ACG VIRTUAL NAVIGATING, NETWORKING AND NEGOTIATING YOUR FIRST JOB WORKSHOP

MODERATORS

Dr. Kara De Felice
Dr. Shivangi Kothari
Dr. Judy Trieu

PANELISTS

Dr. Daniel Raines
Dr. David Greenwald
Dr. Harish Gagneja
Dr. Margaret Schwiesow
Dr. Amy Oxentenko
Dr. Mark Pochapin
Dr. Ripple Sharma
Dr. Samir Shah
Dr. Vivek Kaul

Saturday, January 16, 2021 at 10 am to 1 pm EST

Fellows interested in gaining valuable insight on what he or she faces at the start of their career will find this workshop a must-attend event.

This event is hosted by the ACG Women in GI Committee and supported by Medtronic


2021
ACG'S IBD SCHOOL
JANUARY 30, 2021 | Virtual!
Register online: meetings.gi.org
Participating in the Webinar

All attendees will be muted and will remain in Listen Only Mode.

Type your questions here so that the moderator can see them. Not all questions will be answered but we will get to as many as possible.

How to Receive CME and MOC Points

LIVE VIRTUAL GRAND ROUNDS WEBINAR
ACG will send a link to a CME & MOC evaluation to all attendees on the live webinar.

ABIM Board Certified physicians need to complete their MOC activities by December 31, 2021 in order for the MOC points to count toward any MOC requirements that are due by the end of the year. No MOC credit may be awarded after March 1, 2022 for this activity.
MOC QUESTION

If you plan to claim MOC Points for this activity, you will be asked to: Please list specific changes you will make in your practice as a result of the information you received from this activity.

Include specific strategies or changes that you plan to implement. THESE ANSWERS WILL BE REVIEWED.

ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!

Week 3, 2021: Ergonomics of Endoscopy
Patrick E. Young, MD, FACG
January 21, 2021 at Noon Eastern

Week 4, 2021: Functional Dyspepsia: How to Deal with the Burn and the Bloat
Scott L. Gabbard, MD
January 28, 2021 at Noon Eastern

Visit gi.org/ACGVGR to Register
Disclosures:

Speaker:
Prateek Sharma, MD, FACG
Dr. Sharma reports consultant fees from Medtronic, Olympus, Boston Scientific, Fujifilm and Lucid. He is also received grant support from Ironwood, Erbe, Docbot, Cosmo pharmaceuticals and CDx labs.

Moderator:
Christine Y. Hachem, MD, FACG
Dr. Hachem has no conflicts of interest related to this talk.

Management of Barrett’s Esophagus in 2021

Prateek Sharma, MD, FACG
Kansas City, USA
BE: Pearls For Your Practice

- Screening/Surveillance
- Medical Management
- Endoscopic Treatment
**BE: Pearls For Screening/Surveillance**

<table>
<thead>
<tr>
<th>Does the Patient Have BE?</th>
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<tbody>
<tr>
<td>Inspected BE segment carefully?</td>
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<tr>
<td>Are you taking adequate biopsies?</td>
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<tr>
<td>Surveillance intervals appropriate?</td>
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**Endoscopic BE: Prague C&M Criteria**

- Based on – Circumference and Maximum extent
- Patient with 5 cm long Barrett’s, distal 2 cm circumferential and proximal 3 cm in form of a tongue

Barrett’s: C2M5

Sharma P et al, Gastroenterology 2006

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**Barrett’s Esophagus on EGD**

American College of Gastroenterology
Don’t Call This Barrett’s

BE<1cm: Irregular z-line
Multicenter, cohort study

4263 BE patients
1791 NDBE included
167 BE<1 cm

None progressed to HGD/Cancer
71 incident cancers from BE>1 cm

- Caucasians 86%
- Males: 84%
- Median follow-up: 5.9 years

Thota P et al. Gastroenterology 2017
Does the Patient Have BE?

Inspected BE segment carefully?

Are you taking adequate biopsies?

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Missed cancers in BE

Meta analysis of 15 – 24 studies (820 total cases)

Cancers detected within 1 year

20 – 25% of all BE cancers were detected within 1 year of index endoscopy

Visrodia K et al. Gastro 2016
Detecting Lesions in BE Patients

Barrett’s Inspection Time (BIT)

Gupta N et al. GIE 2012
Evaluate presence or absence of irregularity in mucosal and vascular patterns.
PERFORMANCE OF AI IN DETECTION OF NEOPLASIA

Hashimoto et al, GIE 2020

BE: Pearls For Screening/Surveillance

- Does the Patient Have BE?
- Inspected BE segment carefully?
- Are you taking adequate biopsies?
- Surveillance intervals appropriate?

American College of Gastroenterology
Medical Position Statements

Endoscopic surveillance should be performed in patients with BE

*Grade of recommendation: weak*

Surveillance intervals:
- No dysplasia: 3-5 years
- LGD: 6-12 months
- HGD: 3 months *(if no therapy)*

*Grade of recommendation: weak*

Making Treatment Decisions Based On Progression in BE (PIB) Score

- Multicenter (6) outcomes project
- 2697 patients; 6 years median follow-up
- Split sample derivation model
- 70% model development; 30% validation

**Risk factors**
- Male gender – 9 points
- Cigarette smoking – 5 points
- BE length – 1 point/ cm length
- Confirmed LGD – 11 points

**High Risk** *(9-25 points)*
- Annual risk of progression 2.7%

**Intermediate Risk** *(17-24 points)*
- Annual risk of progression 1.34%

**Low Risk** *(0-16 points)*
- Annual risk of progression 0.33%

Parasa S et al. Gastroenterology 2018
BE: Pearls For Your Practice

Medical Management

Chemoprevention in BE

- 344 patients
- Mean age: 61 years

- 62% PPI (8 years)
- 49% NSAIDS (3.6 years)
- 25% statins (2.8 years)

PPI use: 61% lower risk of HGD/cancer
Hazard ratio: 0.43 (95% C.I: 0.21-0.83)

PPI and aspirin in BE - AspECT trial

- 2527 patients (80% males, 59 yrs, BE length > 1cm)
- 2 X 2 factorial design trial; follow up 8.9 years
- PPI (high dose - 40mg BID; low dose - 20mg daily)
- Aspirin (300-325 mg daily)

Primary outcome: HGD, EAC and Mortality
Time Ratio (TR): delayed time to development of events

<table>
<thead>
<tr>
<th>Events</th>
<th>TR (CI); p value</th>
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<tr>
<td>High vs low dose PPI</td>
<td>10.9% vs 13.7%</td>
</tr>
<tr>
<td>High dose PPI + aspirin</td>
<td>9%</td>
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</tbody>
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Jankowski J et al, The Lancet, 2018

BE: Pearls For Your Practice

Endoscopic Treatment

American College of Gastroenterology
BE: Pearls For Endo Treatment

- ? Patient need EMR?
- Radiotherapy Ablated the remainder BE segment?
- Achieved complete eradication?
- ! Familiar with complication and recurrences?
Early Esophageal Cancer

Mucosal Cancer

EMR Specimen

Submucosa

Cancer
EMR for Barrett’s cancer: 5-year data

Complete response: 96%

- 1000 patients
- 86% Men
- Mean age: 69 years
- Follow-up: 5 years

Recurrence: 14.5%
Surgery: 3.7%
Complications: 1.5%
Mortality: 0.2%

Pech O et al. Gastroenterology 2014

BE: Pearls For Endo Treatment

Ablated the remainder BE segment?
Circumferential Focal

Radiofrequency Eradication

Hybrid APC for Treatment
Hybrid APC for Treatment

BE: Pearls For Endo Treatment

- Ablated the remainder BE segment?
- Achieved complete eradication?

Achieved complete eradication?
SAFETY AND EFFICACY OF MULTIMODAL BET: POOLED ANALYSIS

- 9 studies (774 patients) of focal-EMR + RFA
- 11 studies (751 patients) of stepwise/complete-EMR

Desai et al, GIE 2017

BE: Pearls For Endo Treatment

Familiar with complication and recurrences?
Bleeding During Endotherapy

RECENT GUIDANCE ON BE ENDO THERAPY (BET)

- HGD: BET is the preferred treatment
- T1a EAC: BET preferred over esophagectomy
- Submucosal EAC (T1b) with low-risk features: BET is a reasonable alternative to esophagectomy

Sharma P et al, Gastro, 2019
Conclusions

Neoplasia in Barrett’s may present as very subtle lesions

Early recognition and treatment will lead to better patient outcomes

PPI are the mainstay in the medical management of BE

Endoscopic Resection is critical

Questions?

Speaker: Prateek Sharma, MD, FACG

Moderator: Christine Y. Hachem, MD, FACG