National Institute for Health and Clinical Excellence

397/2 – Epithelial radiofrequency ablation for Barrett's oesophagus

Consultation Comments table

IPAC date: Thursday 11 March 2010

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 Specialist Adviser	**1**	The current guidance is clear for the treatment of High Grade Dysplasia. I understand that the evidence is adequate to use RFA for High Grade Dysplasia in routine clinical practice with audit support. However, my understanding for RFA to be used for Low grade dysplasia or no dysplasia is that there is no adequate evidence. In this scenario the recommendation should be for RFA to be done only under ethically approved research protocol.It is important to mention that before RFA is undertaken, the entire Barretts segment is visualised by high definition endoscopy and all visible lesions should be target biopsied or removed by endoscopic mucosal resection before RFA is done. This step is important to ensure invasive cancers are not undertreated by RFA. There should be advice regarding intramucosal carcinoma which is still a mucosal disease and can be treated by endoscopic intervention (e.g. intramucosal carcinoma can be removed by endoscopic mucosal resection and the remaining Barretts segment can be treated with RFA).	Thank you for your comment. The Committee considered this comment in relation to their recommendations and decided not to change the guidance. Section 2.2.2 of the guidance will be changed to include reference to the use of RFA with EMR.

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2	Consultee 2 NHS Health professional (Royal College of Physicians)	**1**	The Royal College of Physicians is grateful for the opportunity to comment on this interventional procedure consultation. Our comment is below.	Thank you for your comment.
3	Consultee 1 Specialist Adviser	**2.1**	Agree as above, no additional comments.	Thank you for your comment.
4	Consultee 2 NHS Health professional (Royal College of Physicians)	**2.1**	2.1.3 - LGD is surveyed to check for progression to high grade dysplasia AND cancer.	Thank you for your comment. Section 2.1.3 of the guidance will be changed.
5	Consultee 1 Specialist Adviser	**2.2**	Agree as above, no additional comments.	Thank you for your comment.
6	Consultee 1 Specialist Adviser	**2.3**	Agree as above, no additional comments.	Thank you for your comment.
7	Consultee 1 Specialist Adviser	**2.4**	Agree as above, no additional comments.	Thank you for your comment.
8	Consultee 1 Specialist Adviser	**General**	I am currently co-investigator in multi-centre European trials using RFA in Barretts oesophagus. The trials are supported by Baarx Inc.Ca. USA.	Thank you for your comment. The Committee encourages further research into this procedure as outlined in section 1.6 of the guidance.

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9	Consultee 3 Insurer	**General**	In essence, I'd like to suggest that it is split into two pieces of guidance, one for high risk, and one for medium & low risk dysplasia. Bupa would agree that its use for medium and low risk requires special arrangements, and believes that there may be a study in progress including Glasgow Royal Infirmary as a recruitment site (possibly the only NHS one).	Thank you for your comment. NICE considered producing 2 separate pieces of guidance but decided that 1 piece of guidance would be sufficient. The guidance will not be changed. NICE is developing a clinical guideline on Ablative therapy for the treatment of Barrett's oesophagus (expected publication date July 2010).