

BARRETT'S ESOPHAGUS

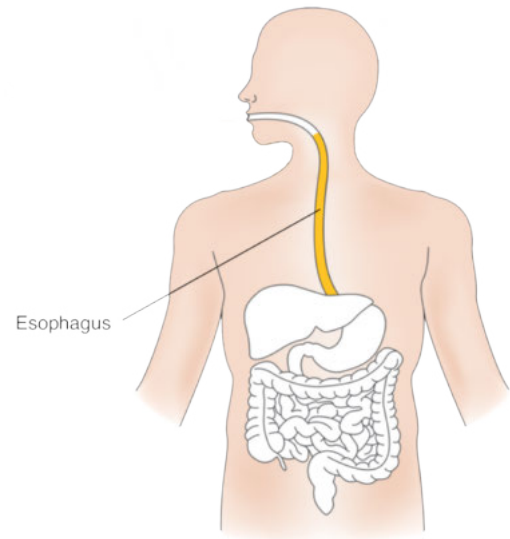
Important information regarding your health

Barrett's esophagus is a condition in which the normal tissue lining the esophagus is replaced by abnormal tissue that is similar to the lining of the intestine. This replacement process is called intestinal metaplasia. Barrett's esophagus affects about one percent of adults in the United States. The exact cause of Barrett's esophagus is unknown, but gastroesophageal reflux disease (GERD) is a risk factor for the condition. Although people who do not have GERD can have Barrett's esophagus, the condition is found about three-to-five times more often in people who also have GERD.

Common Symptoms:

No signs or symptoms are typically attributed to the presence of Barrett's esophagus, but symptoms of GERD may be present. GERD is a more serious form of gastro-esophageal reflux (GER). GER occurs when stomach contents enter into the esophagus because the lower esophageal sphincter opens spontaneously or does not close properly. GER is also commonly known as acid reflux. When refluxed stomach acid contacts the lining of the esophagus it may cause a burning sensation in the chest or throat called heartburn or acid indigestion. Persistent reflux that occurs more than twice a week is considered GERD and can eventually lead to more serious health problems.

Most physicians recommend treating GERD symptoms with acid-reducing agents called antacids such as Alka-Seltzer, Maalox, Mylanta, Pepto-Bismol, Rolaids. Other drugs used to relieve GERD symptoms are antisecretory drugs, such as H2 blockers and proton pump inhibitors (PPIs). Improvement in GERD symptoms may lower the risk of developing Barrett's esophagus. A surgical procedure may be recommended if medications are not effective in treating GERD.



Diagnosis:

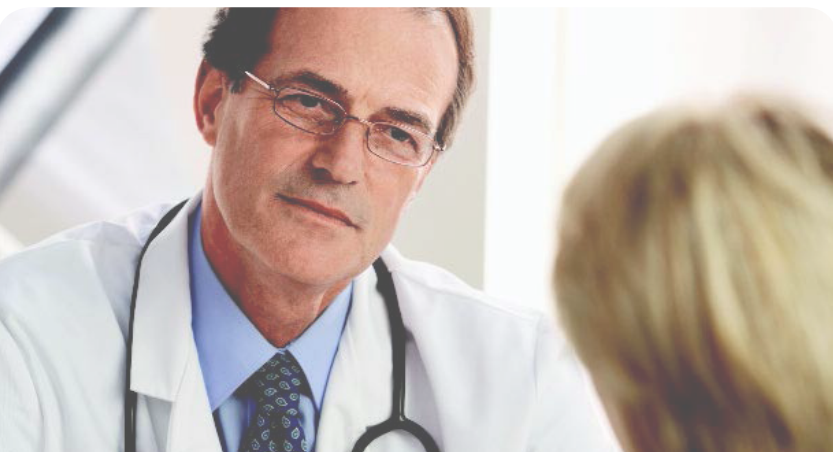
The American College of Gastroenterology requires both the endoscopic appearance of Barrett's mucosa and, the microscopic presence of intestinal metaplasia to establish the clinicopathologic diagnosis of Barrett's esophagus. These tissue samples are microscopically examined by a pathologist - a physician who specializes in the diagnosis of disease via microscopic examination of a tissue sample. Thus, the pathologist's role is required for diagnosis. Once the diagnosis of Barrett's esophagus is made, additional follow-up biopsies will be necessary to assess for the presence of dysplasia (a cancer precursor) that may be present within the areas of Barrett's esophagus. Again, the pathologist's role is critical since microscopic examination of the Barrett's mucosa is a definitive way to assess for the presence of dysplasia.

Treatment Options:

Endoscopic or surgical treatments are available to treat severe dysplasia and cancer. During these therapies, the Barrett's lining is destroyed or the portion of the lining that has dysplasia or cancer is cut out. The goal of the treatment is to encourage normal esophageal tissue to replace the destroyed Barrett's lining. Endoscopic therapies are performed at specialty centers by physicians with expertise in the following procedures:

- **Photodynamic therapy (PDT).** PDT uses a light-sensitizing agent called "Photofrin" and a laser to kill precancerous and cancerous cells. Photofrin is injected into a vein, and the patient returns in 48 hours. The laser light is then passed through the endoscope and activates the Photofrin to destroy Barrett's tissue in the esophagus.
- **Endoscopic Mucosal Resection (EMR).** EMR involves lifting the Barrett's lining and injecting a solution under it or applying suction to it and then cutting it off. The lining is then removed through the endoscope.

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For more information:

American Gastroenterological Association

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Internet: www.gastro.org

National Cancer Institute

National Institutes of Health

6116 Executive Boulevard, Room 3036A

Bethesda, MD 20892-8322

Phone: 1.800.4.CANCER

Internet: www.cancer.gov

College of American Pathologists

325 Waukegan Road

Northfield, IL 60093-2750

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- **Surgery.** Surgical removal of most of the esophagus may be indicated if a person with Barrett's esophagus is found to have severe dysplasia or cancer and can tolerate a surgical procedure.

Periodic endoscopic examinations with biopsies to look for early warning signs of cancer are generally recommended for people who have Barrett's esophagus. This approach is called "surveillance." Typically, before esophageal cancer develops, precancerous cells appear in the Barrett's tissue. This condition is called "dysplasia" and can be seen only through biopsies.

Questions to Ask Your Healthcare Provider:

- What treatment option is best for me?
- What are the potential side effects?
- What are my risks?
- What dietary or lifestyle changes do you recommend?

Physician Notes:



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