Greater Manchester Cancer

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Oesophago-gastric cancer Standards of Care

Barrett's Low Grade Dysplasia (LGD) and Indefinite for Dysplasia (IND) Management

Conditions 1+2 must be met before proceeding down the pathway

1. Barrett's with no visible dysplasia (lesion)

All HGD and all visible barretts lesions, irrespective of histology, should go to MDT

2. All histopathology reports for LGD and IND:

- Reported by 2x GI pathologists and documented on the pathology report
- P53 immunostaining should be used up front to aid histopathology diagnosis

Endoscopic management

Barrett's IND First Scope

High dose PPI (e.g. omerpazole 40mg BD) Repeat scope in 6/12

Second Scope

Definite dysplasia

Manage as per that pathway

Second scope

No definite dysplasia

Refer back to a non dysplastic surveillance pathway *^

Barrett's LGD First Scope

High dose PPI (e.g. omeprazole 40mg BD) Repeat in 6/12

Second scope

- **HGD OR Visible lesion-** for MDT discussion
- **LGD confirmed**- refer for radiofrequency ablation (RFA)
- **No definite dysplasia**- repeat again in 6 months

Refer back to non dysplastic surveillance pathway once 2 x no definite dysplasia scopes*