

New Barrett's guidelines: an opportunity to improve patient experience and save resources

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The potential for clinical guidelines to improve patient care is the primary reason for their development. The management of Barrett's oesophagus has become more complex in the past 10 years. The natural history of Barrett's oesophagus shows variation with sex, age, severity of reflux, extent, race, geography and other factors which need individual risk assessment.¹ Improvements to the treatment of early or developing cancers, (endoscopic resection² and radio frequency ablation³) and improvements to the pick-up of early cancer using multiple endoscopic tools,⁴ make for an increasingly complex clinical scenario. These improvements can now be balanced with a reduction in the need for unnecessary or excessive surveillance using the approach of the new British Society of Gastroenterology guidelines for the management of Barrett's oesophagus.⁵ From a patient's perspective, the process of undergoing an endoscopy for early cancer detection is initially an anxiety-generating activity during the lead-up to the procedure. There is significant psychological relief once the all-clear is declared, but if the surveillance is more frequent than it needs to be, then there is unnecessary worry to the patient. The new British Society of Gastroenterology guidelines have helped to risk-stratify the surveillance of Barrett's—which reduces patient anxiety and at the same time creates a significant cost saving for the NHS. The completion of the Barrett's Oesophagus Surveillance Study (BOSS—sponsored by the Health Technology Assessment unit) by Professor Hugh Barr and colleagues,⁶ will provide clear evidence on the risk stratification and surveillance intervals for men and women of varying ages and extent of metaplastic epithelium, making further cost savings

(and patient benefit) feasible in the foreseeable future. There is some difference of approach when compared with the USA,⁷ where the definitions of Barrett's oesophagus and the application of their guidelines makes for a much less cost-effective approach.

It would be very valuable if all hospitals in the UK are able to implement these BSG guidelines. The authors of the paper in *Frontline Gastroenterology* entitled "New Barrett's oesophagus surveillance guidelines—significant cost savings over the next 10 years on implementation", have highlighted that the total saving could be £100 million over the next 10 years.⁸ Few guidelines have been so successful, and this combination of improved patient experience and better health economy is a beacon for healthcare improvement strategies, and therefore must be embraced by the whole gastroenterology community and health service managers.

Competing interests None.

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