OVERVIEW: WHAT IS BARRETT’S ESOPHAGUS?
Barrett’s esophagus (BE) is a condition where the lining of the esophagus (swallowing tube) is damaged and normal tissue is replaced with cells similar to the small intestine. Patients with BE are at a slightly higher risk than the general population for a rare cancer called esophageal adenocarcinoma.

While there are no symptoms specific to Barrett’s, chronic acid reflux or gastroesophageal reflux disease (GERD) are common in these patients.

BARRETT’S AND GERD

GERD can be a trigger for the development of BE. However, not all patients with BE experience GERD. Not all patients with GERD will develop BE.

WHO SHOULD BE TESTED?
An upper GI endoscopy with tissue samples is required to make the diagnosis.

Tests are recommended for those with over 5 years of GERD symptoms PLUS any 3 of the following risk factors:

- male sex
- age over 50 years
- white race
- tobacco smoking
- obesity

- family history of BE
- esophageal cancer in a first-degree relative (parent, sibling, child)

TREATMENT OPTIONS AND MONITORING
Some medications used for GERD may reduce the risk of developing dysplasia (precancerous cells) and esophageal cancer in patients with BE. Endoscopic treatments are the main way to manage BE and early esophageal cancer. Your doctor will give advice on monitoring BE with follow-up endoscopy.

ACG Patient Information: gi.org/topics/barretts-esophagus

Read the 2022 ACG Guidelines: Diagnosis and Management of Barrett’s Esophagus: bit.ly/acg-barretts-guideline