

UHBRISTOL BARRETT'S OESOPHAGUS SURVEILLANCE PROGRAMME

SEGMENT OF BARRETT'S OESOPHAGUS IDENTIFIED ON ENDOSCOPY AND MEASURED USING PRAGUE C&M CLASSIFICATION

≤ 3CM BARRETT'S BUT NO INTESTINAL METAPLASIA
↓
CONSIDER DISCHARGING FROM SURVEILLANCE

HISTOLOGY CONFIRMS BARRETT'S WITH INTESTINAL METAPLASIA

HISTOLOGY INDETERMINATE FOR DYPLASIA

HISTOLOGY CONFIRMS LOW GRADE DYPLASIA

HISTOLOGY CONFIRMS HIGH GRADE DYPLASIA

DOUBLE PPI TREATMENT AND REPEAT ENDOSCOPY + BIOPSIES AT 6 MONTHS (THEN FOLLOW UP AS PER HISTOLOGY)

REPEAT ENDOSCOPY + BIOPSIES IN 6 MONTHS

REFER TO UGI MDT

DISCUSS SURVEILLANCE WITH PATIENT (consider individual factors and if surveillance appropriate)

IF LOW GRADE DYPLASIA REFER TO UGI MDT

NO LOW GRADE DYPLASIA THEN FOLLOW BARRETT'S SURVEILLANCE SCHEDULE

1CM LENGTH OF BARRETT'S

1-3 CM LENGTH OF BARRETT'S

≥ 3 CM LENGTH OF BARRETT'S

5 YEARLY SURVEILLANCE

3 YEARLY SURVEILLANCE

2 YEARLY SURVEILLANCE (WITH ACETIC ACID FOR TARGETTED BIOPSIES)

ONCE ON BARRETT'S SURVEILLANCE PROGRAMME PPI'S SHOULD NOT BE STOPPED

ON RESCOPE — 4 QUADRANT BIOPSIES FOR EVERY 2 CM OF BARRETT'S (+ ANY ABNORMALITIES). EACH SET OF BIOPSIES SHOULD BE LABELLED WITH THE MEASUREMENT



Guidance for Endoscopists on Barrett's Surveillance

Who to offer surveillance

1. Judgement on individual basis
2. Compare lead time of Barrett's-dysplasia-carcinoma sequence with predicted longevity. Consider age, frailty, comorbidities and current quality of life.
3. If in doubt, please contact Barrett's Surveillance group at barretts.oesophagus@uhbristol.nhs.uk for advice.

When to offer surveillance

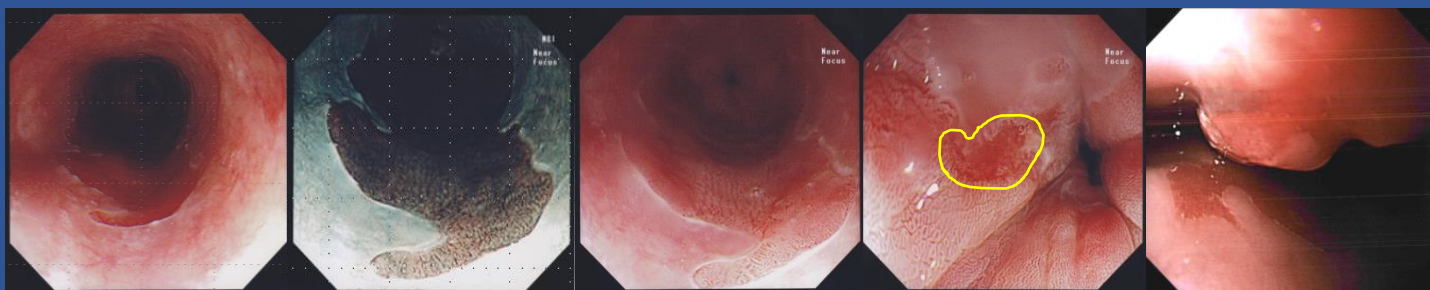
1. Must have intestinal metaplasia on biopsies
2. Any patient who would be >80yrs at next survey should have telephone or GP assessment just prior to endoscopy scheduling.

Length of Barrett's	1cm	1-3cm	>3cm
Surveillance interval	5 yearly	3 yearly	2 yearly

How to perform surveillance

Length of Barrett's	<3cm	3-6cm	>6cm
Time allocated	2 points	3 points	4 points

1. All segments >3cm should be examined with 2-3% acetic acid +/- Narrow Band Imaging if available.
2. All reports to include Prague classification, and measurement of the top of the gastric folds (Tgf) from incisors.
3. Include digital photos of top of intestinal metaplasia and nodular or suspicious areas.
4. Modified Seattle protocol biopsies in all cases (4 Bx per 2cm Barretts, 8 Bx for 2cm).
5. Targeted biopsies of suspicious areas or nodules in separate pots, noting site using distance from incisors and position on clock face.



White light endoscopy

Narrow band imaging

Acetic acid chromoendoscopy

Dysplasia after acetic acid

Nodular Barrett's