Barrett's Esophagus

Barrett's esophagus is a condition where the lining of your esophagus (the tube that carries food from your mouth to your stomach) changes because of long-term acid reflux. This new lining is called "columnar metaplasia" and can increase your risk of developing esophageal cancer, but most people with Barrett's esophagus do not get cancer.

Who gets Barrett's esophagus?

Barrett's esophagus is more common in people with long-standing heartburn or acid reflux (GERD), especially men over 50, people who smoke, are overweight, or have a family history of Barrett's or esophageal cancer.

What are the risks?

Most people with Barrett's esophagus will never develop cancer. The chance of getting esophageal cancer is about 0.2% to 0.5% per year if you do not have dysplasia (pre-cancerous changes). If you have low-grade dysplasia, the risk goes up to about 0.5% to 1% per year, and with high-grade dysplasia, the risk is higher (up to 5% or more per year).

How is Barrett's esophagus treated?

- **Acid-suppressing medications:** Most people are treated with medicines called proton pump inhibitors (PPIs) to control acid reflux and help prevent further damage. These medicines do not cure Barrett's but can help with symptoms.

- **Lifestyle changes:** Losing weight, quitting smoking, and eating smaller meals can help reduce reflux and protect your esophagus.

- **Endoscopic therapy:** If you have dysplasia (pre-cancerous changes) or early cancer, your doctor may recommend endoscopic treatments. These include removing abnormal tissue (endoscopic mucosal resection or EMR), burning it away (radiofrequency ablation or RFA), or freezing it (cryoablation). These treatments can remove or destroy the abnormal cells and lower your risk of cancer.

- **Surgery:** Surgery is rarely needed and is usually reserved for people who cannot have endoscopic therapy or have more advanced disease.

What follow-up is needed?

- **Regular endoscopy:** Your doctor will recommend regular check-ups with an endoscope (a thin tube with a camera) to look at your esophagus and take biopsies. This helps find any changes early, when they are easier to treat.

- If you do **not** have dysplasia, endoscopy is usually done every 3 to 5 years.

- If you have **low-grade dysplasia**, endoscopy may be done every 6 to 12 months, or your doctor may recommend endoscopic therapy.

- If you have **high-grade dysplasia**, endoscopic therapy is usually recommended, followed by close follow-up.

- After successful endoscopic therapy, you will need regular surveillance to check for recurrence.

What else should I know?

- Most people with Barrett's esophagus live normal lives and never develop cancer.

- It is important to keep all follow-up appointments and take your medications as prescribed.

- Talk to your doctor about your individual risk and the best plan for you.

If you have questions or concerns about Barrett's esophagus, ask your healthcare provider for more information.

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