



# How well are patients with Barrett's esophagus treated in the UK: the gap in management

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Barrett's esophagus (BE) is a known risk factor for esophageal adenocarcinoma (EAC) (1). Several trials have considered possible treatments to delay the conversion of BE to cancer (2). Whilst treatments are being assessed, some studies have shown that good quality surveillance is valuable (3,4), and the large BOSS (5) surveillance study is about to be analysed. The paper in today's journal looks at the resources available in the UK for good quality surveillance for patients with BE.

Guidelines and measured quality indicators improve outcomes for patients. Exemplars include polyp screening and surveillance guidelines for colorectal cancer (6). In BE, the AspECT trial showed that surveillance outcomes improved once clear protocols were dictated (7). The guidelines for BE (8) were published in 2013.

In the paper by Ratcliffe *et al.* (9), having a dedicated BE endoscopy service more often gave access to endoscopy diagnosis methods (high resolution white light and acetic acid) and treatment methods (radiofrequency ablation, endoscopic ultrasound, endoscopic dissection/resection). To improve EAC survival, improving detection of early dysplasia and subsequent treatment thereof is required and this paper shows that there is scope to gain access for more patients to cutting edge diagnostic and treatment modalities via dedicated BE endoscopy services. Changes to such services could be done using a stepped wedge design study so that the value of access could be demonstrated.

The biggest hurdle is to formulate agreed national guidelines for the quality outcomes in a good surveillance

programme. Once this has been obtained appropriate funding will follow the best programmes thereby driving up quality further.

The authors are to be congratulated for collecting important UK data which provides a steppingstone to improving care for BE patients, not only in Europe but globally.

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