

Understanding NICE guidance

Information for people who use NHS services

Ablative therapies for Barrett's oesophagus

NICE 'clinical guidelines' advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive.

This booklet is about the care and treatment of people having ablative therapy to treat Barrett's oesophagus in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It is written for people with Barrett's oesophagus but it may also be useful for their families or carers or for anyone with an interest in the condition.

The booklet is to help you understand the care and treatment options that should be available in the NHS. It does not describe Barrett's oesophagus or the tests or treatments for it in detail. A member of your healthcare team should discuss these with you. There are examples of questions you could ask throughout this booklet to help you with this. You can get more information from the organisations listed on page 11. Medical terms printed in **bold** type are explained in the text.

Contents

Your care	3
Barrett's oesophagus	4
Who provides my care?	5
What are my treatment options?	6
What information should I receive?	10
More information	11
About NICE	12

The advice in the NICE guideline covers:

- adults (age 18 and older) with a diagnosis of Barrett's oesophagus with high-grade dysplasia or with intramucosal cancer.

It does not specifically look at:

- children (younger than 18)
- adults with a diagnosis of Barrett's oesophagus with no dysplasia or with low-grade dysplasia
- adults with other gastrointestinal conditions, including gastro-oesophageal reflux disease.

Your care

In the NHS, patients and healthcare professionals have rights and responsibilities as set out in the NHS Constitution (www.dh.gov.uk/en/Healthcare/NHSConstitution/index.htm).

All NICE guidance is written to reflect these. You have the right to be involved in discussions and make informed decisions about your treatment and care with your healthcare team. Your choices are important and healthcare professionals should support these wherever possible. You should be treated with dignity and respect.

To help you make decisions, healthcare professionals should explain Barrett's oesophagus and the possible treatments for it. They should cover possible benefits and risks related to your personal circumstances. You should be given relevant information that is suitable for you and reflects any religious, ethnic, or cultural needs you have. It should also take into account whether you have any physical or learning disability, sight or hearing problem or language difficulties. You should have access to an interpreter or advocate (someone who helps you put your views across) if needed.

Your family and carers should be given their own information and support. If you agree, they should also have the chance to be involved in decisions about your care.

You should be able to discuss or review your care as your treatment progresses, or your circumstances change. This may include changing your mind about your treatment or care. If you have made an 'advance decision' (known as a 'living will' in the past), in which you have already given instructions about any treatments that you do not wish to have, your healthcare professionals have a legal obligation to take this into account.

All treatment and care should be given with your informed consent. If, during the course of your illness, you are not able to make decisions about your care, your healthcare professionals have a duty to talk to your family or carers unless you have specifically asked them not to. Healthcare professionals should follow the Department of Health's advice on consent (www.dh.gov.uk/consent) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available from www.publicguardian.gov.uk In Wales healthcare professionals should follow advice on consent from the Welsh Assembly Government (www.wales.nhs.uk/consent).

If you think that your care does not match what is described in this booklet, please talk to a member of your healthcare team in the first instance.

Barrett's oesophagus

Barrett's oesophagus develops when stomach acid or bile repeatedly leaks upwards into the **oesophagus** (also known as the gullet – the tube that carries food and drink from your mouth to your stomach). Over time the acid or bile damages the delicate lining of the oesophagus because, unlike the stomach, it is not designed to cope with it. In some people, the lining of the oesophagus adapts and gradually becomes similar to that of the stomach and intestine – this is called **Barrett's oesophagus**.

It is possible that Barrett's cells in the oesophagus may show signs of abnormal development, which is known as **dysplasia**. Although these cells are not cancerous, the changes can become more serious and there is a small risk that this will eventually lead to cancer of the oesophagus. For this reason, if you have Barrett's oesophagus, you should see your healthcare professional regularly to monitor any changes. If these cells become seriously abnormal (known as **high-grade dysplasia**) or, more rarely, become cancerous (known as **intramucosal cancer**), then you should be offered more tests and treatment.

This booklet describes different treatments for Barrett's oesophagus with high-grade dysplasia or intramucosal cancer.

Questions you might like to ask your healthcare team

- Please tell me more about Barrett's oesophagus.
- Are there any support organisations in my local area?
- Can you provide any information for my family/carers?

Who provides my care?

You should be cared for by a multidisciplinary team, which is a team of different specialists who work together to provide you with the best possible treatment and care. The team should specialise in treating conditions that affect the oesophagus or stomach and work in a hospital that can deliver all the treatments recommended in the NICE guideline. Your healthcare professional should offer you the opportunity to see the same team more than once to agree treatments.

Some treatments may not be suitable for you, depending on your exact circumstances. If you have questions about specific treatments and options covered in this booklet, please talk to a member of your healthcare team.

The multidisciplinary team

Teams will differ at each hospital but typically will include:

- an **endoscopist**, a doctor or nurse who performs endoscopies (an **endoscopy** allows the healthcare professional to see inside the oesophagus and examine the lining)
- a **gastroenterologist**, a doctor who specialises in problems with the stomach and gut
- a **gastrointestinal nurse**, a nurse who specialises in problems with the stomach and gut
- a **gastrointestinal surgeon**, who specialises in surgery on the stomach and gut
- an **oncologist**, a doctor who takes care of people with cancer or suspected cancer
- a **radiographer** or **radiologist**, who takes images of the body (for example, using X-rays)
- a **pathologist**, who examines the appearance of cells.

If you have talked to your healthcare team, and you think that a treatment is suitable for you but it is not available, you can contact your local patient advice and liaison service ('PALS') or NHS Direct Wales.

What are my treatment options?

Treatment for Barrett's oesophagus with high-grade dysplasia or intramucosal cancer aims to remove the abnormal or cancerous cells, where possible.

For many years, the standard treatment has been surgical removal of the oesophagus (called **oesophagectomy**). However, alternative methods called **endoscopic therapies** have been developed where only the abnormal or cancerous cells are removed rather than the whole oesophagus. During endoscopic therapies, the endoscopist uses an **endoscope**, which is a small flexible tube with a light and a camera on one end, so that the oesophagus can be examined in detail. Tiny surgical instruments can also be passed down through the endoscope.

You may be offered one or more of these endoscopic techniques, depending on the stage of the disease, your individual preferences and general health. Your healthcare professional at the hospital should talk to you about the range of treatments that the multidisciplinary team thinks could be suitable for you.

Oesophagectomy

Oesophagectomy is the most radical treatment option. It removes the risk that cells will develop into cancer or the risk of cancer spreading. However, it is a major operation that carries several risks. In rare cases, these can be serious and life-threatening.

Endoscopic therapies

There are two types of endoscopic therapies covered in the NICE guideline, endoscopic mucosal resection and ablative therapies, which are described below.

Endoscopic mucosal resection

An **endoscopic mucosal resection** removes the abnormal cells, rather than the whole oesophagus. During an endoscopic mucosal resection, the endoscope is guided into the oesophagus and any abnormal or cancerous cells are removed.

You may be offered endoscopic mucosal resection on its own to treat small areas of Barrett's oesophagus. For larger affected areas, you might not be offered this treatment because this technique can cause the oesophagus to become narrow, leading to difficulties in swallowing.

If your healthcare professional thinks that not all of the abnormal cells have been removed by the procedure, or that they have come back, then you may be offered further tests and more treatment.

Your healthcare professional should tell you that if you choose to have endoscopic mucosal resection, you will need lifelong care and repeated check-ups using an endoscope to check if more abnormal cells are developing.

Ablative therapies

Ablation destroys the abnormal cells without needing to remove the whole oesophagus. It is used together with drugs that make the stomach produce less acid (usually drugs called proton-pump inhibitors). Your healthcare professional should tell you that if you choose to have ablative therapy, you will need lifelong care and repeated check-ups using an endoscope to check if more abnormal cells are developing. They should also explain that the long-term effects of ablative therapies are uncertain.

The table below shows how ablative therapies covered by this guideline may be used.

Type of ablative therapy	How it destroys the abnormal cells	When and how it might be offered
Argon plasma coagulation	Using heat energy from an electrical current that is passed through a jet of argon, which is a type of gas	<ul style="list-style-type: none"> • After endoscopic mucosal resection, to treat remaining high-grade dysplasia • On its own, as part of a clinical trial (research) • Combined with multipolar electrocoagulation or laser ablation, as part of a clinical trial
Laser ablation	Using heat energy from a laser	<ul style="list-style-type: none"> • On its own, as part of a clinical trial • Combined with argon plasma coagulation or multipolar electrocoagulation, as part of a clinical trial
Multipolar electrocoagulation	Using heat energy from an electrical circuit	<ul style="list-style-type: none"> • On its own, as part of a clinical trial • Combined with argon plasma coagulation or laser ablation, as part of a clinical trial
Radiofrequency ablation	Using heat energy from radio waves	<ul style="list-style-type: none"> • On its own, to treat high-grade dysplasia • After endoscopic mucosal resection to treat remaining high-grade dysplasia
Photodynamic therapy	Using energy from light. The abnormal cells are made sensitive to light using a drug, then a laser destroys them	<ul style="list-style-type: none"> • On its own, to treat high-grade dysplasia • After endoscopic mucosal resection to treat remaining high-grade dysplasia

Questions about the treatment

- Please tell me why you have decided to offer me this particular type of treatment.
- What are the pros and cons of having this treatment?
- What will happen if I choose not to have the recommended treatment?
- Please tell me what the treatment will involve.
- What are my options for treatments other than the recommended one?
- Can I choose not to have any treatment – what would happen?
- Will I need to have an operation?
- How long will it take to have an effect?
- Are there any risks associated with this treatment?
- What should I do if I get any side effects? (For example, should I call my GP, or go to the emergency department at a hospital?)
- Are there any short- or long-term effects from this treatment?

What information should I receive?

Your healthcare professional should give you verbal and written information about:

- your diagnosis
- treatments that are available
- patient support groups.

You should be given plenty of time to consider this information before deciding on the care you would like.

More information

The organisations below can provide more information and support for people with Barrett's oesophagus. NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Barrett's Oesophagus Campaign, 020 7472 6223
www.barrettscampaign.org.uk
- Fight Oesophageal Reflux Together (FORT)
<http://refluxhelp.org>
- Heartburn Cancer Awareness and Support, 01243 573211
www.h-cas.org

NHS Choices (www.nhs.uk) may be a good place to find out more. Your local patient advice and liaison service (usually known as 'PALS') may be able to give you more information and support. You should also contact PALS if you are unhappy with the treatment you are offered, but you should talk about your care with a member of your healthcare team first. If your local PALS is not able to help you, they should refer you to your local independent complaints advocacy service. If you live in Wales you should speak to NHS Direct Wales for information on who to contact.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider the evidence on the condition and treatments, the views of patients and carers and the experiences of doctors, nurses and other healthcare professionals. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/AboutGuidance

This booklet and other versions of the guideline aimed at healthcare professionals are available at www.nice.org.uk/guidance/CG106

You can order printed copies of this booklet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N2248). The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.

We encourage NHS and voluntary organisations to use text from this booklet in their own information about Barrett's oesophagus.