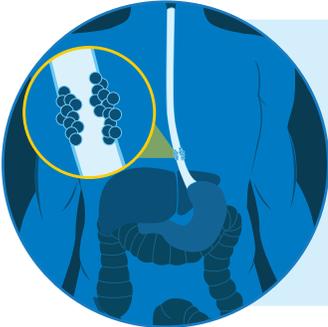


SCREENING FOR ESOPHAGEAL ADENOCARCINOMA IN PATIENTS WITH CHRONIC GASTROESOPHAGEAL REFLUX DISEASE



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 ≥ 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?

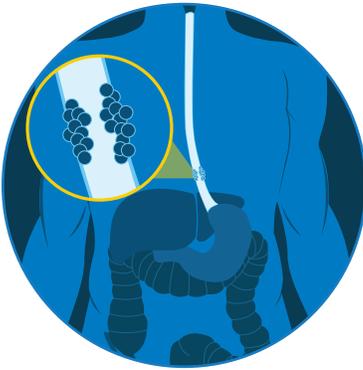
- Although risk factors, such as age (≥ 50 years), male sex, family history, white race/ethnicity, abdominal obesity, and smoking, may increase the risk for EAC, relevant trials and cohort studies did not include sufficient data within each category to support modifying our no screening recommendation 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 in patients with chronic gastroesophageal reflux disease”.

ESOPHAGEAL CANCER SCREENING FAQ



We recommend not screening adults with chronic gastroesophageal reflux disease (GERD) for esophageal cancer.



1. What is esophageal cancer?

- **Esophageal cancer** is a disease where cancer cells form in the esophagus. The esophagus is the tube that carries food from the mouth to the stomach.
 - Esophageal cancer is an uncommon disease and affects less than 1 in every 16,000 Canadians.
 - Each year, around 2,300 Canadians are diagnosed with esophageal cancer, and 2,200 people die from it.
- The main type of esophageal cancer in Canada is called esophageal adenocarcinoma (EAC).
 - The number of Canadians affected by EAC has doubled in the last 30 years.
 - EAC is often diagnosed at a late stage and is difficult to cure. Fewer than 5% of people who have late-stage EAC live longer than 5 years.

2. Who is at higher risk for getting esophageal adenocarcinoma?

- There are two main health problems that may lead to EAC:
 - **Chronic gastroesophageal reflux disease (GERD)** is a common (around 15% of Canadians) and long-term condition where digested food and gastric acids in the stomach travel back up into the esophagus, causing heartburn. Patients with chronic GERD have a higher risk of developing EAC compared to those without chronic GERD.
 - **Barrett esophagus (BE)** is a less common condition (1 to 2% of Canadians) where the normal lining of the esophagus changes to look more like the lining of the intestine. It is linked to chronic GERD and can lead to the growth of abnormal cells (dysplasia) that can turn into EAC over time much more frequently than GERD alone.
- Several other factors may also increase the risk of getting EAC:
 - Age 50 years and older, male sex, family history, white race/ethnicity, abdominal obesity, and smoking (past or present).

3. What is involved in screening for esophageal cancer?

- Doctors screen by looking directly at the esophagus using **endoscopy**:
 - Endoscopy is a procedure where a tube with a small video camera on the tip is put into the mouth and slowly moved down the esophagus (usually performed with moderate sedation).
- If any abnormal areas are seen in the esophagus, a **biopsy** is done:
 - A biopsy involves removing a very small piece of tissue from the abnormal area and examining it under a microscope to look for any cell changes or cancer cells.

4. Why does the Task Force recommend against screening patients with GERD?

- Doctors screen to detect diseases before signs and symptoms arise. Sometimes, screening may result in benefits (e.g. lower likelihood of death) that outweigh possible harms. However, no evidence was found that showed a survival benefit from screening GERD patients for EAC or precancerous conditions (e.g., Barrett esophagus).
- Endoscopy can result in harms, including anxiety; discomfort; and rare complications, such as adverse effects from sedation and injury of the esophagus or stomach with bleeding or infection.
- Routine screening for EAC is not currently done in Canada, and screening all GERD patients (15% of the population) would result in an unwise use of health care resources.



5. Who does this recommendation apply to? Who does it not apply to?

- This recommendation applies to people 18 years and older with chronic GERD. No evidence was found to support modifying our no screening recommendation based on any risk factors alone or in combination.
- The recommendation is not for the following:
 - People with GERD who experience alarm symptoms suggestive of esophageal cancer (e.g., difficult or painful swallowing, recurrent vomiting, unexplained weight loss, anemia, appetite loss, or blood in vomit or stool).
 - People already diagnosed with Barrett esophagus.
 - All these people should see their doctor for appropriate diagnosis and treatment.

6. Is there anything you can do to help prevent EAC?

- There are several lifestyle changes that can help in lowering the chances of getting EAC:
 - Quit smoking.
 - Eat well and be physically active to reach and keep a healthy weight.