



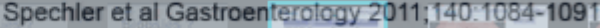
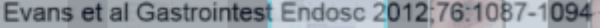

Vorträge auf der UEGW in Wien Vieth/Neuhaus

1. Essigfärbung kann für den Barrett hilfreich sein, 2,5% Essigsäure, es geht um die Bezirke, die sich nicht weiß anfärben lassen, hier Biopsien, ca 100 sec Zeit
2. Zeit lassen bei der Inspektion , ca 1 Minute pro 1 cm Barrett
3. Keine grundsätzliche Entfernung der Barrett_ Schleimhaut
4. Low grade Neoplasie immer von einem 2. Pathologen bestätigen lassen
5. Gemäß SURF Studie sollte die Low grade Dysplasie mittels RAadiofrequenz abgetragen werden.
6. High grade Dysplasie immer EMR oder EMR plus Radiofrequenz, ESD zu überlegen, hat aber höhere Komplikationsrate (EURO 2 Trial)

 **Current guidelines for BE surveillance** 

	British Society (2013)	ASGE (2012)	AGA (2011)
Length of BE taken in to consideration	Yes	No	No
Gastric metaplasia compatible with BE diagnosis	Yes	No	No
< 3 cm	Every 3-5 year	3-5 year	3-5 year
≥ 3 cm	2-3 year	3-5 year	3-5 yeat

Seattle protocol :
Targeted biopsies of suspicious areas
4 quadrant biopsies each 2 cm
Preferably in different containers

MV

Meta-analysis of the effects of endoscopy with narrow band imaging in detecting dysplasia in Barrett's esophagus

DISEASES OF THE ESOPHAGUS

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- Inclusion criteria**
- Prospective trial
 - Histology gold standard
 - Description of vascular and pit pattern



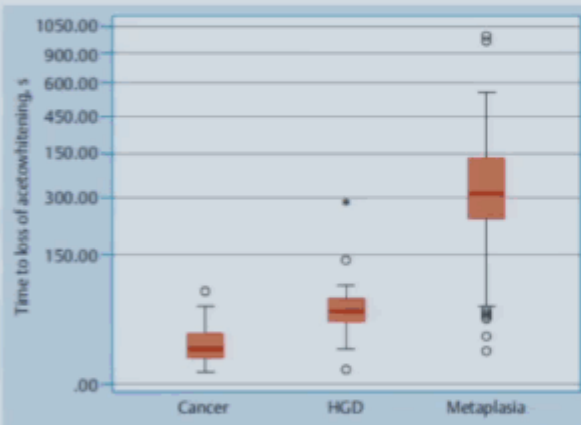
7 studies included

	Sensitivity SIM	Specificity SIM	Sensitivity HGD	Specificity HGD
Per patient	0.91	0.85	0.91	0.95
Per lesion	0.97	0.64	0.69	0.90

Song et al Dis Eso 2014 online



132 patients (61% surveillance)
Acetic acid 2.5%



Cut off 142 seconds
Sensitivity 98%
Specificity 84%
For neoplasia

Longcroft-Wheaton et al Endoscopy 2013 45: 426-432
Tholoor et al Gastrointest Endosc 2014;79:1-8.

Barrett's with LGD: Radiofrequency ablation

SURF Trial

Multicenter RCT: Surveillance versus RFA.

Inclusion criteria

- Age 18-85 years
- LGD in BE in preceding 18 months
- Central pathology review
- High-resolution endoscopy <6 mo to exclude visible lesions
- Informed written consent

Exclusion criteria

- No prior endoscopic treatment of HGD/EAC
- No known other malignancy in active disease stage or an estimated life-expectancy < 2 yrs.

Phoa KN, JAMA 2014; 311:1209-17

Efficacy and safety: EMR plus RFA

Focal resection of neoplasia followed by RFA (EURO II trial)

Patients	132
Initial success	
CR – neoplasia	92 % *
CR – intestinal metaplasia	87 % *
Long-term success (median f/u: 47 months)	
CR – neoplasia	96 % *
CR – intestinal metaplasia	92 % *
Minor complications	19 %

* ITT analysis

Phoa KYN, submitted