in colorectal cancer screening, yet there is concern for limited offerings for BE screening. Our project aims to study the barriers to BE screening within a high-risk veteran population

Methods

This is a survey-based study. A total of 36 internal medicine residents working in VA primary care clinic were asked to fill out a survey regarding their perspective towards BE screening. The results of the survey are compiled in table 1.

Question	Answer from Survey			
Do you think our clinic is screening enough for BE?	1 answered yes	35 answered no		
When seeing patient on chronic PPI, do you tend to take further history regarding their GERD before continuing their PPI?	2 answered always	15 answered sometimes	15 answered rarely	4 answered never
When you receive request for PPI renewal, do you ask for more information before renewing?	1 answered always	4 answered sometimes	18 answered sometimes	13 answered never
Do you know the risk factors for BE?	27 answered yes	9 answered no		
Do you know when to refer patients to GI clinic for BE screening?	6 answered yes	30 answered no		
How often in the past have you referred veterans to GI clinic for EGD and BE screening?		2 answered sometimes	10 answered rarely	24 answered never

Table 1: Compiled data of the questionnaire choices by residents of VA clinic

Results

36 residents within the clinic completed the survey. As shown in table 1, 35 out of 36 residents expressed that the primary care clinic does not screen for BE adequately. 30 residents expressed uncertainty regarding referral criteria for BE screening, 24 residents revealed having never referred patients for BE screening. When asked about barriers regarding BE screening, consensus polling showed that there is a lack of resident education surrounding indications for screening. Other common barriers include lack of transportation for veterans to appointments, the COVID 19 pandemic, and lack of health literacy within the veteran population.

Discussion

Although there is no established guideline for BE screening, per AJG there is recommendation for a one-time screening endoscopy in susceptible population. VA patients pose a high-risk population that appears to have low screening rates. Patients appear to be placed on long term PPIs without re-assessment and endoscopic screening despite possessing multiple risk factors for BE. Our survey shows that within our resident cohort there is concern for lack of awareness regarding screening criteria for BE. With the initiation of this project, we hope to increase awareness of BE screening within the resident group and improve health outcomes within veteran population.