Barrett's Esophagus (BE) Screening, Surveillance, & Treatment Recommendations 2022[1,2]

1. Definition of Barrett's Esophagus – Columnar-lined esophagus with goblet cells, which is referred to as intestinal metaplasia or goblet cell metaplasia.
2. Ineffectiveness of Screening for Barrett's Esophagus:
    - Most esophageal adenocarcinoma (EAC) patients have infrequent or no reflux symptoms.
    - <10% of esophageal adenocarcinoma patients have had known BE.
    - Most patients with esophageal adenocarcinoma present late stage (T3 or greater).
3. Single screening endoscopy recommended for both men and women with chronic GERD symptoms and 3 or more additional risk factors for BE, including:
    - Male sex
    - Age >50 yr
    - White race
    - Tobacco smoking
    - Obesity
    - Family history of BE or EAC in a first-degree relative
4. Repeat screening in patients who have undergone an initial negative screening examination by endoscopy is not recommended.
5. Surveillance interval in Barrett's esophagus – Only enroll patients in surveillance program who have intestinal metaplasia not just isolated columnar-lined esophagus.

Table 5. Recommended endoscopic surveillance intervals based on degree of dysplasia and segment length

Baseline endoscopic finding	Suggested endoscopic surveillance
Nondysplastic BE of <3 cm length	EGD every 5 yr
Nondysplastic BE of ≥3 cm length	EGD every 3 yr
BE indefinite for dysplasia, any length (confirmed by a second pathologist)	Repeat EGD within 6 mo after increasing PPI to twice-daily dosing, if not already on high-dose PPI If repeat EGD yields diagnosis of NDBE or LGD, treat using that algorithm If repeat EGD demonstrates BE indefinite for dysplasia, EGD annually
BE with LGD (confirmed by a second pathologist and opting for endoscopic surveillance)	EGD at 6 mo from diagnosis EGD 12 mo from diagnosis EGD annually thereafter

BE, Barrett's esophagus; EGD, esophagogastroduodenoscopy; LGD, low-grade dysplasia; NDBE, nondysplastic BE; PPI, proton pump inhibitor.

6. Treatment in Barrett's esophagus (based on pathology):
    - Nondysplastic BE – Chronic PPI therapy with repeat EGD with biopsies in 3-5 years (per #4 above based on BE segment length).
    - Indefinite for dysplasia – Increase PPI to twice daily with repeat EGD in 6 months. If indefinite for dysplasia is confirmed, repeat EGD in 1 year.
    - Low grade dysplasia – Endoscopic eradication therapy with radiofrequency ablation is the preferred modality though endoscopic surveillance every 6-12 months, per #4 above, is an acceptable alternative.
    - High grade dysplasia – Endoscopic eradication therapy with endoscopic mucosal resection (EMR) of raised lesions/nodules followed by radiofrequency ablation (RFA).
    - Stage T1a esophageal adenocarcinoma - Endoscopic eradication therapy with EMR followed by RFA.

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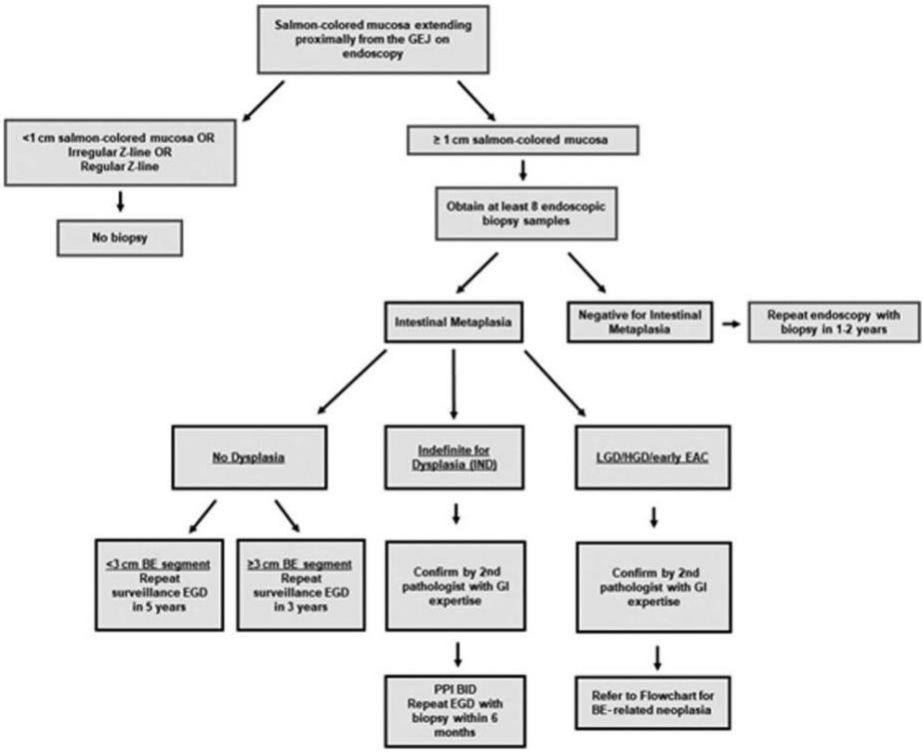
7. Care algorithm:



[1] Shaheen, NJ, et al. Diagnosis and Management of Barrett's Esophagus: An Updated ACG Guideline. *Am J Gastroenterol.* 2022;**117:**559–587.
[2] Rajendra S. Editorial: Diagnosis and Management of Barrett's Esophagus: An Updated ACG Guideline. *Am J Gastroenterol.* 2022;**117:**1880–1881.