January 2022: this scope has been amended.

- The title of the scope has been edited.
- Clarification has been added that this guideline will update recommendations 1.4.1-1.4.4 in the NICE guideline on oesophago-gastric cancer.
- Review questions have been added on endoscopic and non-endoscopic surveillance of Barrett's oesophagus, staging for suspected stage 1 adenocarcinoma, and non-surgical interventions for stage 1b adenocarcinoma.
  See section 3.5 on key issues and draft questions for more information.
- Reference to NICE Pathways has been removed because NICE is no longer producing new Pathways.

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Barrett's oesophagus and stage 1 oesophageal adenocarcinoma: monitoring and management

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

The guideline will be developed using the methods and processes outlined in developing NICE guidelines: the manual.

1 Why the guideline is needed

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

However, oesophageal adenocarcinoma has a poor prognosis because of late presentation, and its incidence is increasing possibly related to more people being overweight or obese. Effective treatments for Barrett's oesophagus could reduce the number of people presenting late with adenocarcinoma and improve overall outcomes.

NICE published a guideline on ablative therapy for Barrett's oesophagus (CG106) in 2010, which included people with high-grade dysplasia only. The British Society of Gastroenterology published guidance in 2013 on managing Barrett's oesophagus and related early neoplasia. This emphasised the importance of minimum data set reporting, including length of Barrett's segments and also the requirement that dysplasia is confirmed by 2 gastrointestinal pathologists. An update to the 2010 NICE guideline is needed because of important advances in the understanding of the natural history of the disease and new evidence on endoscopic treatments for people with Barrett's oesophagus with dysplasia, particularly people with low-grade dysplasia. There is also interest in appropriate treatment for people with Barrett's oesophagus without dysplasia and the place of endoscopic treatments for stage 1 oesophageal adenocarcinoma.

2 Who the guideline is for

This guideline is for:

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

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive.

Equality considerations

NICE has carried out an equality impact assessment during scoping. The assessment lists equality issues identified, and how they have been addressed.

3 What the guideline will cover

3.1 Who is the focus?

Groups that will be covered

Adults, 18 years and over, with Barrett's oesophagus and stage 1 oesophageal adenocarcinoma.
Specific consideration will be given to following subgroups with different histopathological diagnoses:

- Non-dysplastic Barrett's oesophagus.
- Barrett's oesophagus with indefinite dysplasia.
- Barrett's oesophagus with low-grade dysplasia.
- Barrett's oesophagus with high-grade dysplasia.
- Stage 1 oesophageal adenocarcinoma.

3.2 Settings

Settings that will be covered

- Primary, secondary and tertiary healthcare.

3.3 Activities, services or aspects of care

Key areas that will be covered

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

1 Medical management such as:
  - Antacid medications, including alginate
  - Aspirin

  - H2 receptor antagonists
  - Proton pump inhibitors.

2 Surveillance techniques and intervals for follow up, including endoscopic imaging techniques (high-resolution endoscopy and chromoendoscopy) and non-endoscopic techniques such as Cytosponge.

3 Endoscopic and radiological staging of suspected stage 1 adenocarcinoma.

4 Endoscopic treatment, including but not limited to endoscopic mucosal resection (also known as endoscopic resection), endoscopic submucosal dissection, radiofrequency ablation, argon plasma coagulation and cryotherapy techniques (all treatments used alone or in combination).

5 Oesophagectomy and non-surgical interventions for stage 1 adenocarcinoma.

6 Antireflux surgery for reducing progression of Barrett's oesophagus and in people undergoing endoscopic ablation with poor response.

7 Follow up after treatment.

8 Information and support for patients and their families/carers.

Areas that will not be covered

1 Investigation and management of gastro-oesophageal reflux (with and without Barrett's oesophagus).

2 Screening for and diagnosis of Barrett's oesophagus.

3 Oesophagectomy techniques.

Related NICE guidance

Published

- Cytosponge for detecting abnormal cells in the oesophagus (2020) NICE medtech innovation briefing MIB240

- Balloon cryoablation for Barrett’s oesophagus (2020) NICE interventional procedures guidance IPG 682
- Narrow band imaging for Barrett's oesophagus (2019) NICE medtech innovation briefing MIB179

- Gastro-oesophageal reflux disease in children and young people: diagnosis and management (2015) NICE guideline NG1
- Suspected cancer: recognition and referral (2015) NICE guideline NG12
- Endoscopic radiofrequency ablation for Barrett's oesophagus with low-grade dysplasia or no dysplasia (2014) NICE interventional procedure guidance IPG496
- Minimally invasive oesophagectomy (2011) NICE interventional procedure guidance IPG407
- Photodynamic therapy for Barrett's oesophagus (2010) NICE interventional procedure guidance IPG350
- Epithelial radiofrequency ablation for Barrett's oesophagus (2010) NICE interventional procedure guidance IPG344
- Endoscopic submucosal dissection of oesophageal dysplasia and neoplasia (2010) NICE interventional procedures guidance 355

***Photodynamic therapy for early-stage oesophageal cancer (2006) NICE interventional procedures guidance 200*NICE guidance that will be updated by this guideline**

- Barrett's oesophagus:ablative therapy (2010) NICE guideline CG106
- Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management (2014) NICE guideline CG184 (recommendation 1.12 on surveillance for people with Barrett's oesophagus)
- Oesophago-gastric cancer: assessment and management in adults (2018) NICE guideline NG83 (recommendations 1.4.1-1.4.4 on radical treatment for people with T1 oesophageal cancer).

NICE guidance about the experience of people using NHS services

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

- Medicines optimisation (2015) NICE guideline NG5
- Patient experience in adult NHS services (2012) NICE guideline CG138

- Service user experience in adult mental health (2011) NICE guideline CG136
- Medicines adherence (2009) NICE guideline CG76

3.4 Economic aspects

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

3.5 Key issues and draft questions

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

1 Medical management

1.1 For adults with Barrett's oesophagus, what is the clinical and cost effectiveness of pharmacological interventions (such as antacids, aspirin, H2 receptor antagonists, proton pump inhibitors) in reducing progression to dysplasia or cancer?

2 Endoscopic and non-endoscopic surveillance of Barrett's oesophagus

2.1a For adults with Barrett's oesophagus, what is the clinical and cost effectiveness of different endoscopic surveillance techniques, including high-resolution endoscopy and chromoendoscopy?

2.1.b For adults with Barrett's oesophagus, what is the diagnostic accuracy of different endoscopic surveillance techniques including high resolution endoscopy and chromoendoscopy?

2.2a For adults with Barrett's oesophagus, what is the clinical and cost effectiveness of different non-endoscopic surveillance techniques, such as Cytosponge?

2.2b For adults with Barrett’s oesophagus, what is the diagnostic accuracy of different non-endoscopic surveillance techniques, such as Cytosponge?

2.3 What is the optimal frequency and duration of endoscopic surveillance for adults with Barrett’s oesophagus?

2.4 What is the optimal frequency and duration of non-endoscopic surveillance for adults with Barrett’s oesophagus?

3 Staging

3.1a For adults with suspected stage 1 adenocarcinoma, what is the diagnostic accuracy of different endoscopic and radiological staging techniques?

3.1b For adults with suspected stage 1 adenocarcinoma, what is the clinical and cost effectiveness of different endoscopic and radiological staging techniques?

4 Endoscopic treatment

4.1 For adults with Barrett's oesophagus, what is the clinical and cost effectiveness of different endoscopic treatments alone or in combination?

4.2 For adults with stage 1 adenocarcinoma, what is the clinical and cost effectiveness of different endoscopic treatments alone or in combination?

5 Oesophagectomy and non-surgical interventions for stage 1 adenocarcinoma

5.1 For adults with stage 1 adenocarcinoma, what is the clinical and cost effectiveness of oesophagectomy?

5.2 For adults with stage 1b adenocarcinoma, what is the clinical and cost effectiveness of different non-surgical interventions?

6 Antireflux surgery

6.1 For adults with Barrett’s oesophagus, what is the clinical and cost effectiveness of antireflux surgery to reduce progression to dysplasia or cancer?

6.2 For adults with Barrett’s oesophagus or stage 1 adenocarcinoma, what is the clinical and cost effectiveness of antireflux surgery to improve remission of disease?

7 Follow up after treatment

7.1 For people who have received endoscopic treatment for Barrett’s oesophagus or stage 1 adenocarcinoma, what is the clinical and cost effectiveness of endoscopic and radiological follow up?

7.2 For people who have received endoscopic treatment for Barrett’s oesophagus or stage 1 adenocarcinoma, what is the optimal frequency and duration of endoscopic and radiological follow up?

8 Information and support

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

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

3.6 Main outcomes

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

- health-related quality of life
- progression to dysplasia
- progression of grade of dysplasia
- progression to cancer
- mortality
- cost effectiveness
- resource use
- rate of adverse events.
- regression of Barrett's oesophagus (regression of dysplasia and regression of Barrett's oesophagus).

4 NICE quality standards

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

- Oesophago-gastric cancer (2018) NICE quality standard QS176
- Dyspepsia and gastro-oesophageal reflux disease in adults (2015) NICE quality standard QS96

5 Further information

This is the final scope, incorporating comments from registered stakeholders during consultation.

The guideline is expected to be published in January 2023.

You can follow progress of the guideline.

Our website has information about how NICE guidelines are developed.