

# Barrett's Oesophagus

*Understanding your diagnosis and monitoring options*

---

## WHAT IS BARRETT'S OESOPHAGUS?

Barrett's oesophagus is a condition where the normal tissue lining the oesophagus (the tube from your mouth to your stomach) is replaced by tissue similar to the lining of the intestine. This process is called intestinal metaplasia.<sup>[1,2]</sup>

People with Barrett's oesophagus have a higher risk of a rare type of cancer called oesophageal adenocarcinoma, though the overall yearly risk is still low (around 0.5% per year).<sup>[1,4]</sup>

## HOW COMMON IS IT?

Barrett's oesophagus is estimated to affect 1.6-6.8% of the population. It is most often diagnosed around age 55. Men develop it about twice as often as women, and it is more common in Caucasian men. It is rare in children.<sup>[1,4]</sup>

## WHAT CAUSES IT?

The exact cause is unknown, but gastro-oesophageal reflux disease (GORD) is the main risk factor. Repeated exposure of the oesophageal lining to stomach acid triggers the cellular change. Around 5-10% of people with GORD develop Barrett's oesophagus. Other risk factors:<sup>[1,3]</sup>

- Obesity, especially excess abdominal fat
- Smoking
- A family history of Barrett's oesophagus or oesophageal cancer

Interestingly, *H. pylori* infection appears to reduce the risk of Barrett's oesophagus. Frequent use of aspirin or anti-inflammatory drugs and a diet high in fruit and vegetables may also help lower risk.

## DIAGNOSIS

Barrett's oesophagus is diagnosed with an upper GI endoscopy and biopsy. During the endoscopy, a flexible camera is passed through the mouth into the oesophagus and stomach. Small tissue samples (biopsies) are taken from multiple areas and examined under a microscope by a pathologist.<sup>[1,2]</sup>

## CANCER RISK

Before cancer develops, precancerous cell changes (called dysplasia) may appear in the Barrett's tissue. Dysplasia is classified as:<sup>[1]</sup>

- **Low grade:** minor cell changes, lower cancer risk
- **High grade:** more significant changes, higher cancer risk

Regular monitoring with endoscopy and biopsy (called surveillance) is recommended. The frequency depends on whether dysplasia is present and how severe it is. Discuss the right schedule with your specialist.<sup>[1,2,3]</sup>

## TREATMENT

Treatment depends on your overall health and whether dysplasia is present.

### Medications

People with GORD and Barrett's oesophagus are treated with proton pump inhibitors (PPIs) such as omeprazole, lansoprazole, pantoprazole, or esomeprazole to suppress acid production and prevent further damage. While PPIs and anti-reflux surgery control symptoms, they have not been proven to reverse Barrett's oesophagus or prevent cancer.<sup>[1,2]</sup>

### **Radiofrequency Ablation (RFA)**

Heat energy delivered through an electrode in the oesophagus destroys the abnormal Barrett's tissue, allowing normal cells to grow back. RFA is the most commonly used ablative therapy and has fewer side effects than other techniques. Possible side effects: chest pain, temporary narrowing of the oesophagus.<sup>[1]</sup>

### **Endoscopic Mucosal Resection (EMR)**

Abnormal tissue is lifted and removed from the oesophageal lining using an endoscope. Used when abnormal cells are confined to the surface layer. Possible side effects: bleeding or tearing of the oesophagus.<sup>[1,2]</sup>

### **Surgery**

In some cases, the affected section of the oesophagus is surgically removed (oesophagectomy) and rebuilt from stomach or large intestine tissue. This is a major operation requiring a 7-14 day hospital stay. Endoscopic treatments are generally preferred because they carry fewer complications.

## **DIET AND LIFESTYLE**

- Eat a diet rich in fruits, vegetables, and vitamins; these may help protect the oesophagus.
- Maintain a healthy weight to reduce reflux pressure.
- Manage GORD symptoms through diet and lifestyle changes (see the GORD fact sheet).
- Discuss any dietary changes with your doctor or dietitian.

## **RESOURCES AND SUPPORT**

- **Cancer Australia:** [www.canceraustralia.gov.au](http://www.canceraustralia.gov.au) - Information on oesophageal cancer risk and surveillance
- **Cancer Council Australia:** 13 11 20 | [www.cancer.org.au](http://www.cancer.org.au) - Support and information for cancer screening and prevention
- **Healthdirect Australia:** 1800 022 222 | [www.healthdirect.gov.au](http://www.healthdirect.gov.au) - Free 24/7 health advice and specialist referral guidance

---

## **REFERENCES**

1. Shaheen NJ, Falk GW, Iyer PG, Gerson LB. (2016). ACG Clinical Guideline: Diagnosis and Management of Barrett's Esophagus. *American Journal of Gastroenterology*, 111(1), 30-50.
2. Fitzgerald RC, et al. (2014). British Society of Gastroenterology guidelines on the diagnosis and management of Barrett's oesophagus. *Gut*, 63(1), 7-42.
3. Gastroenterological Society of Australia (GESA). (2023). Barrett's oesophagus clinical update. <https://www.gesa.org.au>
4. Thrift AP. (2018). The epidemic of oesophageal carcinoma: growth in incidence of Barrett's oesophagus and adenocarcinoma. *Advances in Experimental Medicine and Biology*, 1108, 1-10.
5. Cancer Australia. (2024). Oesophageal cancer resources. <https://www.canceraustralia.gov.au>