Editorial

Dedicated services for Barrett's esophagus

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In a recent study published on *Annals of Esophagus*, Dr. Ratcliffe and colleagues from different institutions in the United Kingdom (1), present a national query to evaluate quality of care for Barrett's esophagus patients in endoscopic units in the UK. The study brings interesting data.

The authors contacted around 95% of the endoscopic units with a 62% response rate including 164 centers for analysis. A little over half of the institutions reported having a dedicated Barrett's esophagus center and having a dedicated center is associated to endoscopic surveillance; technology availability and utilization for diagnosis and treatment.

This study brings 2 points for discussion: (I) how important is having dedicated Barrett's esophagus centers; and (II) if the data can be extrapolated outside the United Kingdom.

How important is having dedicated Barrett's esophagus centers

The authors showed that dedicated centers are more prone to enroll patients in endoscopic surveillance that is associated to better outcomes if Barrett's esophagus progress to adenocarcinoma according to several studies as shown by a metanalysis of results (2). This is; however, just a matter of teaching non-dedicated centers to adopt this practice that is recommended by most societies (3), although endoscopists all around the globe are generally reluctant to adhere to guidelines regarding Barrett's esophagus (4-6), even to simple things such as the inclusion of the Prague classification in the report (7). On the other side, Dr. Ratcliffe and colleagues discussed that experts at dedicated endoscopic unities can better diagnose dysplasia, leading to the question if surveillance should be indeed performed by experts only.

Endoscopic treatment is also affected by expertise and referral to dedicated centers, as shown by lower recurrence rates of dysplasia after endoscopic ablation in high volume centers (8).

Can the presented data be extrapolated outside the United Kingdom?

The UK has historically adopted different guidelines definition for Barrett and surveillance (3). This may affect direct comparison between results from UK and other places but does not compromise the data present in the study by Dr. Ratcliffe and colleagues since outcomes were not evaluated. Interestingly, there is a significant variation of results between the countries that comprise the United Kingdom. This shows that there is no consensus when the topic is Barrett's esophagus from the definition and diagnosis to treatment even within the same country.

In conclusion, Barrett's esophagus should ideally be managed in dedicated centers although this is not a reality in the UK and other countries. Low volume centers can be well taught to adhere to guidelines but the unavailability of technology may be a problem for diagnosis and therapy.

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