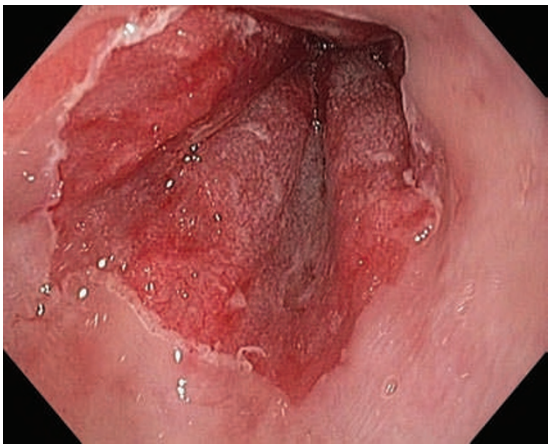
BARRETT ESOPHAGUS

Complete eradication of dysplasia

Radiofrequency ablation can completely eradicate dysplastic Barrett esophagus in most patients and reduce the risk of disease progression. "This is a novel observation," says Nicholas Shaheen, lead investigator of the multicenter US study.



Credit: N. Shaheen, University of North Carolina School of Medicine

Various ablative techniques can cause reversion of Barrett esophagus to squamous epithelium; however, these invasive procedures are generally recommended only for patients with high-grade dysplasia, which is most likely to progress to cancer. "We wanted to see the effectiveness of a new, particularly promising, form of ablation—radiofrequency ablation—[for] causing complete eradication of Barrett esophagus," explains Dr Shaheen. "We also wanted to see if this eradication impacted clinical outcomes like disease progression."

The outcomes of 127 patients randomly allocated to undergo either radiofrequency ablation ($n = 84$) or a sham procedure ($n = 43$) were assessed after 12 months. Patients were stratified according to dysplasia grade (high versus low) and the length of Barrett esophagus (<4 cm versus 4–8 cm). Regardless of dysplasia grade, radiofrequency ablation was associated with high rates of complete eradication of dysplasia and intestinal metaplasia, and decreased disease progression, compared with the sham procedure. Shaheen and colleagues are now monitoring the study group to assess the durability of these findings.

Given the effectiveness of radiofrequency ablation for the treatment of low-grade dysplasia, and the rarity of serious adverse events in the treatment group, the authors believe that the use of radiofrequency ablation is worth considering for patients with low-grade dysplasia. They are also exploring whether radiofrequency ablation has a role in the treatment of nondysplastic Barrett esophagus.

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Original article Shaheen, N. J. *et al.* Radiofrequency ablation in Barrett's esophagus with dysplasia. *N. Engl. J. Med.* **360**, 2277–2288 (2009).