

FREQUENTLY ASKED QUESTIONS

Barrett's esophagus is a precancerous disease



What is Barrett's esophagus?

Barrett's esophagus is a precancerous disease that affects the lining of the esophagus. It occurs when stomach acids and enzymes leak back into the esophagus over time and cause the cells to change. This transformation is also known as intestinal metaplasia.¹

What are the symptoms?

There are no symptoms specific to Barrett's esophagus, other than the typical symptoms of gastroesophageal reflux disease (or GERD). These include heartburn, chest pain, and regurgitation.¹

Who is at risk?

Patients with GERD are at an increased risk for developing Barrett's esophagus.¹⁵ Caucasian males over the age of 50 with chronic reflux symptoms or heartburn have a higher risk for the disease.² Receiving a diagnosis at a young age or having a family history of Barrett's esophagus also contribute to one's risk.³⁻⁸ Being overweight and obese (body mass index 25-30) increases a person's risk of developing cancer of the esophagus by almost two times.^{2,3}

How many people have Barrett's esophagus?

Barrett's esophagus is estimated to affect approximately 12.5 million adults in the United States.⁹

How is Barrett's esophagus diagnosed?

Barrett's esophagus cannot be diagnosed by symptoms.⁹ A diagnosis of Barrett's esophagus is currently dependent on an upper endoscopy performed by a gastroenterologist. This procedure enables the doctor to directly visualize the esophagus and take tissue samples of the esophageal tissue.

Are treatment options available?

Yes, treatment with the Barrx™ radiofrequency ablation system has been shown to reduce disease progression by removing precancerous tissue from the esophagus.^{5,10,11,14} Barrett's esophagus patients treated with radiofrequency ablation are less likely to progress to esophageal cancer compared to patients who undergo surveillance.^{5,11} The Barrx™ radiofrequency ablation system can reduce the relative risk of disease progression to cancer by up to 94 percent.^{10,11,16,17}

What happens if Barrett's esophagus goes untreated?

Patients with Barrett's esophagus have up to 60x higher risk of developing esophageal cancer (EAC).¹² EAC has a 5-year survival rate of only 18%.¹⁵ Barrett's esophagus patients with any of the above risk factors should speak to their physician about the most effective treatment to reduce their risk.

For more information about Barrett's esophagus, visit learnaboutbarretts.com

References: 1. Spechler SJ. Barrett's esophagus. *N Engl J Med*. 2002;346(11):836-42. 2. Spechler SJ, Souza RF. Barrett's Esophagus. *N Engl J Med*. 2014;371(9):836-45. 3. Turati F, Tramacere I, La Vecchia C, Negri E. A meta-analysis of body mass index and esophageal and gastric cardia adenocarcinoma. *Ann Oncol*. 2013;24(3):609-17. 4. Evans JA, Early DS, Fukami N, et al. The role of endoscopy in Barrett's esophagus and other premalignant conditions of the esophagus. *Gastrointest Endosc*. 2012;76(6):1087-94. 5. Shaheen NJ, Sharma P, Overholt BF, et al. Radiofrequency ablation in Barrett's esophagus with dysplasia. *N Engl J Med*. 2009;360(22):2277-88. 6. Chak A, Lee T, Kinna rd MF, et al. Familial aggregation of Barrett's esophagus, esophageal adenocarcinoma, and esophagogastric junctional adenocarcinoma in Caucasian adults. *GUT*. 2002;51(3):323-8. 7. Anaparthi R, Gaddam S, Kanakadandi V, et al. Association Between Length of Barrett's Esophagus and Risk of High-Grade Dysplasia or Adenocarcinoma in Patients Without Dysplasia. *Clin Gastroenterol Hepatol*. 2013;11(11):1430-6. 8. Coleman HG, Bhat S, Murray LJ, McManus D, Gavin AT, Johnston BT. Increasing incidence of Barrett's esophagus: a population-based study. *Eur J Epidemiol*. 2011;26(9):739-45. 9. Dyrmedex Market Development Consulting. Strategic Market Assessment, Barrx. October 30, 2014. References 1, 4, 5, 10, 11, 13, 20, 23, 25, 27, 28, 54-57, 80, 87, and 97 from the full citation list, access at <http://www.medtronic.com/gic/claim>. 10. Wolf WA, Pasricha S, Cotton C, et al. Incidence of esophageal adenocarcinoma and causes of mortality after radiofrequency ablation of Barrett's esophagus. *Gastroenterology*. 2015;149:1752-61. 11. Phoa KN, van Vilsteren FG, Pouw RE, Weusten BL, et al. Radiofrequency ablation vs endoscopic surveillance for patients with Barrett esophagus and low-grade dysplasia: a randomized clinical trial. *JAMA*. 2014 Mar 26;311(12):1209-17. 12. Gilbert EW, Luna RA, Harrison VL, Hunter JG. Barrett's esophagus: a review of the literature. *J Gastrointest Surg*. 2011;15:708-13. 13. Vaezi M, Zehrai A, Yuksel E. Testing for refractory gastroesophageal reflux disease. *ASGE Leading Edge*. 2012 Vol 2, No 2, 1-13. American Society Gastroenterology Endoscopy, Page 1 14. Fleischer DE, O'dze R, Overholt BF et al. The case for endoscopic treatment of non-dysplastic and low-grade dysplastic Barrett's esophagus. *Dig Dis Sci*. 2010;55(7):1918-31. 15. SEER Cancer Statistics Factsheets: Esophageal Cancer. National Cancer Institute, Bethesda, MD. <http://seer.cancer.gov/statfacts/html/esoph.html>. 16. Orman ES, Li N, Shaheen NJ. Efficacy and durability of radiofrequency ablation for Barrett's esophagus: systematic review and meta-analysis. *Clin Gastroenterol Hepatol*. 2013;11:1245-55. 17. Shaheen NJ, Sharma P, et al. Radiofrequency ablation in Barrett's esophagus with dysplasia. *N Engl J Med*. 2009 May 28;360(22):2277-2288

As you read this please keep in mind that all treatment and outcome results are specific to the individual patient. Results may vary. Complications, such as: chest pain, difficulty swallowing, painful swallowing, throat pain and/or fever. Complications observed at a very low frequency include: mucosal laceration, minor and major acute bleeding, stricture, perforation, cardiac arrhythmia, pleural effusion, aspiration, and infection. Please consult with your physician for a complete list of indications, warnings, precautions, adverse events, clinical results, and other important medical information.

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