An international, multi-disciplinary, evidence-based consensus on the management of Barrett's dysplasia and early esophageal adenocarcinoma (BADCAT)

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Abstract

Background: Esophageal adenocarcinoma (EA) is an increasingly common and often fatal condition, which occurs in a background of Barrett's esophagus (BE).

Aim: To provide consensus recommendations, based on current medical literature, to assist clinicians in making decisions about the management of low grade dysplasia, high-grade dysplasia (HGD) and early EA in BE patients.

Method: We created an international multi-disciplinary, systematic, evidence-based review on the management of BE with dysplasia or early EA. We used a Delphi process to develop consensus statements. The results of literature searches were screened using a unique interactive web based data sifting platform and we identified 11,904 papers to inform the choice of statements selected. An *a priori* threshold of 80% agreement was used to establish consensus for each statement.

Results: Eighty-one of the 91 statements achieved consensus despite generally low quality of evidence, including 8 statements with key clinical messages: 1. Endoscopic resection specimens provide better staging for lesions than do biopsies. 2. Careful mapping of the size of the dysplastic areas is important. 3. Endoscopic follow-up is still required post-ablation or after surgery. 4. The use of high-resolution endoscopes is necessary for accurate diagnosis. 5. Endoscopic therapy for HGD is preferred to surveillance. 6. Endoscopic therapy for HGD is preferred to surgery. 7. Endoscopic resection combined with radiofrequency ablation is the most effective therapy. 8. Endoscopic ablation of all BE in patients with HGD is recommended following endoscopic removal of lesions.

Conclusions: We used a novel data-sifting platform exploiting the Delphi process to achieve one of the largest ever evidence-based consensus documents in gastroenterology. We established key clinical messages and identified several areas for future study.