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Updated Treatment Guidelines for Barrett's Esophagus Offer Important New Recommendations for Challenging Clinical Controversies

Precancerous Changes in Esophagus Linked to Deadly Cancer with Increasing Incidence

BETHESDA, MD, March 25, 2008 – Due to the rise in the incidence of esophageal cancers in the United States, and as a result of significant scientific advances in the area of Barrett's esophagus, physician experts from the American College of Gastroenterology have released updated guidelines for the diagnosis, surveillance and treatment of Barrett's esophagus.

The new guidelines, developed by the ACG Practice Parameters Committee, and published in the March issue of *The American Journal of Gastroenterology*, update the College's 2002 guidelines and highlight new recommendations for the diagnosis and surveillance of low grade and high grade dysplasia and explore new endoscopic ablation therapies to treat Barrett's esophagus.

Barrett's esophagus is a pre-cancerous condition in which the color and composition of cells lining the lower esophagus change because of repeated exposure to stomach contents. In rare cases, a small number of people with Barrett's esophagus may develop esophageal cancer. Esophageal cancer is a rare but deadly cancer with increasing trends in incidence compared to downward trends for many other cancers.

“While many controversies exist in the management of patients with Barrett's esophagus, these guidelines are an attempt to rationalize clinical decision-making as much as possible and highlight available scientific data and potential approaches in the treatment of Barrett's esophagus,” said Richard E. Sampliner, MD, MACG, professor of medicine at the University of Arizona Health Sciences Center, and co-author of the updated ACG guidelines. Dr. Kenneth L. Wang of Mayo Clinic in Rochester is also a co-author of the new guidelines.

What's New for Clinicians

“The current guidelines suggest low grade dysplasia receive confirmation by an expert GI pathologist because of the problem of reading variability among pathologists,” said Dr. Sampliner. Previously, only high grade dysplasia required confirmation by an expert GI pathologist. Dysplasia refers to changes in the cells and tissue structure of the esophageal mucosal lining and is considered the best current indicator of the risk of esophageal cancer.

While esophagectomy (removal of the esophagus) has been a standard therapy for Barrett's esophagus with high grade dysplasia (HGD), the new recommendations suggest that this procedure should not be the first response to treating high grade dysplasia. Instead, a more intensive biopsy protocol is necessary to exclude the presence of esophageal adenocarcinoma. Additionally, the new guidelines emphasize the role of endoscopic mucosal resection (EMR) as an effective approach to the management of mucosal irregularities in high grade dysplasia.

New endoscopic approaches to the treatment of Barrett's esophagus (BE) such as radiofrequency ablation, as well as the potential use of esophageal capsule endoscopy for the diagnosis and screening of Barrett's esophagus, are also highlighted in the current ACG guidelines.

Full text of the Updated Guidelines for the Diagnosis, Surveillance, and Therapy of Barrett's Esophagus is available on the ACG Website at <http://acg.gi.org/physicians/guidelines/BarrettsEsophagus08.pdf>.

About Barrett's Esophagus

Barrett's esophagus is more common in people who suffer from frequent, persistent heartburn or gastroesophageal reflux disease (GERD). Other risk factors for Barrett's esophagus include age (50 and over), male gender, and Caucasian ethnicity. For more information about Barrett's esophagus, visit www.acg.gi.org.

About the American College of Gastroenterology

Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of more than 10,000 individuals from 80 countries. The College is committed to serving the clinically oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving needs of physicians in the delivery of high quality, scientifically sound, humanistic, ethical, and cost-effective health care to gastroenterology patients.

The ACG is committed to providing accurate, unbiased and up-to-date health information. Visit the ACG Web site www.acg.gi.org to access educational resources for patients and their families spanning the broad range of digestive diseases and conditions - both common and not-so-common. Organized by disease, state and organ system, these educational materials, developed by ACG physician experts, are offered for the information and benefit of patients and the public.

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