

Preface



Prateek Sharma, MD
Guest Editor

The rise in the incidence of esophageal adenocarcinoma has been witnessed in the United States and in the entire western world. Mortality rates from this cancer have paralleled this increase in incidence. Barrett's esophagus, as a premalignant lesion, is recognized in the majority of cases of adenocarcinoma of the esophagus and esophagogastric junction. Increasing attention has been focused on the diagnosis and detection of early neoplasia in Barrett's esophagus. This focus has improved our understanding of the possible causes leading to the rise in cancer incidence. It also has fostered the use of minimally invasive therapies including endoscopic therapy.

Endoscopy with biopsy is currently the only standardized and validated technique to diagnose Barrett's esophagus. However, the use of techniques such as high-definition endoscopy, chromoendoscopy with or without magnification, and endoscopic optical techniques such as narrow-band imaging and confocal microscopy may allow us to obtain us "real time" biopsies of the esophagus. Cost-effectiveness of surveillance in patients with Barrett's esophagus is connected to the incidence of adenocarcinoma. Accurate risk stratification of patients (ie, identifying those at the highest risk for cancer) would reduce the number of patients requiring surveillance and our limited health care resources could then be focused on the high-risk group. Risk stratification and improvements to our methods for diagnosis of dysplasia and cancer could be enhanced—leading to significant improvements in screening and surveillance of Barrett's esophagus. Thus, the goal is the use of an effective tool to detect Barrett's esophagus, dysplasia, or cancer in high-risk populations at the lowest cost and at minimum risk. Finally, endoscopic techniques and minimally invasive esophagectomy can probably play a role for patients with high-grade dysplasia or early adenocarcinoma.

In this issue, experts in the field of Barrett's esophagus and esophageal cancer discuss the causes, epidemiology, endoscopic diagnosis, use of endoscopic techniques, and the role of medical and surgical interventions. All the authors have provided in-depth reviews of their topic with extremely useful clinical information. This issue should provide clinicians with better knowledge about the various approaches to treatment of patients with Barrett's esophagus and esophageal cancer.

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