



Endoscopic therapy in Barrett's Esophagus: in evolution

Barrett's Esophagus (BE) is a precancerous change in the esophageal mucosa from long term acid exposure and could progress to esophageal adenocarcinoma (EAC) through metaplasia-dysplasia-carcinoma sequence. EAC, at least in the Western world and in developing countries with rapidly changing socioeconomic strata, is the major form of esophageal cancer. Despite advances in the cancer therapies, esophageal cancer has dismal prognosis. Gastroesophageal reflux disease (GERD) is a quite common gastrointestinal disorder affecting almost 1/3rd of the population in Western world. With changing socioeconomic profile and rise in obesity, incidence of GERD and subsequently BE and therefore EAC has been rising at an alarming rate. Studies have also shown that majority of BE related neoplasia are found at the diagnosis of BE or within a year. Studies have also proven that individuals as part of BE surveillance program do benefit in terms of earlier detection of cancer and better survival.

There has been a remarkable improvement in endoscopic detection and management of BE related neoplasia. Endoscopic eradication therapy (EET) has revolutionized the management of BE with superficial EAC. Resection and/or ablation modalities are considered first line therapy and may offer cure for most patients. In last 20 years, EET has been extensively studied and refined to improve patient outcomes with variations in protocols and discovery of newer modalities. Endoscopic resection of visible lesions and ablation of remaining Barrett's have become a norm for management of early neoplasia. Despite this success, management of BE remains an enigma for most of general gastroenterologists. It is quite important to understand basic concepts in EET and incorporate the required skillset and competence in this subject to improve access for BE patients overall. Our goals are also evolving and moving towards recognizing limitations in current strategy and improving quality of current efforts.

To address both, we put together this special series on endoscopic therapy in BE. We are fortunate to have significant contribution from a group of world-renowned Barrett's experts who have taken part in this series sharing their years of experience, pearls of wisdom and tips to improve our daily practice. The series aims to review existing standards, technologies, and tools for endoscopic therapy of BE with special focus on dysplasia and early neoplasia. This field is constantly evolving with great strides in recent years.

We have incorporated clinically meaningful topics that can help practicing gastroenterologists, specialists with focus in BE management and trainees that can use the information and apply in their practice including goals of endoscopic therapy, positioning of available therapies, complications of endoscopic therapies and what should be done for them and medical management before, during and after endoscopic therapy to deliver the best care for these patients. Role of endoscopic submucosal dissection and other novel therapies as well as management of not so uncommon refractory Barrett's have been covered as well. Post endoscopic therapy care and follow up is crucial to sustain dysplasia free status and we have discussed long term care of these patients in a focused review. Finally, future of endoscopic therapies and BE care is covered as well to get a glimpse of what's next on horizon. Hopefully, this special series will provide necessary elements of established concepts and expert guidance on this evolving subject that will help practicing gastroenterologists, trainees and experts that eventually will help patients with BE they are taking care of.

Series outline

- (I) Preface;
- (II) Goals of endoscopic eradication therapy in Barrett's Esophagus: a narrative review;
- (III) Positioning of Endoscopic Therapies in Barrett's Esophagus;
- (IV) Role of ESD in Barrett's Dysplasia Management;
- (V) Endoscopic therapy for Barrett's Esophagus: a narrative review of potential complications and their management;
- (VI) Medical management of acid/bile reflux before, during and after endoscopic therapy for Barrett's Esophagus: a narrative review;
- (VII) Prophylactic eradication of non-dysplastic Barrett's Esophagus to prevent progression to esophageal adenocarcinoma—systematic review and meta-analysis;
- (VIII) Novel endoscopic therapies in Barrett's Esophagus: narrative review;
- (IX) Long term care after successful endoscopic therapy in Barrett's Esophagus patients: a review of literature;
- (X) The future of therapy of Barrett's Esophagus and related cancer: a narrative review.

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Footnote

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