

Barrett's oesophagus overview

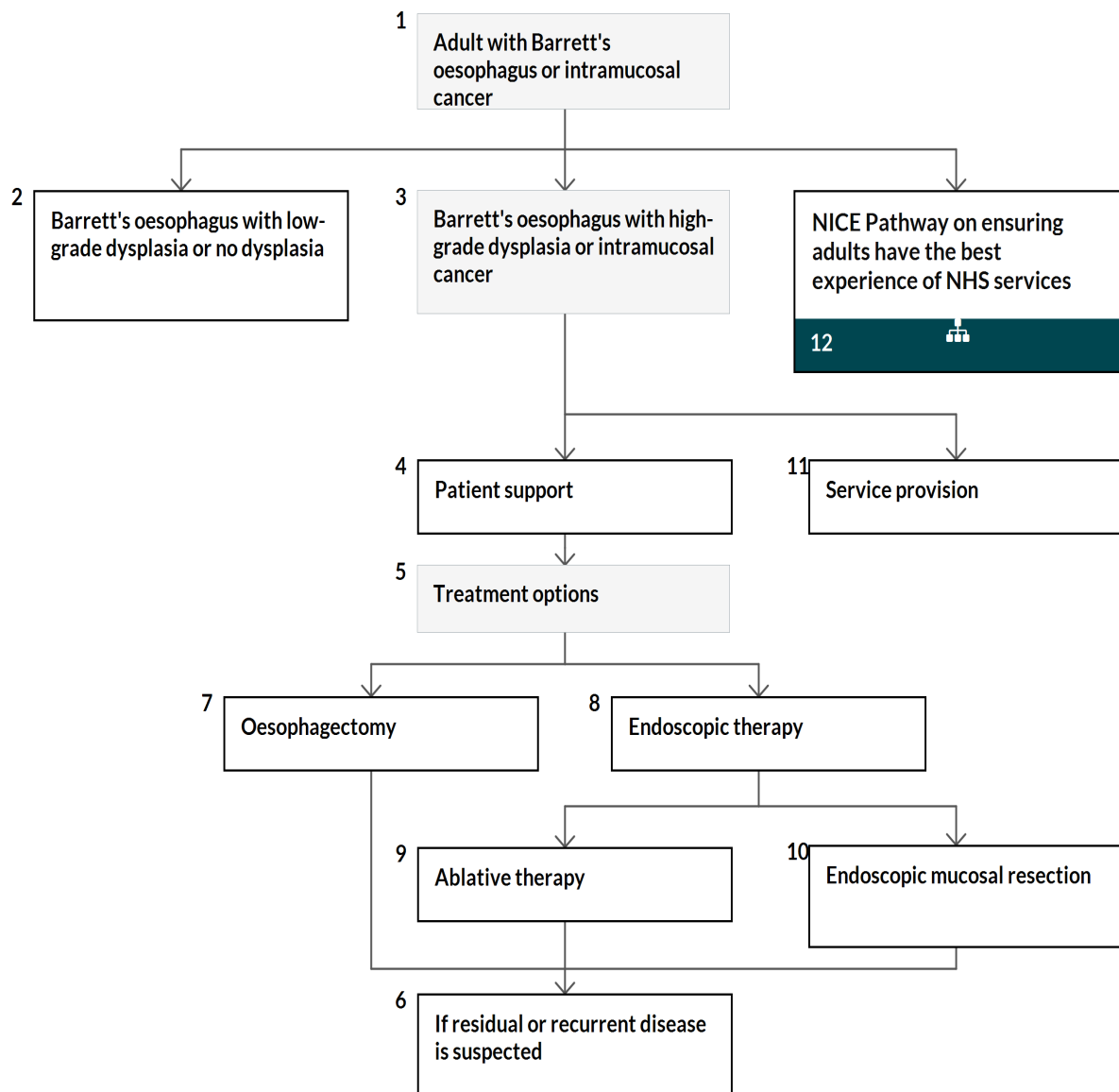
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/barretts-oesophagus>

NICE Pathway last updated: 28 October 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Adult with Barrett's oesophagus or intramucosal cancer

No additional information

2 Barrett's oesophagus with low-grade dysplasia or no dysplasia

Interventional procedures

NICE has published [guidance on endoscopic radiofrequency ablation for Barrett's oesophagus with low-grade dysplasia or no dysplasia](#) that may be used in patients with Barrett's oesophagus with low-grade dysplasia with **normal arrangements** for clinical governance, consent and audit. It should only be used in patients with no dysplasia in the **context of research**.

NICE has published [guidance on photodynamic therapy for Barrett's oesophagus](#) with **special arrangements** for clinical governance, consent and audit.

3 Barrett's oesophagus with high-grade dysplasia or intramucosal cancer

No additional information

4 Patient support

Give patients verbal and written information about the following, and time to consider it:

- diagnosis
- patient support groups
- available treatments
- uncertainty of long-term outcomes of ablative therapy.

Discuss with patients the multidisciplinary team's views on the range of appropriate treatments.

Offer patients the opportunity to see the same specialist healthcare team more than once to agree treatment.

Advise patients who have endoscopic therapy that they will need lifelong care and repeated

endoscopies.

5 Treatment options

No additional information

6 If residual or recurrent disease is suspected

Consider additional or repeated therapy with appropriate follow-up using:

- endoscopic mucosal resection with further pathological assessment **or**
- ablative therapy (radiofrequency ablation or photodynamic therapy) **or**
- endoscopic mucosal resection and ablative therapy (radiofrequency ablation, argon plasma coagulation or photodynamic therapy).

See [surveillance for people with Barrett's oesophagus in the NICE Pathway on dyspepsia and gastro-oesophageal reflux disease](#).

7 Oesophagectomy

See what NICE says on [preoperative tests](#).

Minimally invasive oesophagectomy

NICE has published [interventional procedures guidance on minimally invasive oesophagectomy with normal arrangements](#) for clinical governance, consent and audit with local review of results.

8 Endoscopic therapy

A confirmed diagnosis of high-grade dysplasia or intramucosal cancer should have been agreed by a designated specialist multidisciplinary team for oesophago-gastric cancer before considering endoscopic therapy as an alternative to surgery.

Consider offering endoscopic therapy as an alternative to oesophagectomy to people with high-grade dysplasia and intramucosal cancer (T1a), taking into account individual patient preferences and general health. Endoscopic therapy is particularly suitable for patients who are

considered unsuitable for surgery or who do not wish to undergo oesophagectomy.

9 Ablative therapy

Consider using radiofrequency ablation or photodynamic therapy alone for flat high-grade dysplasia, taking into account long-term efficacy, cost and complication rates.

Do not use argon plasma coagulation, laser ablation or multipolar electrocoagulation alone or in combination with each other unless as part of a clinical trial.

Interventional procedures

NICE has published guidance on the following procedures with **normal arrangements** for clinical governance, consent and audit:

- [photodynamic therapy for Barrett's oesophagus](#)
- [epithelial radiofrequency ablation for Barrett's oesophagus](#).

NICE has published [guidance on photodynamic therapy for early-stage oesophageal cancer with special arrangements](#) for consent, audit and clinical governance.

NICE has published [guidance that balloon cryoablation for Barrett's oesophagus](#) should only be used in the context of research.

10 Endoscopic mucosal resection

Consider using endoscopic mucosal resection alone for localised lesions.

Use circumferential endoscopic mucosal resection with care because of the high incidence of stricture formation.

Consider following with an additional ablative therapy (radiofrequency ablation, argon plasma coagulation or photodynamic therapy) to completely remove residual flat dysplasia, taking into consideration the side-effect profiles.

Endoscopic submucosal dissection of oesophageal dysplasia and neoplasia

NICE has published [interventional procedures guidance that endoscopic submucosal dissection of oesophageal dysplasia and neoplasia](#) should only be used **in the context of research** in

patients with oesophageal adenocarcinoma or high-grade dysplasia in Barrett's oesophagus. It should be used with **special arrangements** for clinical governance, consent and audit or research in patients with oesophageal squamous carcinoma or squamous dysplasia.

11 Service provision

All treatments should be delivered by experienced specialist oesophago-gastric cancer teams in facilities that can provide the treatments recommended.

12 NICE Pathway on ensuring adults have the best experience of NHS services

[See Patient experience in adult NHS services](#)

Sources

Barrett's oesophagus: ablative therapy (2010) NICE guideline CG106

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and

their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.