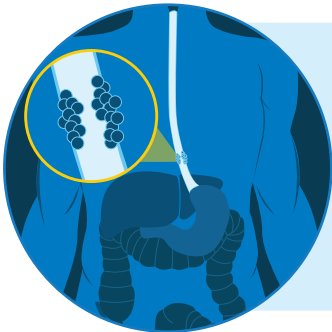


## SCREENING FOR ESOPHAGEAL ADENOCARCINOMA IN PATIENTS WITH CHRONIC GASTROESOPHAGEAL REFLUX DISEASE



### Recommendation

The Task Force recommends not screening adults with chronic gastroesophageal reflux disease (GERD) for esophageal adenocarcinoma (EAC) or precursor conditions (Barrett esophagus or dysplasia)

*Strong recommendation; very-low-certainty evidence*

### 1. Who does this recommendation apply to?

- This recommendation applies to people  $\geq 18$  years with chronic GERD.
- This recommendation does not apply to people exhibiting alarm symptoms (e.g., dysphagia, odynophagia, recurrent vomiting, unexplained weight loss, anemia, loss of appetite, or gastrointestinal bleeding) or those diagnosed with Barrett esophagus (with or without dysplasia), who should be evaluated, referred, and managed accordingly.

### 2. Why is it a strong recommendation to not screen?

- A systematic review identified only one retrospective cohort study with very-low certainty evidence, which reported that although patients with a prior endoscopy were more likely to have a lower stage of adenocarcinoma at time of diagnosis, there were no significant survival differences (i.e., no benefit).
- The recommendation is strong because the Task Force placed a high value on the system-wide resources required to screen all patients with chronic GERD without evidence of benefit.

### 3. What are the potential benefits and harms of screening patients for EAC?

- Benefits:
  - The evidence reviewed for this guideline did not identify clinically meaningful benefits of screening in terms of reductions in cancer incidence or mortality.
  - However, screening may detect other high-risk conditions (such as Barrett esophagus with or without dysplasia) and allow for treatment and surveillance.
- Harms:
  - Increased anxiety about endoscopy in some patients, especially in unsedated endoscopic techniques.
  - Adverse reactions to pre-endoscopy medication.
  - Endoscopic injury of the esophagus or stomach wall, leading to infection or bleeding.

### 4. Why does the presence of risk factors for EAC not change the recommendation?

- Although risk factors, such as age ( $\geq 50$  years), male sex, family history, white race/ethnicity, abdominal obesity, and smoking, may increase the risk for EAC, relevant trials and cohort studies did not include sufficient data within each category to support modifying our no screening recommendation based on these factors alone or in combination.

\*For a list of references, please refer to the full guideline “Recommendations on screening for esophageal adenocarcinoma and its precursors in patients with chronic gastroesophageal reflux disease”.

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