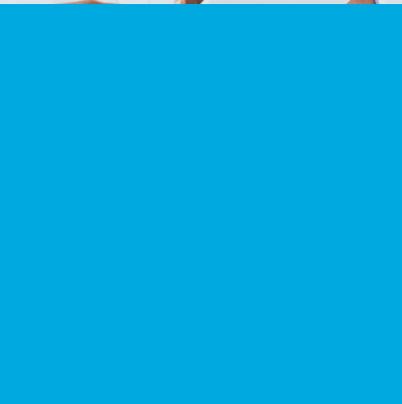


# BARRETT'S ESOPHAGUS: A PRECANCEROUS DISEASE

## Frequently Asked Questions



### What is Barrett's esophagus?

Barrett's esophagus is a precancerous disease that affects the lining of the esophagus. It occurs when stomach acids and enzymes re-enter the esophagus over time and cause the cells to change, also known as intestinal metaplasia.

### What are the symptoms?

There are no symptoms specific to Barrett's esophagus, other than the typical symptoms of gastroesophageal reflux disease (or GERD). These include heartburn, chest pain, and regurgitation.

### Who is at risk?

Patients with GERD are at an increased risk for developing Barrett's esophagus. Caucasian males over the age of 50 with chronic reflux symptoms or heartburn are also at risk for the disease.<sup>1</sup> Being overweight (body mass index 25-30) increases a person's risk of developing cancer of the esophagus by almost two times.<sup>2</sup>

### How many people have Barrett's esophagus?

Barrett's esophagus is estimated to affect approximately 12.5 million adults in the United States.<sup>3</sup>

### How is Barrett's esophagus diagnosed?

For diagnosis, a physician performs an endoscopy — a procedure that allows for inspection and tissue sampling of the esophagus.

### Are treatment options available?

Yes, the Barrx™ radiofrequency ablation system has been shown to reduce disease progression. It does this by removing precancerous tissue (called dysplastic Barrett's esophagus) from the esophagus with precise depth control. One study showed that patients who undergo this treatment may reduce the risk of their disease progressing from confirmed low-grade dysplasia to high-grade dysplasia and esophageal cancer by over 90%.<sup>4</sup>

### What happens if Barrett's esophagus goes untreated?

In one study, 8.8% of the patients with Barrett's esophagus and confirmed low-grade dysplasia developed esophageal cancer, which may result in removal of all or part of the esophagus.<sup>4</sup> Esophageal cancer has a five-year death rate of 82% after diagnosis.<sup>5,6</sup>

**Barrett's esophagus is treatable. For more information, visit [learnaboutbarretts.com](http://learnaboutbarretts.com)**

**References:** 1. Spechler SJ, Souza RF. Barrett's Esophagus. *N Engl J Med*. 2014;371:836-45. 2. Turati F, Tramacere I, La Vecchia C, et al. A meta-analysis of body mass index and esophageal and gastric cardia adenocarcinoma. *Ann Oncol*. 2013;24(3):609-17. 3. Dymedex Market Development Consulting. Strategic Market Assessment: Barrx - GI, October 30, 2014. 4. Phoa KN, van Vilsteren FG, Weusten BL, et al. Radiofrequency ablation vs. endoscopic surveillance for patients with Barrett's esophagus and low-grade dysplasia: a randomized clinical trial. *JAMA*. 2014;311:1209-17. 5. SEER Cancer Statistics Factsheets: Esophageal Cancer. National Cancer Institute. Bethesda, MD. <<http://seer.cancer.gov/statfacts/html/esoph.html>> Accessed December 2015. 6. Reid BJ, Weinstein WM. Barrett's esophagus and adenocarcinoma. *Gastroenterology Clinics of North America*. 1987;38:477-492.

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