

1 gastrointestinal pathologists. An update to the 2010 NICE guideline is needed
2 because of important advances in the understanding of the natural history of
3 the disease and new evidence on endoscopic treatments for people with
4 Barrett's oesophagus with dysplasia, particularly people with low-grade
5 dysplasia. There is also interest in appropriate treatment for people with
6 Barrett's oesophagus without dysplasia and the place of endoscopic
7 treatments for stage 1 oesophageal adenocarcinoma.

8 **2 Who the guideline is for**

9 This guideline is for:

- 10 • healthcare professionals in primary, secondary and tertiary care
- 11 • commissioners
- 12 • providers of care
- 13 • people with Barrett's oesophagus and stage 1 adenocarcinoma, their
14 families and carers.

15 NICE guidelines cover health and care in England. Decisions on how they
16 apply in other UK countries are made by ministers in the [Welsh Government](#),
17 [Scottish Government](#), and [Northern Ireland Executive](#).

18 ***Equality considerations***

19 NICE has carried out [an equality impact assessment](#) during scoping. The
20 assessment lists equality issues identified, and how they have been
21 addressed.

22 **3 What the guideline will cover**

23 ***3.1 Who is the focus?***

24 **Groups that will be covered**

25 Adults, 18 years and over, with Barrett's oesophagus and stage 1
26 oesophageal adenocarcinoma.

27 Specific consideration will be given to following subgroups with different
28 histopathological diagnoses:

- 1 • Non-dysplastic Barrett's oesophagus.
- 2 • Barrett's oesophagus with indefinite dysplasia.
- 3 • Barrett's oesophagus with low-grade dysplasia.
- 4 • Barrett's oesophagus with high-grade dysplasia.
- 5 • Stage 1 oesophageal adenocarcinoma.

6 **3.2 Settings**

7 **Settings that will be covered**

- 8 • Primary, secondary and tertiary healthcare.

9 **3.3 Activities, services or aspects of care**

10 **Key areas that will be covered**

11 We will look at evidence in the areas below when developing the guideline,
12 but it may not be possible to make recommendations in all the areas.

13 1 Medical management such as:

- 14 – Antacid medications, including alginate
- 15 – Aspirin
- 16 – H2 receptor antagonists
- 17 – Proton pump inhibitors.

18 2 Surveillance techniques and intervals for follow up, including endoscopic
19 imaging techniques (high-resolution endoscopy and chromoendoscopy)
20 and non-endoscopic techniques such as Cytosponge.

21 3 Endoscopic and radiological staging of suspected stage 1
22 adenocarcinoma.

23 4 Endoscopic treatment, including but not limited to endoscopic mucosal
24 resection (also known as endoscopic resection), endoscopic submucosal
25 dissection, radiofrequency ablation, argon plasma coagulation and
26 cryotherapy techniques (all treatments used alone or in combination).

27 5 Oesophagectomy for stage 1 adenocarcinoma.

28 6 Antireflux surgery for reducing progression of Barrett's oesophagus and
29 in people undergoing endoscopic ablation with poor response.

30 7 Follow up after treatment.

1 8 Information and support for patients and their families/carers.

2 **Areas that will not be covered**

3 1 Investigation and management of gastro-oesophageal reflux (with and
4 without Barrett's oesophagus).

5 2 Screening for and diagnosis of Barrett's oesophagus.

6 3 Oesophagectomy techniques.

7 **Related NICE guidance**

8 ***Published***

- 9 • [Balloon cryoablation for Barrett's oesophagus \(2020\) NICE interventional](#)
10 [procedures guidance IPG 682](#)
- 11 • [Narrow band imaging for Barrett's oesophagus \(2019\) NICE medtech](#)
12 [innovation briefing MIB179](#)
- 13 • [Gastro-oesophageal reflux disease in children and young people: diagnosis](#)
14 [and management \(2015\) NICE guideline NG1](#)
- 15 • [Suspected cancer: recognition and referral \(2015\) NICE guideline NG12](#)
- 16 • [Endoscopic radiofrequency ablation for Barrett's oesophagus with low-](#)
17 [grade dysplasia or no dysplasia \(2014\) NICE interventional procedure](#)
18 [guidance IPG496](#)
- 19 • [Minimally invasive oesophagectomy \(2011\) NICE interventional procedure](#)
20 [guidance IPG407](#)
- 21 • [Photodynamic therapy for Barrett's oesophagus \(2010\) NICE interventional](#)
22 [procedure guidance IPG350](#)
- 23 • [Epithelial radiofrequency ablation for Barrett's oesophagus \(2010\) NICE](#)
24 [interventional procedure guidance IPG344](#)
- 25 • [Endoscopic submucosal dissection of oesophageal dysplasia and](#)
26 [neoplasia \(2010\) NICE interventional procedures guidance 355](#)
- 27 • [Photodynamic therapy for early-stage oesophageal cancer \(2006\) NICE](#)
28 [interventional procedures guidance 200](#)

29 ***NICE guidance that will be updated by this guideline***

- 30 • [Barrett's oesophagus:ablative therapy \(2010\) NICE guideline CG106](#)

- 1 • [Gastro-oesophageal reflux disease and dyspepsia in adults: investigation](#)
2 [and management \(2014\) NICE guideline CG184](#) (recommendation 1.12 on
3 surveillance for people with Barrett's oesophagus)
- 4 • [Oesophago-gastric cancer: assessment and management in adults \(2018\)](#)
5 [NICE guideline NG83](#)

6 **NICE guidance about the experience of people using NHS services**

7 NICE has produced the following guidance on the experience of people using
8 the NHS. This guideline will not include additional recommendations on these
9 topics unless there are specific issues related to Barrett's oesophagus:

- 10 • [Medicines optimisation \(2015\) NICE guideline NG5](#)
- 11 • [Patient experience in adult NHS services \(2012\) NICE guideline CG138](#)
- 12 • [Service user experience in adult mental health \(2011\) NICE guideline](#)
13 [CG136](#)
- 14 • [Medicines adherence \(2009\) NICE guideline CG76](#)

15 **3.4 Economic aspects**

16 We will take economic aspects into account when making recommendations.
17 We will develop an economic plan that states for each review question (or key
18 area in the scope) whether economic considerations are relevant, and if so
19 whether this is an area that should be prioritised for economic modelling and
20 analysis. We will review the economic evidence and carry out economic
21 analyses, using an NHS and personal social services (PSS) perspective, as
22 appropriate.

23 **3.5 Key issues and draft questions**

24 While writing this scope, we have identified the following key issues and draft
25 review questions related to them.

26 1 Medical management

27 1.1 For adults with Barrett's oesophagus, what is the clinical and cost
28 effectiveness of pharmacological interventions (such as antacids,
29 aspirin, H2 receptor antagonists, proton pump inhibitors) in reducing
30 progression to dysplasia or cancer?

- 1 2 Endoscopic and non-endoscopic surveillance of Barrett's oesophagus
- 2 2.1 For adults with Barrett's oesophagus, what is the clinical and cost
- 3 effectiveness of different endoscopic surveillance techniques, including
- 4 high-resolution endoscopy and chromoendoscopy)?
- 5 2.2 For adults with Barrett's oesophagus, what is the clinical and cost
- 6 effectiveness of different non-endoscopic surveillance techniques, such
- 7 as Cytosponge?
- 8 2.3 What is the optimal frequency and duration of endoscopic
- 9 surveillance for adults with Barrett's oesophagus?
- 10 2.4 What is the optimal frequency and duration of non-endoscopic
- 11 surveillance for adults with Barrett's oesophagus?
- 12 3 Staging
- 13 3.1 For adults with suspected stage 1 adenocarcinoma, what is the
- 14 clinical and cost effectiveness of different endoscopic and radiological
- 15 staging techniques?
- 16 4 Endoscopic treatment
- 17 4.1 For adults with Barrett's oesophagus, what is the clinical and cost
- 18 effectiveness of different endoscopic treatments alone or in
- 19 combination?
- 20 4.2 For adults with stage 1 adenocarcinoma, what is the clinical and cost
- 21 effectiveness of different endoscopic treatments alone or in
- 22 combination?
- 23 5 Oesophagectomy for stage 1 adenocarcinoma
- 24 5.1 For adults with stage 1 adenocarcinoma, what is the clinical and cost
- 25 effectiveness of oesophagectomy?
- 26 6 Antireflux surgery
- 27 6.1 For adults with Barrett's oesophagus, what is the clinical and cost
- 28 effectiveness of antireflux surgery to reduce progression to dysplasia or
- 29 cancer?
- 30 6.2 For adults with Barrett's oesophagus or stage 1 adenocarcinoma,
- 31 what is the clinical and cost effectiveness of antireflux surgery to improve
- 32 remission of disease?
- 33 7 Follow up after treatment

1 7.1 For people who have received endoscopic treatment for Barrett's
2 oesophagus or stage 1 adenocarcinoma, what is the clinical and cost
3 effectiveness of endoscopic and radiological follow up?

4 7.2 For people who have received endoscopic treatment for Barrett's
5 oesophagus or stage 1 adenocarcinoma, what is the optimal frequency
6 and duration of endoscopic and radiological follow up?

7 8 Information and support

8 8.1 What information, support and follow up should be provided to
9 people (or carers or families) who are having or considering treatment
10 for Barrett's oesophagus or stage 1 adenocarcinoma?

11

12 The key issues and draft questions will be used to develop more detailed
13 review questions, which guide the systematic review of the literature.

14 **3.6 Main outcomes**

15 The main outcomes that may be considered when searching for and
16 assessing the evidence are:

- 17 • health-related quality of life
- 18 • progression to dysplasia
- 19 • progression of grade of dysplasia
- 20 • progression to cancer
- 21 • mortality
- 22 • cost effectiveness
- 23 • resource use
- 24 • rate of adverse events.
- 25 • regression of Barrett's oesophagus (regression of dysplasia and regression
26 of Barrett's oesophagus).

1 **4 NICE quality standards and NICE Pathways**

2 **4.1 NICE quality standards**

3 **NICE quality standards that may need to be revised or updated when**
4 **this guideline is published**

- 5 • [Oesophago-gastric cancer \(2018\) NICE quality standard QS176](#)
- 6 • [Dyspepsia and gastro-oesophageal reflux disease in adults \(2015\) NICE](#)
7 [quality standard QS96](#)

8 **4.2 NICE Pathways**

9 When this guideline is published, we will update the existing [NICE Pathway on](#)
10 [Barrett's oesophagus](#). NICE Pathways bring together everything we have said
11 on a topic in an interactive flowchart.

12 **5 Further information**

This is the final scope, incorporating comments from registered stakeholders during consultation.

The guideline is expected to be published in January 2023.

You can follow progress of [the guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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