If dysplasia present in any biopsies, then surveillance as per Barrett’s Oesophagus.

If no dysplasia and no IM in biopsies from CLO and maximal length of CLO:
- < 1cm: no follow-up required
- 1-< 3cm: repeat endoscopy in 3-5 yrs and if still no IM, consider discharge
- ≥ 3cm: repeat endoscopy every 2-3 yrs as per protocol for long segment BO NOD

Refer to centre with integrated expertise in endoscopy, imaging, surgery and histopathology.

Repeat endoscopy every 6 months
- Seattle dysplasia biopsy protocol
- Refer to expert centre
If two consecutive 6 monthly endoscopies show NOD then consider reverting to a less frequent follow-up schedule.

Repeat endoscopy in 6 months
- maximal acid suppression
- Seattle dysplasia biopsy protocol
If repeat endoscopy shows:
- NOD then follow NOD protocol
- IND then repeat in 6 months
- LGD or HGD or adenocarcinoma then follow protocols for these conditions.

Low grade dysplasia** (LGD) on biopsies
Repeat endoscopy every 6 months
- Seattle dysplasia biopsy protocol
or
Refer to expert centre
If two consecutive 6 monthly endoscopies show NOD then consider reverting to a less frequent follow-up schedule.

High grade dysplasia** (HGD) or adenocarcinoma on biopsies
Refer to centre with integrated expertise in endoscopy, imaging, surgery and histopathology.

Columnar lined oesophagus (CLO)
Seattle protocol biopsies of CLO*
Intestinal metaplasia (IM) present in biopsies from CLO

No dysplasia (NOD) on current or previous biopsies
Maximal length BO < 3cm
- repeat endoscopy 3-5 yrs
Maximal length BO ≥ 3cm
- repeat endoscopy 2-3 yrs

Indefinite for dysplasia** (IND) on biopsies

Low grade dysplasia** (LGD) on biopsies
Repeat endoscopy every 6 months
- Seattle dysplasia biopsy protocol
or
Refer to expert centre
If two consecutive 6 monthly endoscopies show NOD then consider reverting to a less frequent follow-up schedule.

RECOMMENDED ENDOSCOPIC SURVEILLANCE SCHEDULE FOR BARRETT’S OESOPHAGUS

Columnar lined oesophagus (CLO)
Seattle protocol biopsies of CLO*
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If two consecutive 6 monthly endoscopies show NOD then consider reverting to a less frequent follow-up schedule.

High grade dysplasia** (HGD) or adenocarcinoma on biopsies
Refer to centre with integrated expertise in endoscopy, imaging, surgery and histopathology.

Suggested citation:

* Seattle protocol – biopsy of any mucosal irregularity and quadrantic biopsies every 2cm unless known or suspected dysplasia then quadrantic biopsies every 1cm.
** Dysplasia (indefinite, low and high grade) should be confirmed by a second pathologist, ideally an expert gastrointestinal pathologist.

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