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Barrett's Oesophagus

What is Barrett's Oesophagus?

Barrett's oesophagus is the term used for a potentially precancerous condition where the normal cells lining the oesophagus, also known as the gullet or food pipe, have been replaced with different cells. It tends to occur in people suffering from Gastro-oesophageal reflux disease (GORD). It is also more frequent in people with a hiatus hernia, which is an impairment of the valve that normally prevents acid juices passing from the stomach to the gullet which irritates and inflames the lining of the oesophagus. Approximately 1 in 10 people suffering from GORD will go on to develop Barrett's oesophagus. Men are more frequently affected than women, although it can affect people of either sex and at any age. Other risk factors include age, family history, obesity and smoking.

Can Barrett's oesophagus lead to cancer and what monitoring is required?

There is a connection between Barrett's oesophagus and a type of cancer of the gullet, called oesophageal adenocarcinoma. Although most people with Barrett's will never develop cancer, approximately 1 in 100 (less than 1%) of people with Barrett's may go on to develop cancer during their lifetime. Because of this, it is recommended that patients with Barrett's oesophagus are monitored with an endoscopy (camera test) in order to detect any cancer occurring at a very early and curable stage. During this test, the doctor also takes multiple small tissue samples (biopsies) to be examined under the microscope.

For some patients the risk of cancer is extremely small. For example patients with a very short Barrett's (1 or 2 cm) have a very small risk and therefore may not need repeat endoscopy or require one endoscopy every 3 or 5 years depending on the cell types present in the biopsy. Some other patients with longer segments and the cell type called intestinal metaplasia have a slightly higher risk and may require an endoscopy every 2 or 3 years. If cellular changes called dysplasia are found under the microscope, it may be recommended to have an endoscopy sooner. In these case two pathologists will be asked to double check the biopsy changes and the hospital specialist will decide how soon the endoscopy test should be repeated.

Endoscopy

Endoscopy is generally a safe procedure, but carries a small risk of complications. Possible complications are bleeding or perforation (tear through the wall of the gullet or stomach), but they are rare, occurring in less than 1 every 2500 endoscopies. It is important to understand this risk when agreeing to receive regular endoscopic monitoring. Also, endoscopy can be unpleasant, but an injection prior to the test (sedation) can make it much more tolerable.

What treatment is available for early cancer?

If severe cellular changes (high grade dysplasia) or a small cancer are found at endoscopy, treatment may then be offered. Whenever possible, rather than an operation patients are offered endoscopic treatment. Endoscopic treatment is performed through the channels present in the flexible camera tube in order to remove the cancer (endoscopic resection) or ablate (burn off) the Barrett's oesophagus using a treatment such as radiofrequency ablation. In some circumstances surgery may be needed when the cancer is more advanced.

What medication should I take?

Patients with Barrett's oesophagus are usually prescribed medications to control acid reflux. The most common type of medication prescribed is called a proton pump inhibitor or more simply PPI. PPI is a safe drug and can be taken for many years without significant risks. Patients that are intolerant to PPI can be offered keyhole surgery to correct the hiatus hernia and stop the reflux to occur. Studies have showed that PPI and keyhole surgery are equally effective in controlling the reflux However there is lack of evidence that PPI or keyhole surgery can prevent cancer from occurring. Other medications used include H2 blockers and drugs to neutralise the acid such as Gaviscon or Rennie. Sometimes more than one type of medication is recommended for use at the same time.

Does it matter what I eat?

There are no precise dietary recommendations for patients with Barrett's oesophagus. However, you should avoid foods if they make your reflux or heartburn symptoms worse. For example, excess alcohol, coffee, chocolate and citrus fruits all fall into this category. Fatty foods also tend to take longer to leave the stomach and this can make patients feel uncomfortable.

If you find that large meals irritate your Barrett's, then eating smaller amounts more often might suit you better. Overall, eat foods that suit you and enjoy all things in moderation!

To help reduce the risk of developing oesophageal cancer it is recommended to:

- Keep a healthy weight
- Stop smoking
- Not exceeding the daily recommended alcohol intake
- For men 3-4 units daily (1 ½ pints of lager) for women 2-3 units daily (175ml of wine)

If you need more information ask your GP or hospital specialist.

New symptoms, such as difficulty in swallowing, vomiting blood or weight loss, require urgent medical attention.

Other sources of support and information

Guts UK

www.gustcharity.org.uk

Cancer research UK

www.cancerresearchuk.org

British Society of Gastroenterologists (BSG)

www.bsg.org.uk/clinicalresource/bsgguidelines-barrett's-oesophagus

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Reference

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www.salisbury.nhs.uk/wards-departments/departments/cancer-services