

Largest Study of Its Kind Shows Need for Improvement in Esophageal Cancer Screenings

Study shows nearly a quarter of cancer patients with esophageal adenocarcinoma had normal endoscopic screenings within the year

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A new study published in [Gastroenterology](#) aims to improve the effectiveness of screening and surveillance practices for early cancer detection in Barrett's esophagus (BE).

BE is the only identifiable precursor lesion for esophageal adenocarcinoma (EAC), a lethal cancer with increased incidence and mortality rates over the last several decades.

The research, led by faculty at the [University of Colorado \(CU\) Cancer Center](#), analyzed a large international database of over 20,000 newly diagnosed BE patients in Nordic countries to provide a more accurate look at how many patients have normal endoscopies but still get diagnosed with EAC in a short timeframe.

"We found a high proportion of esophageal cancers were found in patients after receiving a normal endoscopy and before the next recommended endoscopy," said first author Sachin Wani, MD, professor of medicine and director of the [Katy O. and Paul M. Rady Esophageal and Gastric Center of Excellence](#) at the CU Cancer Center.

Opportunity to improve detection techniques

The researchers conducted a population-based cohort study and included all patients diagnosed with BE in three Nordic countries: Denmark, Finland and Sweden from 2006 to 2020.

The result showed 25-46% of EACs were categorized as post endoscopy esophageal adenocarcinoma (PEEC). PEEC describes esophageal cancer identified within 1 year of a non-diagnostic upper endoscopy.

"These missed cancers can impact survival rates since catching cancer early is critical for effective treatment," Wani said.

However, Wani and his team say understanding these “missed cancers” can also provide information that can help with developing better interventions.

He adds, “In the past, research was mostly focused on observational studies that were plagued by small sample sizes or selection bias. This means we didn’t have a true picture of how current screening practices aren’t working for nearly a quarter of EAC patients. With this new research, we’re providing more data which is an opportunity to improve the effectiveness of screening and surveillance practices.”

Although the reasons are still unclear why these screenings and surveillance strategies are not effective for nearly a quarter of patients, the authors suggest a few ways to improve screenings.

“We suggest providers use the highest quality endoscopy equipment, spend adequate time inspecting the Barrett’s segment and ensure that they have the most rigorous sampling protocols in place,” Wani says. “At the end of the day, we hope this data can influence providers in clinical practice to improve the quality of care and endoscopies for BE.”

The researchers also say future research needs to investigate the role of other diagnostic techniques using biomarker panels to predict prevalent and incident BE-related EAC.

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