SAGES Issues New Practice Guideline

The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) issues a practice guideline addressing the management of gastroesophageal reflux disease and Barrett's esophagus.

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BARRX Medical Inc. reports that the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) has issued a new practice guideline for the surgical treatment of gastroesophageal reflux disease (GERD).

Left untreated, reflux of stomach contents such as acid and bile into the esophagus in GERD patients often leads to injury and chronic inflammation of the lining of the esophagus. A significant proportion of GERD patients are thus predisposed to developing precancerous changes within the esophageal lining, a condition called Barrett's esophagus, which can lead to esophageal adenocarcinoma. In addition to providing recommendations for the surgical management of GERD, the new SAGES guideline presents a number of evidence-based recommendations for the management of Barrett's esophagus when it develops in these patients.

The authors of the SAGES practice guideline provided a series of systematically developed recommendations related to the management of GERD and Barrett's esophagus based upon a rigorous review of all relevant published scientific studies. Specific to the management of Barrett's esophagus, the practice guideline deemed that patients with the most advanced stages of Barrett's esophagus (high-grade dysplasia and intramucosal cancer) may be treated with endoscopic therapy inclusive of radiofrequency ablation (RFA) and/or endoscopic mucosal resection. Surgery remains an option for these patients as salvage or primary therapy. For Barrett's patients with earlier stages of disease (non-dysplastic and low-grade dysplasia), the practice guideline states that "RFA has been shown to be safe, clinically effective, and cost-effective in these disease states."

"I am pleased that SAGES's new practice guideline for the surgical treatment of GERD includes recommendations for the management of Barrett's esophagus as well," noted C. Daniel Smith, MD, immediate Past President of SAGES, and Professor of Surgery and Chair of the Department of Surgery at Mayo Clinic in Jacksonville. "Barrett's is common in our practice and is the best known risk factor for the development of esophageal adenocarcinoma. We incorporate radiofrequency ablation in our esophageal program at Mayo Clinic, along with anti-reflux surgery, as an early intervention to avert cancer development."

"The SAGES practice guideline is the first set of official recommendations from a professional society which have included the most recently published clinical trial outcomes related to the use of endoscopic RFA for treating Barrett's esophagus,"

commented David S. Utley, M.D., chief medical officer for BARRX Medical. "We are pleased that the SAGES guideline has provided the recommendation that ndoscopic RFA has clinical utility and should be offered as an option for patients with non-dysplastic and dysplastic Barrett's esophagus based on the quality of the clinical evidence. Verification, by SAGES, that RFA is a medically necessary option for patients with Barrett's is important as physicians, patients and payers consider this endoscopic treatment."

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