OUTCOMES OF 360 HALO EXPRESS RADIO-FREQUENCY ABLATION FOR BARRETT’S OESOPHAGEAL RELATED NEOPLASIA


Introduction

Radio-frequency ablation (RFA) for the treatment of Barrett’s oesophagus (BE) related neoplasia ablative intervention after endoscopic resection (ER) for circumferential BE, the 3 cm HALO 360.

Results

11 centres submitted 123 patients treated with the HALO 360 Express catheter. 112 of these cases had 3 month follow up. The mean age was 67 years ± 10. 83% were male. 43 patients (35%) had low grade dysplasia (LGD) as initial histology; 62 had high grade dysplasia (HGD) 50%, 19 had intramucosal carcinoma (15%), 1 had invasive adenocarcinoma. 54 (44%) had had previous endoscopic mucosal resection (EMR). The mean pre-treatment circumferential Barrett’s segment was 5.5 cm ± 4.3 cm and the mean mucosal length (M) was 7.8 cm ± 3.6 cm. The mean reduction in C of 78% ± 36% and mean reduction in M of 55% ± 36% at this first 3 month follow up.

Conclusions

17 patients developed strictures which required dilation at this 3 month follow up. The median number of dilations was 2 (IQR 2–4). 4/17 (24%) were treated with 10J/no clean, 10/17 were treated with 10J/no clean (59%), 3/17 (17%) had been treated with 10J/1 clean protocol. 8/17 (47%) had no previous EMR.

47 pa-tients had 12 month EoT biopsies, 40 (85%) had CR and 34 (76%) had CR-IM. 4/112 patients (<4%) had progressed to invasive cancer at the time of writing. The median number of treatments (focal RFA, EMR, APC (argon plasma coagulation)) to EoT was 2 (IQR 1–4).