

## FAQS: BARRETT’S ESOPHAGUS (WITH OR WITHOUT DYSPLASIA)

### UNDERSTANDING YOUR PATHOLOGY REPORT: A FAQ SHEET

When your doctor examined your esophagus with the endoscope, he or she took biopsies. These biopsies were sent to a specialized doctor with many years of training called a pathologist, who examined them under the microscope. The pathology report tells your physician the diagnosis in each of your samples, and helps to manage your care. This FAQ sheet is designed to help you understand the medical language used in the pathology report.

#### 1. What does “GEJ” mean?

*The esophagus is a tubular organ that connects the mouth to the stomach. GEJ means “Gastro-esophageal junction,” which is where the esophagus meets the stomach.*

#### 2. What does it mean if my report mentions the terms “Barrett’s”, “goblet cells”, or “intestinal metaplasia”?

*The lining of the esophagus is known as the “mucosa.” Most of the esophagus is lined by squamous cells, similar to those seen on the surface of the skin.*

*Goblet cells are the normal lining cells in the intestines, but not in the esophagus. When goblet cells develop in a place where they are not supposed to be, in this instance the esophagus, this is called “intestinal metaplasia.” Barrett’s esophagus is when the lining of the esophagus changes from its normal lining (squamous cells) to a type that is usually found in the intestines (goblet cells).*

#### 3. What causes Barrett’s esophagus?

*Barrett’s esophagus occurs when chronic regurgitation (reflux, heartburn) of the stomach contents up into the esophagus damages the normal lining of the esophagus. This is a process that usually takes many years to happen.*

#### 4. Is Barrett’s esophagus associated with an increased risk of cancer?



*Yes. Patients who have Barrett's esophagus are at increased risk to develop cancer of the esophagus. However, most people with Barrett's esophagus do not get cancer.*

5. What if my report mentions Barrett's esophagus and dysplasia?

*Dysplasia is a precancerous condition, yet it has not yet acquired the ability to spread to other sites. This condition can be treated. There are different degrees of severity of dysplasia (see below).*

6. What if my report says "negative for dysplasia"?

*This means that you do not have any precancerous (i.e. no premalignant) changes in your biopsies.*

7. What does "epithelial changes indefinite for dysplasia" mean?

*Your biopsy has Barrett's esophagus and also has some cells that are abnormal enough to have been noticed by the pathologist reviewing your biopsies but not abnormal enough to report as definitely precancerous. Often, people with these changes have a lot of heartburn or reflux which cause irritation to the cells in the esophagus so that they look abnormal under the microscope.*

8. If my report says that there are "changes indefinite for dysplasia" and Barrett's esophagus will I get cancer?

*Only 5 to 10 people out of 100 with "changes indefinite for dysplasia" are found to have esophagus cancer within 5 years.*

9. What follow-up is necessary for "changes indefinite for dysplasia"?

*Usually if you have these findings, your doctor will ask you to return for more biopsies in 6 months to a year. However, your routine screening schedule should be discussed with your treating doctor as it may be individualized to your specific case.*

10. If my report says that there is "low-grade dysplasia" in Barrett's esophagus, what does it mean?

*Low grade dysplasia means that the cells in your esophagus have some characteristics of cancer but do not have the ability to spread all over your body. In other words, there are precancerous cells in the esophagus but in an early form.*

11. If my report says that there is “low-grade dysplasia” in Barrett’s esophagus will I get cancer?

*Up to 20 people out of 100 with low grade dysplasia in Barrett’s esophagus are found to have esophagus cancer within 5 years.*

12. What follow-up is necessary for “low-grade dysplasia” in Barrett’s esophagus?

*Typically more biopsies are performed to make sure you do not have something worse. Some people with low-grade dysplasia are simply closely followed and have biopsies at time intervals set by their doctor. Other’s doctors may recommend treatments to remove the abnormal lining of their esophagus. You should discuss the various options with your treating doctor as it may be individualized to your specific case.*

13. If my report says that there is “high-grade dysplasia” in Barrett’s esophagus, what does it mean?

*High grade dysplasia means that areas of your esophagus sampled on your biopsy have most of the characteristics of cancer, with one exception. They do not have the ability to spread all over your body and are considered an advanced precancer of the esophagus.*

14. If my report says that there is “high-grade dysplasia” in Barrett’s esophagus will I get cancer?

*Between 30 to 60 people out of 100 with high grade dysplasia in Barrett’s esophagus are found to have esophagus cancer within 5 years*

15. What follow-up is necessary for “high-grade dysplasia” in Barrett’s esophagus?

*You typically will need to have more biopsies to make sure you do not already have cancer, as your initial biopsies may have missed cancer elsewhere in the esophagus. You should discuss the various options with your treating doctor as it may be individualized to your specific case.*



16. What does it mean if my report says I also have inflammation?

*Acid from the stomach, trauma from taking medications, or infections, can cause irritation in the esophagus leading to inflammation. Your treating doctor will work with you to treat the causes of the irritation, which can help prevent additional abnormalities from developing in your esophagus.*