Barrett's Esophagus Does Not Affect Survival

BY SHERRY BOSCHERT

SAN DIEGO — Among 366 patients with Barrett's esophagus, 82% were alive 5 years after diagnosis, a rate that was essentially no different than the overall survival rate seen in a matched control group from the general population.

The retrospective study is one of the first on survival in a large cohort of patients with Barrett's esophagus in the United States, Dr. Ganapathy A. Prasad said at the annual meeting of the American College of Gastroenterology.

Among previous studies, some found decreased survival in patients with Barrett's esophagus, compared with matched controls, while others showed comparable overall survival rates. Those data came predominantly from Europe, said Dr. Prasad of the Mayo Clinic, Rochester, Minn.

Dr. Prasad and his associates identified 401 patients with Barrett's esophagus in the Rochester Epidemiology Project who were diagnosed between January 1976 and January 2007, and excluded 35 who had some evidence of cancer or who developed cancer within 6 months of diagnosis.

The 366 patients in the study were followed for a mean of 7.1 years. They had a mean age of 62 years at baseline, 70% were male, and more than 85% were Caucasian. The investigators compared the study cohort's survival rate with survival data from an age- and gender-matched cohort from the U.S. Census for the white population in Minnesota.

Dr. Prasad noted that survival rates at 10 and 15 years after diagnosis also did not appear to diverge significantly between groups; the overall survival rates were 68% at 10 years and 58% at 15 years.

Barrett's esophagus was defined as a combination of endoscopically evident columnar mucosa at least 1 cm in size and histologic diagnosis of specialized intestinal metaplasia on biopsy.

At diagnosis, the mean segment length of the Barrett's esophagus was 4.8 cm, and 59% of patients had long-segment Barrett's esophagus. No dysplasia was apparent in 84% of patients, low-grade dysplasia was seen in 14%, and 2% had high-grade dysplasia at baseline.

The only predictors of death were older age and higher scores on the Charlson Comorbidity Index at the time of Barrett's esophagus diagnosis, a multivariate analysis showed. Neither male gender nor the presence of dysplasia affected survival significantly.

Among comorbidities at baseline, 24% of the Barrett's esophagus group had peptic ulcer, 18% had chronic pulmonary disease, 12% had diabetes, 11% had cerebrovascular disease, and 7% each had a history of MI, heart failure, peripheral vascular disease, or moderate to severe renal disease. Thirteen percent of the patients had cancers other than esophageal adenocarcinoma.

Only 5% of the 104 patients who died during follow-up died of esophageal adenocarcinoma. Cardiovascular disease was the leading cause of death (with 28% dying of cardiac causes and 4% dying of cerebrovascular causes), followed by deaths from nonesophageal neoplasms in 21% (colorectal, lung, hematologic, renal, and other cancers). ■

Disclosures: *Dr. Prasad reported that he had no relevant conflicts of interest.*