

1           **NATIONAL INSTITUTE FOR HEALTH AND CARE**  
2                           **EXCELLENCE**

3                           **Guideline scope**

4                           **Barrett's oesophagus: medical**  
5                           **management, endoscopic treatment and**  
6                           **follow up of Barrett's oesophagus and**  
7                           **stage 1 adenocarcinoma**

8           This guideline will update and replace the NICE guideline on Barrett's  
9           oesophagus: ablative therapy (CG106).

10          The guideline will be developed using the methods and processes outlined in  
11          [developing NICE guidelines: the manual](#).

12          **1           Why the guideline is needed**

13          Barrett's oesophagus is a condition in which squamous cells at the lower end  
14          of the lining of the oesophagus are replaced with columnar cells. It can be a  
15          precursor to oesophageal adenocarcinoma. Barrett's oesophagus is more  
16          common in older age groups, men, people who are white and people who are  
17          overweight. The risk of progression to cancer is low. Less than 1% of people  
18          with Barrett's oesophagus develop oesophageal adenocarcinoma each year.

19          However, oesophageal adenocarcinoma has a poor prognosis because of late  
20          presentation, and its incidence is increasing. Effective treatments for Barrett's  
21          oesophagus could reduce the number of people presenting late with  
22          adenocarcinoma and improve overall outcomes.

23          NICE published a guideline on ablative therapy for Barrett's oesophagus  
24          (CG106) in 2010, which included people with high-grade dysplasia only. The  
25          British Society of Gastroenterology published guidance in 2013 on managing  
26          Barrett's oesophagus and related early neoplasia. This emphasised the  
27          importance of minimum data set reporting, including length of Barrett's  
28          segments and also the requirement that dysplasia is confirmed by 2

1 gastrointestinal pathologists. An update to the 2010 NICE guideline is needed  
2 because of important advances in the understanding of the natural history of  
3 the disease and new evidence on endoscopic treatments for people with  
4 Barrett's oesophagus with dysplasia, particularly people with low-grade  
5 dysplasia. There is also interest in appropriate treatment for people with  
6 Barrett's oesophagus without dysplasia. and the place of endoscopic  
7 treatments for stage 1 oesophageal adenocarcinoma.

## 8 **2 Who the guideline is for**

9 This guideline is for:

- 10 • healthcare professionals in primary, secondary and tertiary care
- 11 • commissioners
- 12 • providers of care
- 13 • people with Barrett's oesophagus and stage 1 adenocarcinoma, their  
14 families and carers.

15 NICE guidelines cover health and care in England. Decisions on how they  
16 apply in other UK countries are made by ministers in the [Welsh Government](#),  
17 [Scottish Government](#), and [Northern Ireland Executive](#).

### 18 ***Equality considerations***

19 NICE has carried out [an equality impact assessment](#) [add hyperlink in final  
20 version] during scoping. The assessment lists equality issues identified, and  
21 how they have been addressed.

## 22 **3 What the guideline will cover**

### 23 ***3.1 Who is the focus?***

#### 24 **Groups that will be covered**

25 Adults, 18 years and over, with Barrett's oesophagus and stage 1  
26 oesophageal adenocarcinoma.

27 Specific consideration will be given to following subgroups with different  
28 histopathological diagnoses:

- 1 • Non-dysplastic Barrett's oesophagus.
- 2 • Barrett's oesophagus with indefinite dysplasia.
- 3 • Barrett's oesophagus with low-grade dysplasia.
- 4 • Barrett's oesophagus with high-grade dysplasia.
- 5 • Stage 1 oesophageal adenocarcinoma.

## 6 **3.2 Settings**

### 7 **Settings that will be covered**

- 8 • Primary, secondary and tertiary healthcare.

## 9 **3.3 Activities, services or aspects of care**

### 10 **Key areas that will be covered**

11 We will look at evidence in the areas below when developing the guideline,  
12 but it may not be possible to make recommendations in all the areas.

- 13 1 Medical management:
  - 14 – Antacid medications, including alginate
  - 15 – Aspirin
  - 16 – H2 receptor antagonists
  - 17 – Proton pump inhibitors.
- 18 2 Endoscopic surveillance, including imaging techniques (high-resolution  
19 endoscopy and chromoendoscopy) and intervals for follow up.
- 20 3 Endoscopic and radiological staging of suspected stage 1  
21 adenocarcinoma.
- 22 4 Endoscopic treatment, including but not limited to endoscopic mucosal  
23 resection (also known as endoscopic resection), endoscopic submucosal  
24 dissection, radiofrequency ablation, argon plasma coagulation and  
25 cryoablation (treatments used alone or in combination).
- 26 5 Oesophagectomy for stage 1 adenocarcinoma.
- 27 6 Antireflux surgery for progression of Barrett's oesophagus and in people  
28 undergoing endoscopic ablation with poor response.
- 29 7 Follow up after treatment.
- 30 8 Information and support for patients and their families/carers.

## 1 **Areas that will not be covered**

- 2 1 Investigation and management of gastro-oesophageal reflux with and
- 3 without Barrett's oesophagus.
- 4 2 Screening for and diagnosis of Barrett's oesophagus.
- 5 3 Oesophagectomy techniques.

## 6 **Related NICE guidance**

### 7 ***Published***

- 8 • [Balloon cryoablation for Barrett's oesophagus \(2020\) NICE interventional](#)
- 9 [procedures guidance IPG 682](#)
- 10 • [Narrow band imaging for Barrett's oesophagus \(2019\) NICE medtech](#)
- 11 [innovation briefing MIB179](#)
- 12 • [Gastro-oesophageal reflux disease in children and young people: diagnosis](#)
- 13 [and management \(2015\) NICE guideline NG1](#)
- 14 • [Suspected cancer: recognition and referral \(2015\) NICE guideline NG12](#)
- 15 • [Endoscopic radiofrequency ablation for Barrett's oesophagus with low-](#)
- 16 [grade dysplasia or no dysplasia \(2014\) NICE interventional procedure](#)
- 17 [guidance IPG496](#)
- 18 • [Minimally invasive oesophagectomy \(2011\) NICE interventional procedure](#)
- 19 [guidance IPG407](#)
- 20 • [Photodynamic therapy for Barrett's oesophagus \(2010\) NICE interventional](#)
- 21 [procedure guidance IPG350](#)
- 22 • [Epithelial radiofrequency ablation for Barrett's oesophagus \(2010\) NICE](#)
- 23 [interventional procedure guidance IPG344](#)
- 24 • [Endoscopic submucosal dissection of oesophageal dysplasia and](#)
- 25 [neoplasia \(2010\) NICE interventional procedures guidance 355](#)
- 26 • [Photodynamic therapy for early-stage oesophageal cancer \(2006\) NICE](#)
- 27 [interventional procedures guidance 200](#)

### 28 ***NICE guidance that will be updated by this guideline***

- 29 • [Barrett's oesophagus:ablative therapy \(2010\) NICE guideline CG106](#)
- 30 • [Gastro-oesophageal reflux disease and dyspepsia in adults: investigation](#)
- 31 [and management \(2014\) NICE guideline CG184](#)

- 1 • [Oesophago-gastric cancer: assessment and management in adults \(2018\)](#)  
2 [NICE guideline NG83](#)

### 3 **NICE guidance about the experience of people using NHS services**

4 NICE has produced the following guidance on the experience of people using  
5 the NHS. This guideline will not include additional recommendations on these  
6 topics unless there are specific issues related to Barrett's oesophagus:

- 7 • [Medicines optimisation \(2015\) NICE guideline NG5](#)
- 8 • [Patient experience in adult NHS services \(2012\) NICE guideline CG138](#)
- 9 • [Service user experience in adult mental health \(2011\) NICE guideline](#)  
10 [CG136](#)
- 11 • [Medicines adherence \(2009\) NICE guideline CG76](#)

### 12 **3.4 Economic aspects**

13 We will take economic aspects into account when making recommendations.  
14 We will develop an economic plan that states for each review question (or key  
15 area in the scope) whether economic considerations are relevant, and if so  
16 whether this is an area that should be prioritised for economic modelling and  
17 analysis. We will review the economic evidence and carry out economic  
18 analyses, using an NHS and personal social services (PSS) perspective, as  
19 appropriate.

### 20 **3.5 Key issues and draft questions**

21 While writing this scope, we have identified the following key issues and draft  
22 review questions related to them.

- 23 1 Medical management
  - 24 1.1 For adults with Barrett's oesophagus, what is the clinical and cost  
25 effectiveness of pharmacological interventions (such as antacids,  
26 aspirin, H2 receptor antagonists, proton pump inhibitors) in reducing  
27 progression to dysplasia or cancer?
- 28 2 Endoscopic surveillance of Barrett's oesophagus

- 1 2.1 For adults with Barrett's oesophagus, what is the clinical and cost  
2 effectiveness of different endoscopic surveillance techniques, including  
3 high-resolution endoscopy and chromoendoscopy)?
- 4 2.2 What is the optimal frequency and duration of endoscopic  
5 surveillance for adults with Barrett's oesophagus?
- 6 3 Staging
- 7 3.1 For adults with suspected stage 1 adenocarcinoma, what is the  
8 clinical and cost effectiveness of different endoscopic and radiological  
9 staging techniques?
- 10 4 Endoscopic treatment
- 11 4.1 For adults with Barrett's oesophagus, what is the clinical and cost  
12 effectiveness of different endoscopic therapies alone or in combination?
- 13 4.2 For adults with stage 1 adenocarcinoma, what is the clinical and cost  
14 effectiveness of different endoscopic therapies alone or in combination?
- 15 5 Oesophagectomy for stage 1 adenocarcinoma
- 16 5.1 For adults with stage 1 adenocarcinoma, what is the clinical and cost  
17 effectiveness of oesophagectomy?
- 18 6 Antireflux surgery
- 19 6.1 For adults with Barrett's oesophagus, what is the clinical and cost  
20 effectiveness of antireflux surgery to reduce progression to dysplasia or  
21 cancer?
- 22 6.2 For adults with Barrett's oesophagus or stage 1 adenocarcinoma,  
23 what is the clinical and cost effectiveness of antireflux surgery to improve  
24 remission of disease?
- 25 7 Follow up after treatment
- 26 7.1 For people who have received endoscopic treatment for Barrett's  
27 oesophagus or stage 1 adenocarcinoma, what is the clinical and cost  
28 effectiveness of endoscopic and radiological follow up?
- 29 7.2 For people who have received endoscopic treatment for Barrett's  
30 oesophagus or stage 1 adenocarcinoma, what is the optimal frequency  
31 of endoscopic and radiological follow up?
- 32 8 Information and support

1 8.1 What information, support and follow up should be provided to  
2 patients (or carers or families) who are having or considering treatment  
3 for Barrett's oesophagus or stage 1 adenocarcinoma?  
4

5 The key issues and draft questions will be used to develop more detailed  
6 review questions, which guide the systematic review of the literature.

### 7 **3.6 Main outcomes**

8 The main outcomes that may be considered when searching for and  
9 assessing the evidence are:

- 10 • health-related quality of life
- 11 • progression to dysplasia
- 12 • progression of grade of dysplasia
- 13 • progression to cancer
- 14 • mortality
- 15 • cost effectiveness
- 16 • resource use
- 17 • rate of adverse events.
- 18 • regression of Barrett's oesophagus (regression of dysplasia and regression  
19 of Barrett's oesophagus).

## 20 **4 NICE quality standards and NICE Pathways**

### 21 **4.1 NICE quality standards**

22 **NICE quality standards that may need to be revised or updated when  
23 this guideline is published**

- 24 • [Oesophago-gastric cancer \(2018\) NICE quality standard QS176](#)
- 25 • [Dyspepsia and gastro-oesophageal reflux disease in adults \(2015\) NICE  
26 \[quality standard QS96\]\(#\)](#)

## 1 **4.2 NICE Pathways**

2 When this guideline is published, we will update the existing [NICE Pathway on](#)  
3 [Barrett's oesophagus](#). NICE Pathways bring together everything we have said  
4 on a topic in an interactive flowchart.

## 5 **5 Further information**

This is the draft scope for consultation with registered stakeholders. The  
consultation dates are 8 December 2020 to 8 January 2021.

The guideline is expected to be published in [Month Year].

You can follow progress of [the guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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