

# Variations in Barrett's Esophagus Screening, Diagnosis, and Management among Experts – Myth or Reality?

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## BACKGROUND

- Barrett's esophagus (BE) is the only known precursor to esophageal adenocarcinoma (EAC).
- Although clinical practice guidelines provide an evidence-based framework for BE diagnosis and management, lack of evidence in some areas may preclude definitive recommendations and controversies remain.
- BE experts are best positioned to provide guidance in these areas, but uniformity of their perspectives has not been assessed.

## AIM

- We aimed to assess practice patterns specific to BE screening, diagnosis and management among recognized BE expert gastroenterologists.

## METHODS

- We surveyed BE expert gastroenterologists (N= 38) throughout the United States.
- The investigator-developed online survey assessed expert beliefs and practice patterns specific to screening, diagnosis, and management of BE.
- We hypothesized practice patterns would vary, particularly in the category of management.

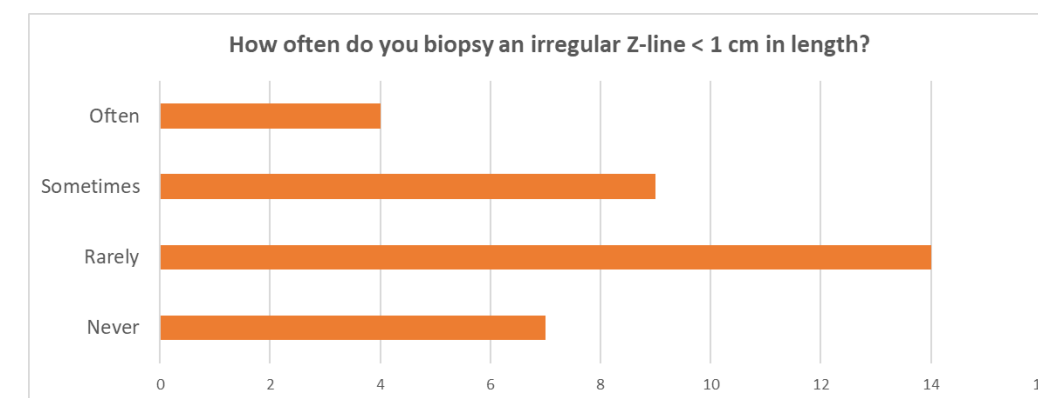
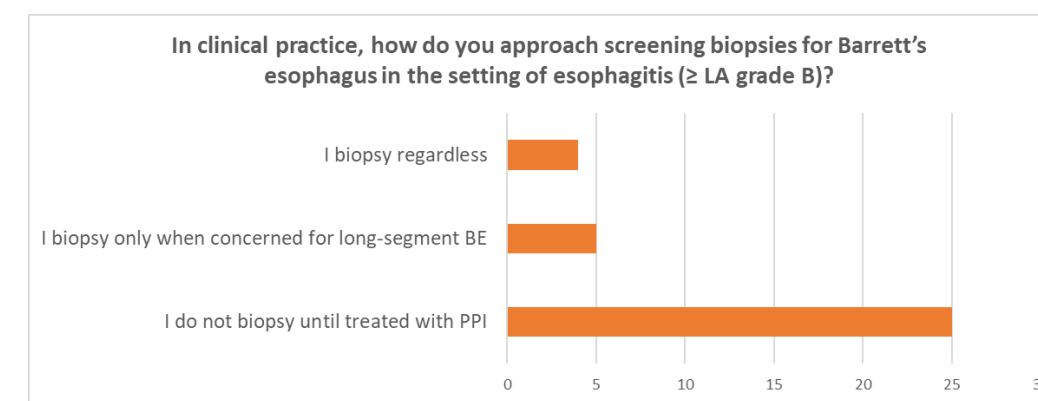
## RESULTS

- 34 BE experts (89%) responded to the survey.
- Table 1** outlines the demographic and practice characteristics of the respondents.
- The results for each question are displayed in the figures that follow.

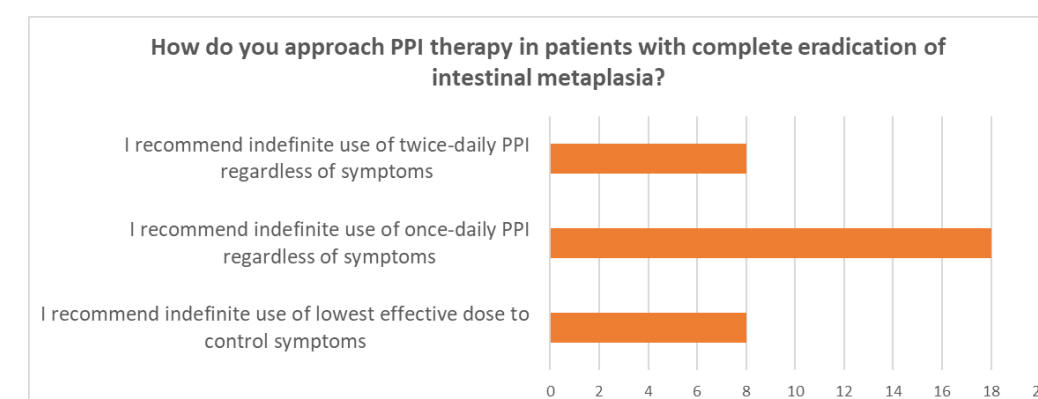
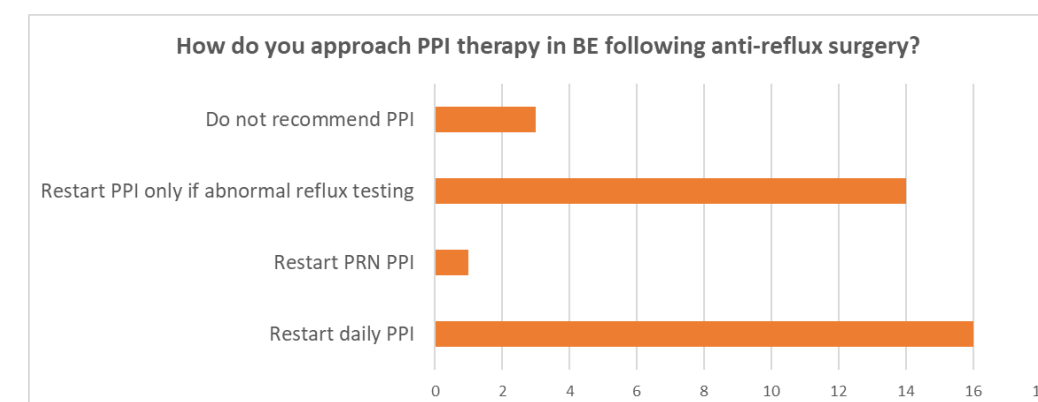
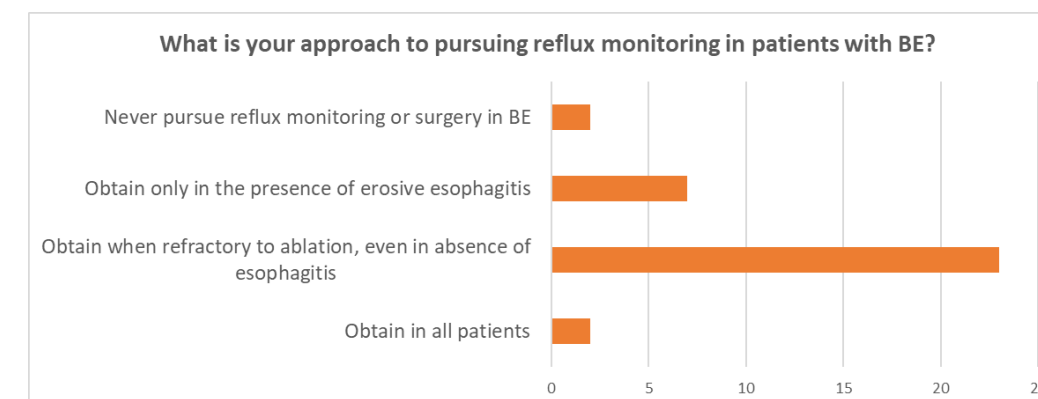
## TABLE 1: SURVEY RESPONDENT CHARACTERISTICS

Characteristic	Study participants (N = 34)
Male sex	29 (85.3%)
Time in practice	
≤10 years	8 (23.5%)
11-20 years	10 (29.4%)
>20 years	16 (47.1%)
Region of practice	
Southwest	13 (38.2%)
Northeast	10 (29.4%)
Midwest	6 (17.7%)
Southeast	3 (8.8%)
Northwest	2 (5.9%)
GI Subspecialty	
Esophagologist – Barrett's esophagus focus	18 (52.9%)
Advanced endoscopist	10 (29.4%)
Esophagologist – GERD/motility focus	1 (2.9%)
General gastroenterologist	4 (11.8%)
Other	
Subspecialty training	
Advanced endoscopy	16 (47.1%)
Esophageal fellowship	3 (8.8%)
No additional subspecialty training	15 (44.1%)
Practice setting	
Academic tertiary referral	28 (82.4%)
Academic community hospital	2 (5.9%)
Integrated health system	1 (2.9%)
Private practice (>10 physician)	2 (5.9%)
Private practice (≤10 physician)	1 (2.9%)
Barrett's esophagus patients per month	
<10	12 (35.3%)
11-20	13 (38.2%)
21-30	4 (11.8%)
>30	5 (14.7%)
Barrett's esophagus endoscopies per month	
≤10	7 (20.6%)
11-20	16 (47.1%)
>20	11 (32.4%)

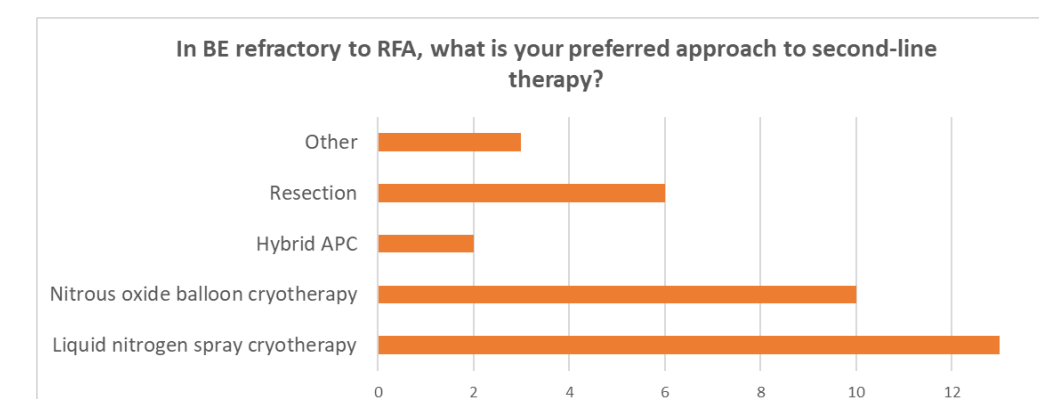
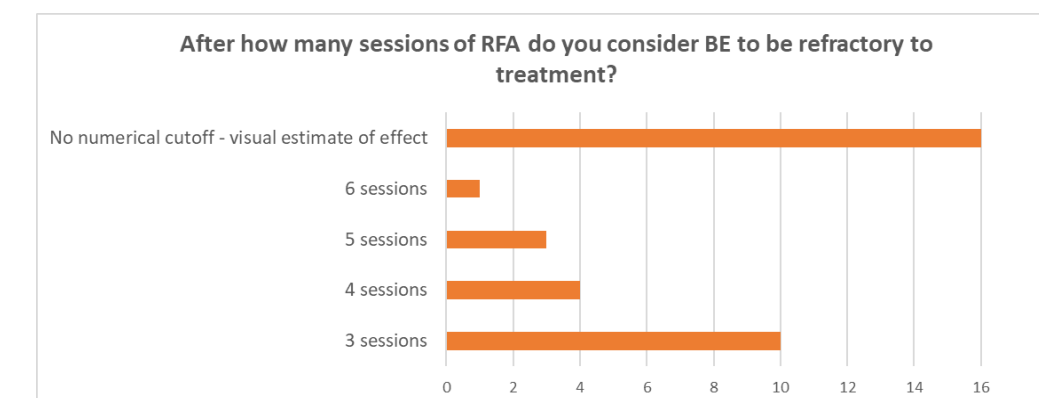
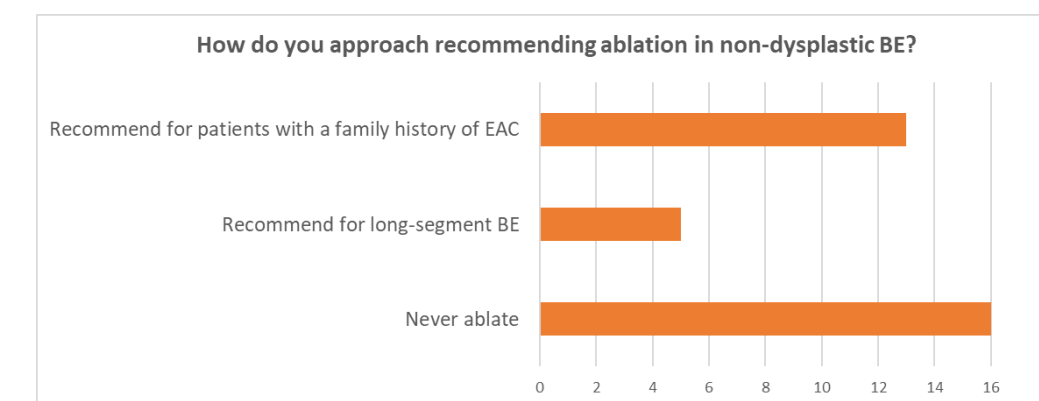
## SCREENING AND DIAGNOSIS



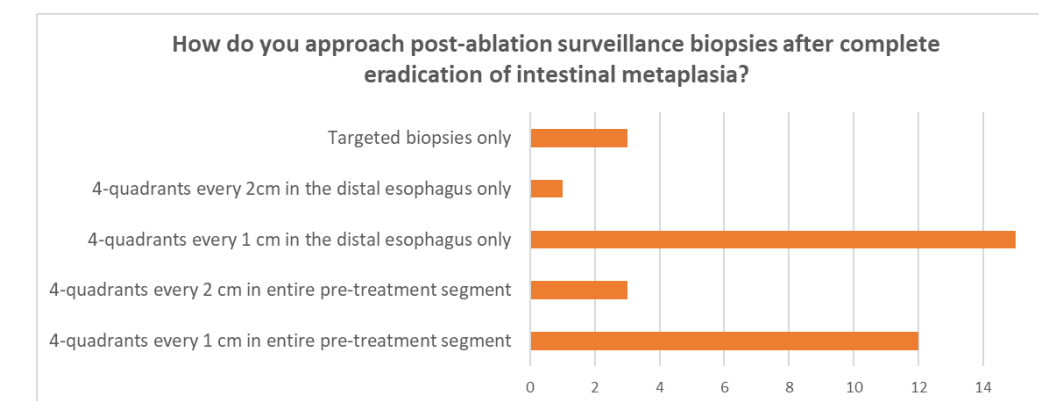
## GERD MANAGEMENT



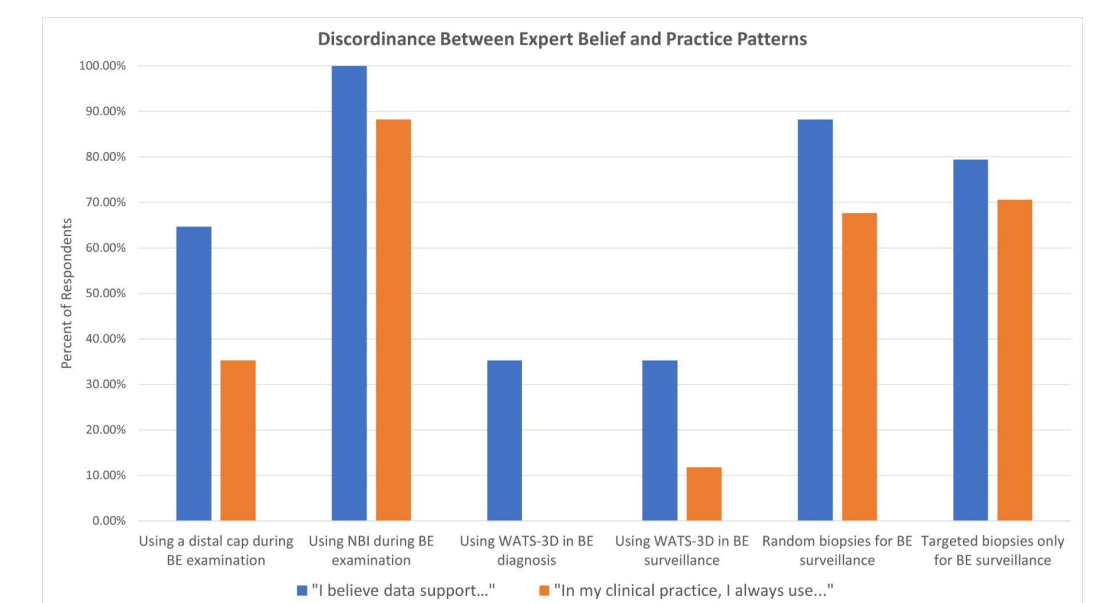
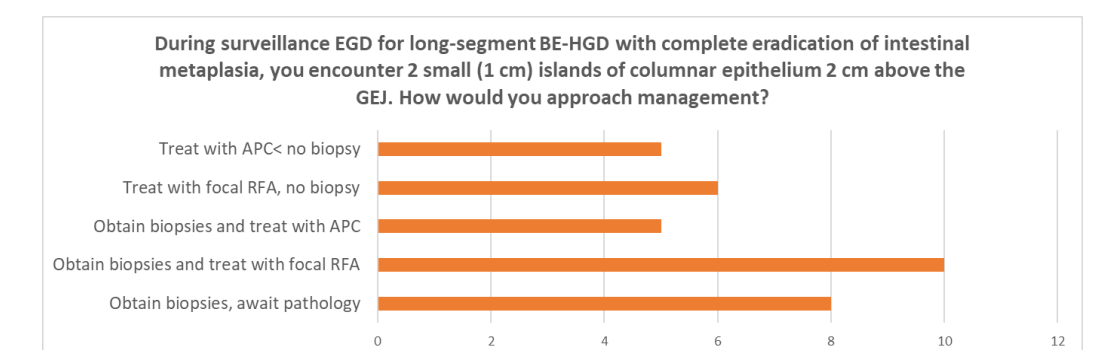
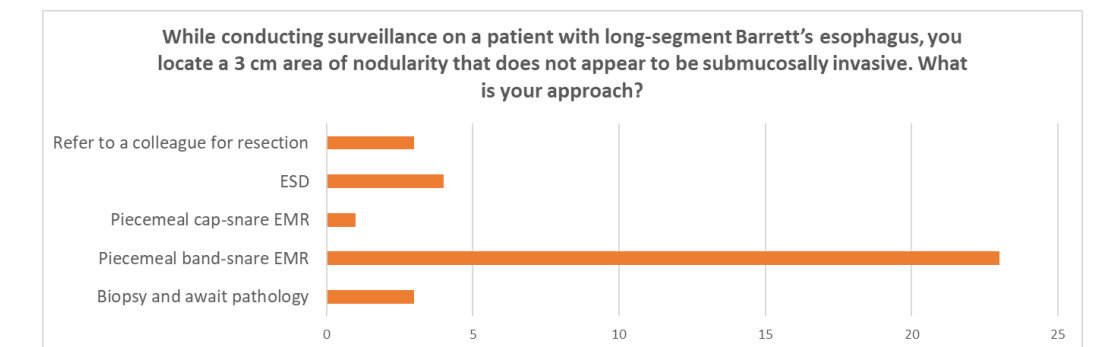
## ABLATION



## POST-TREATMENT SURVEILLANCE



## SELECTED CLINICAL SCENARIOS



## CONCLUSIONS

- Despite available clinical practice guidelines, BE experts exhibit substantial variability in practice, particularly with respect to the use of WATS-3D, NDBE ablation, and post-CEIM management.
- These results shed light on continued controversies in BE management and emphasize the need for further research to better define management in these areas.