

POST-DDW 2026

OESOPHAGE ET MOTILITÉ



PRÉSENTÉ PAR

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GASTRO-ENTÉROLOGUE

CIUSSS-MCQ

13-14 JUIN 2026





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Les paiements directs incluant les honoraires	SICLEO, Abbvie, Takeda, Lupin Jassen, BMS, Lily canada, Pendopharm, Fering
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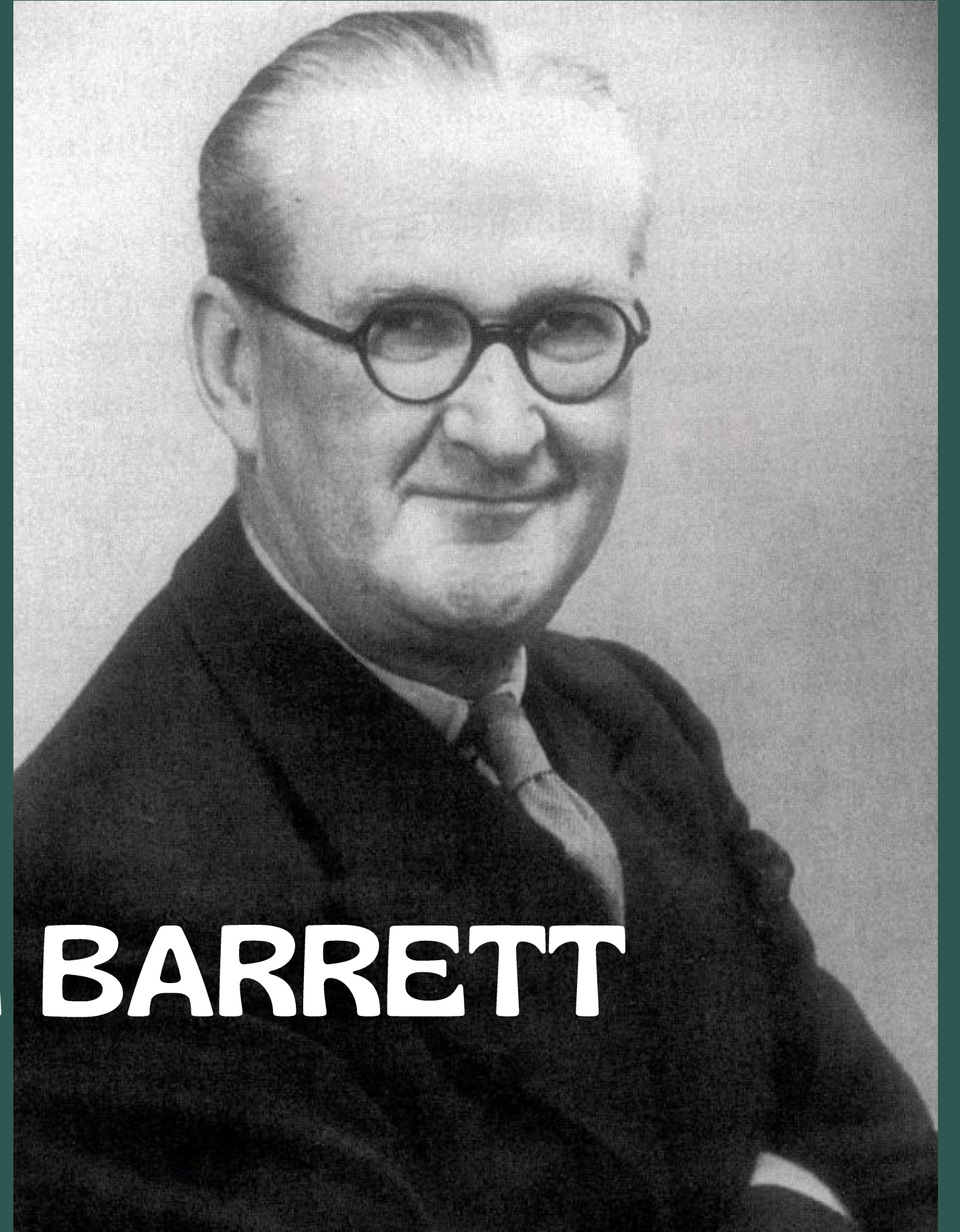


AGENDA

- OESOPHAGE DE BARRETT
- OESOPHAGITE À ÉOSINOPHILES
- EGJOO



OESOPHAGE DE BARRETT



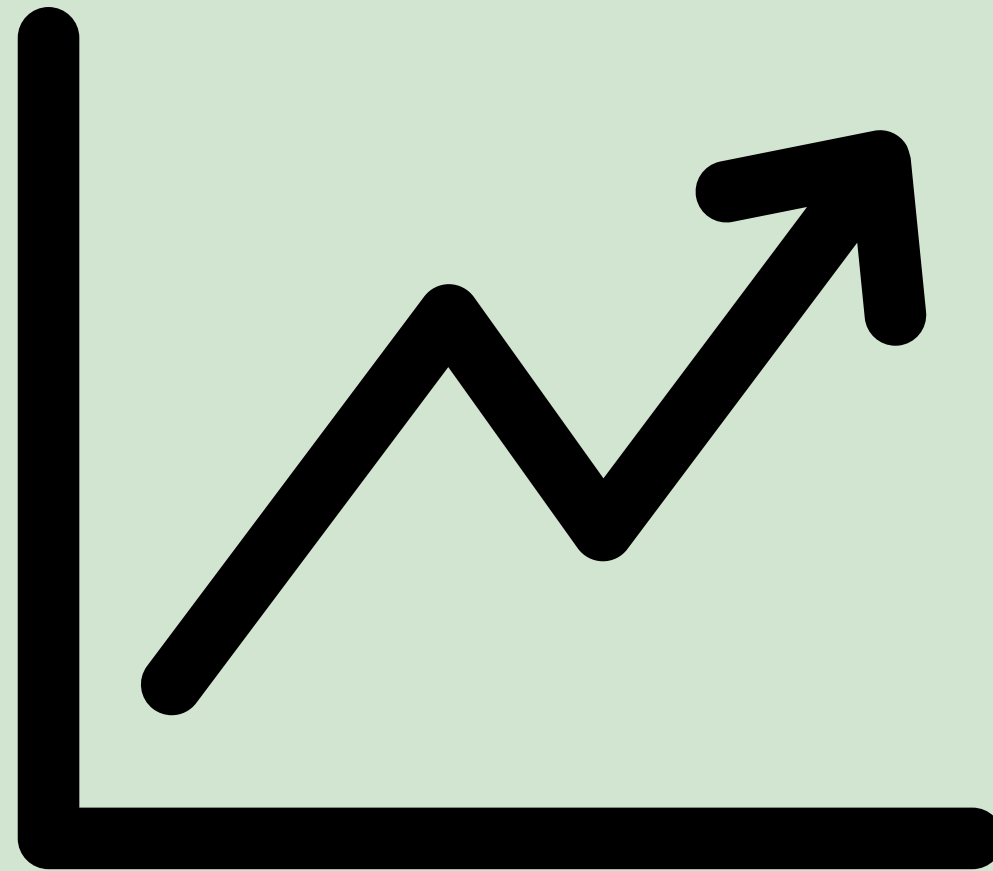
CANCER DE L'OESOPHAGE

INCIDENCE ET
MORTALITÉ



ADENOCARCINOME

Cancer léthal avec
survie de 23%
à 5 ans



INCIDENCE

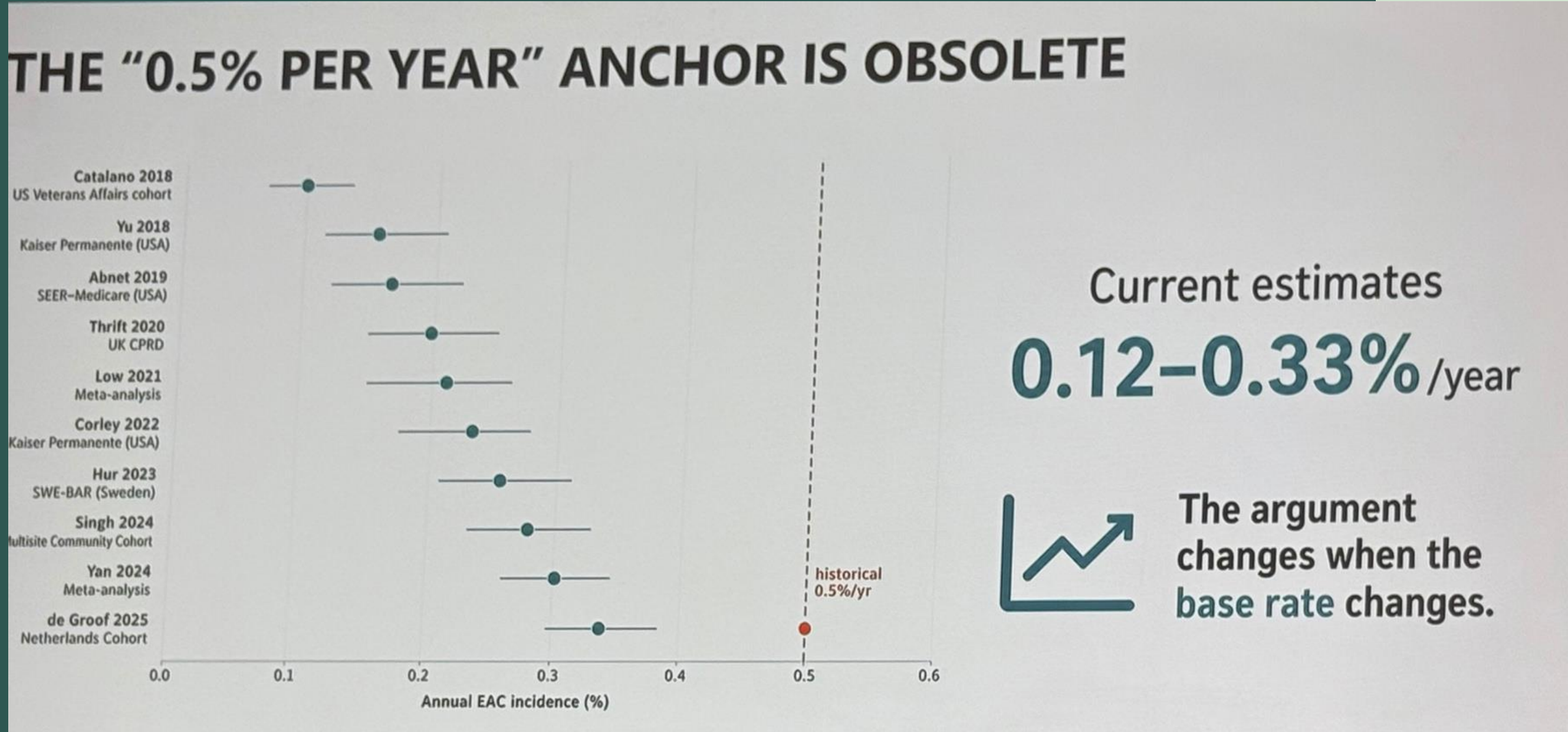
Augmentation 8X dans
les 5 dernières années



STADE

45% des cancer sont
diagnostiqués avec
maladie à distance

OESOPHAGE DE BARRETT



OESOPHAGE DE BARRETT

Gastroenterology 2025;169:1184–1231

GUIDELINES

AGA

GUIDELINES

AGA Clinical Practice Guideline on Surveillance of Barrett's Esophagus



Sachin Wani,^{1,*} Margaret J. Zhou,^{2,*} Tarek Sawas,^{3,*} Joel H. Rubenstein,^{4,5,6,*} Swathi Eluri,⁷ David A. Leiman,⁸ Shahnaz Sultan,^{9,10} Siddharth Singh,¹¹ John Inadomi,¹² Aaron P. Thrift,¹³ David A. Katzka,¹⁴ and Perica Davitkov^{15,16}

ACG

CME

Diagnosis and Management of Barrett's Esophagus: An Updated ACG Guideline

Nicholas J. Shaheen, MD, MPH¹, Gary W. Falk, MD, MS², Prasad G. Iyer, MD, MS³, Rhonda F. Souza, MD⁴, Rena H. Yadlapati, MD, MHS (GRADE Methodologist)⁵, Bryan G. Sauer, MD, MSc (GRADE Methodologist)⁶ and Sachin Wani, MD⁷

OESOPHAGE DE BARRETT - DÉPISTAGE



AGA

PATIENTS AVEC ≥ 3 FACTEURS DE RISQUE :

- HOMMES
- ≥ 50 ANS
- CAUCASIEN
- OBÉSITÉ CENTRALE
- ATCD TABAC
- 1ER DEGRÉ DE ADENOCA/BARRETT

PEU IMPORTE SI PRÉSENCE OU NON DE RGO



ACG

CONSIDÉRER CHEZ LES PATIENTS **AVEC** RGO ET ≥ 3 FACTEURS DE RISQUE :
HOMMES, ≥ 50 ANS, CAUCASIEN, OBÉSITÉ CENTRALE, ATCD TABAC, 1ER DEGRÉ DE
ADENOCA/BARRETT

AGA

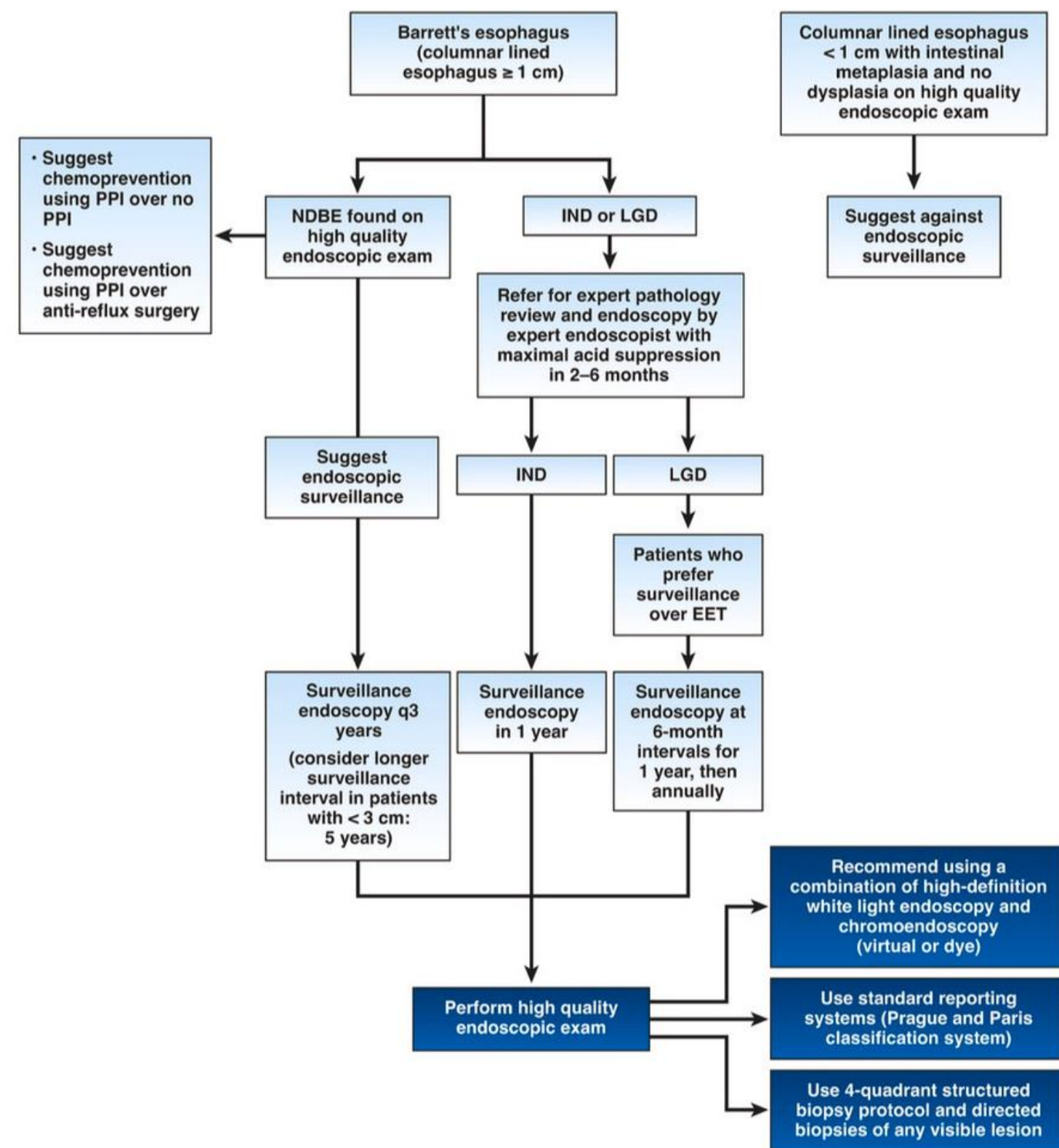
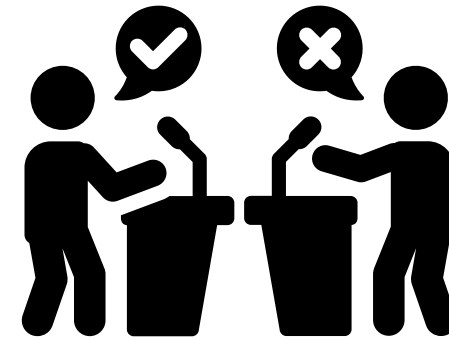


Figure 1. Clinical decision support tool for surveillance in Barrett's esophagus.

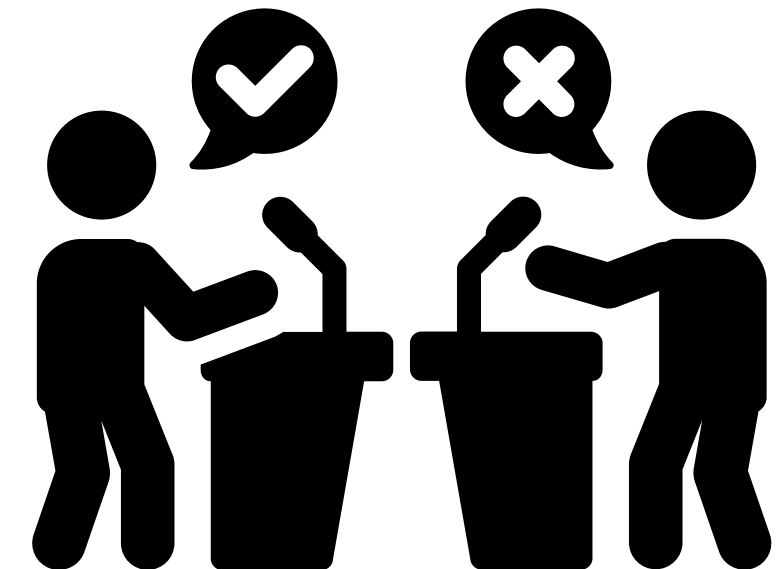
QUESTIONS DE DÉBATS



Peux-ton cesser la surveillance?

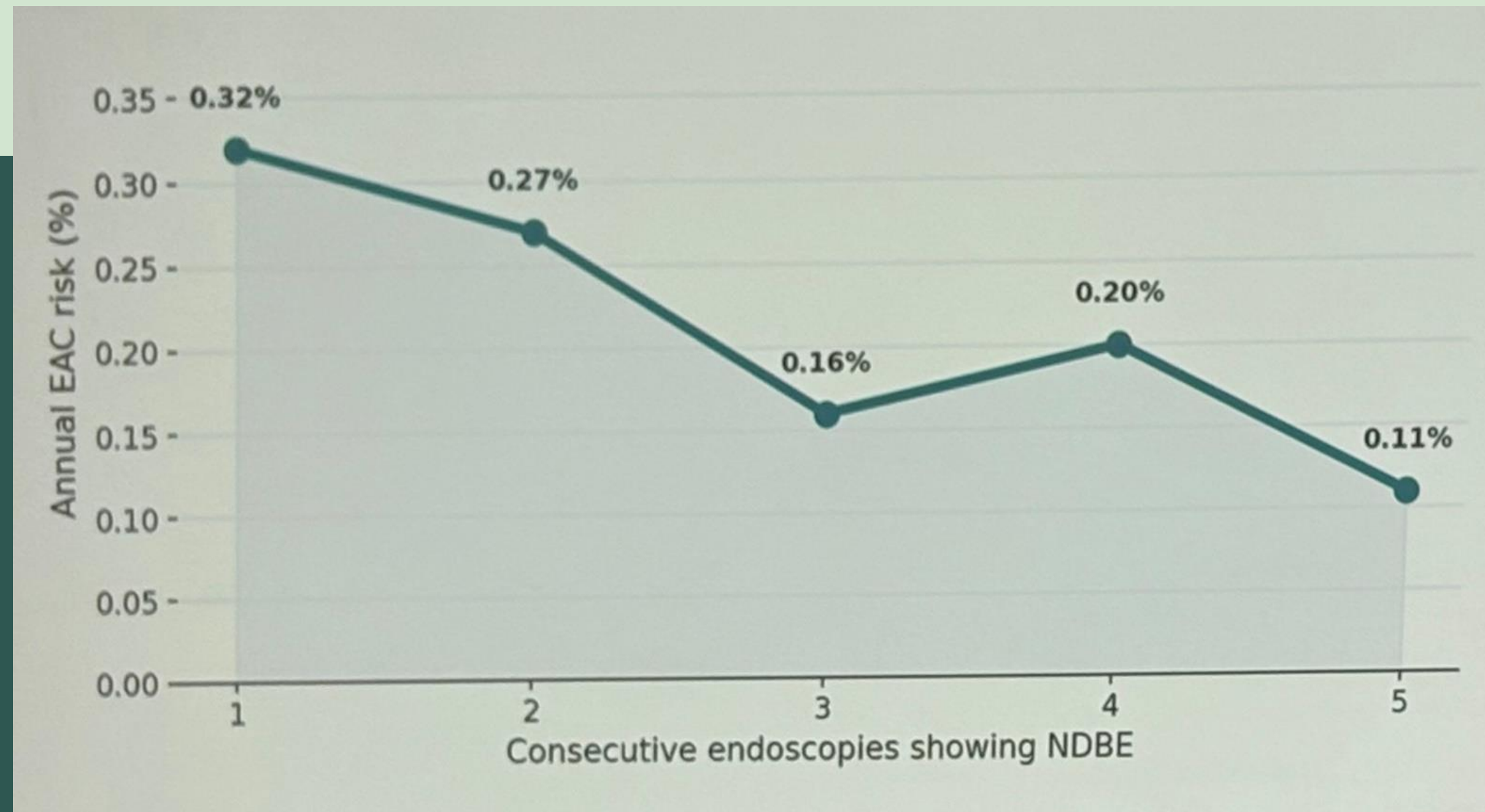
Doit-on faire le dépistage avec les biopsies ?

Quelles sont les nouvelles options?



SURVEILLANCE

Dépistage négatif



ESOPHAGUS

Barrett's Oesophagus Surveillance Versus Endoscopy at Need Study (BOSS): A Randomized Controlled Trial



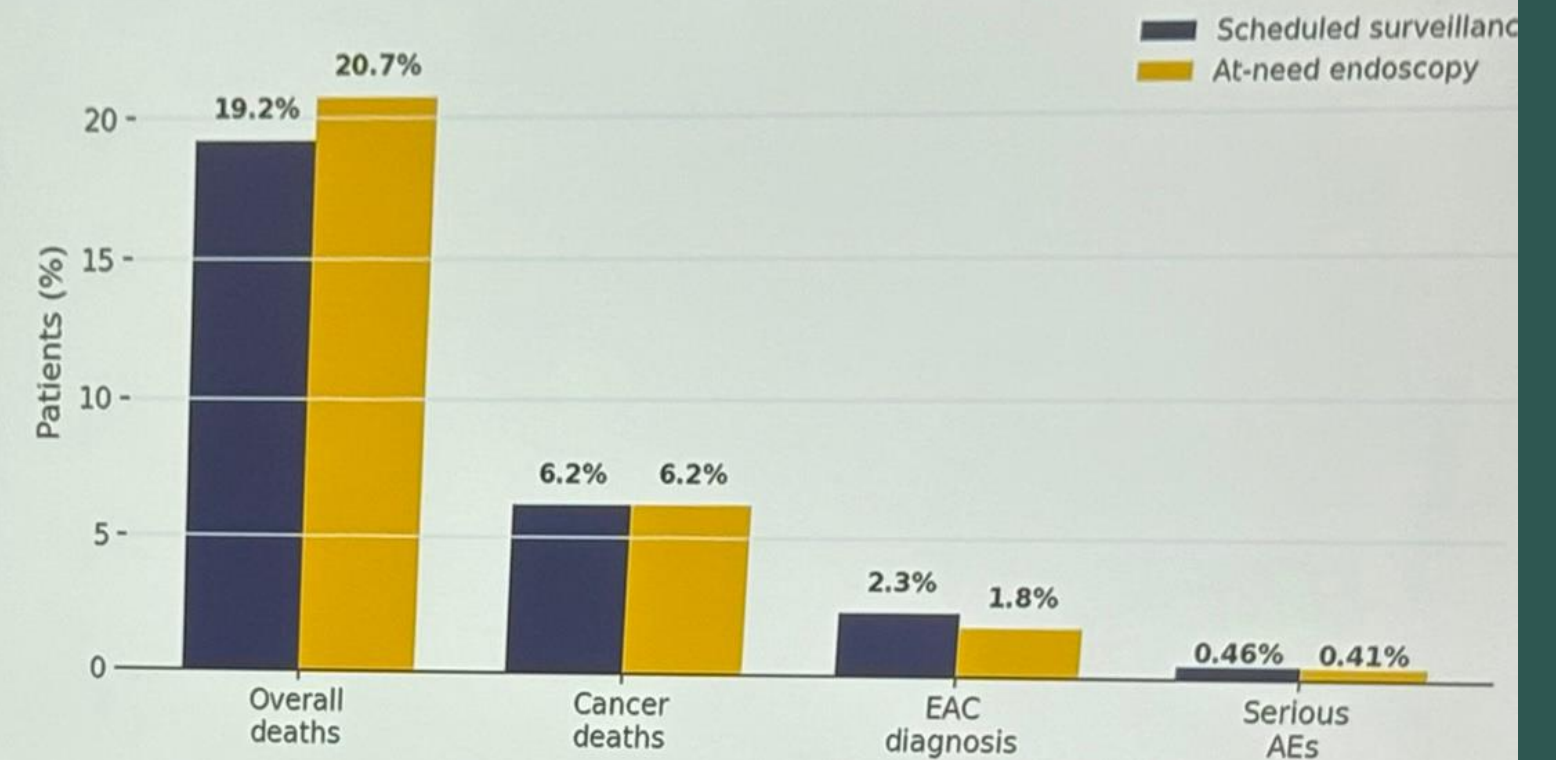
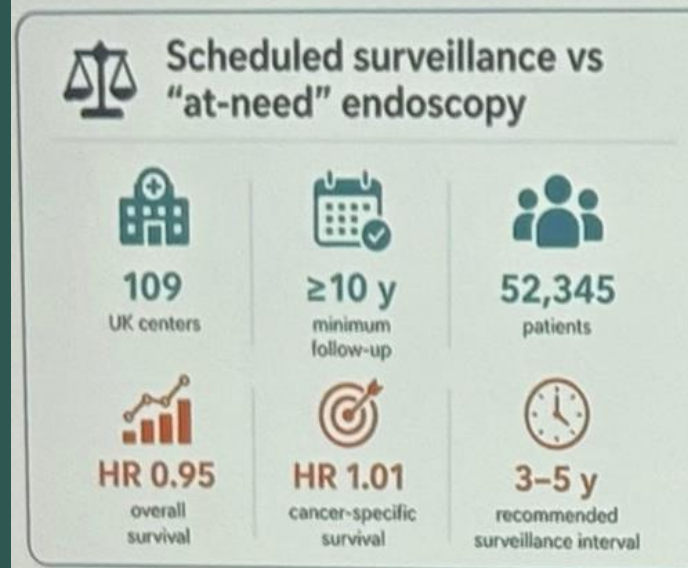
Oliver Old,¹ Janusz Jankowski,² Stephen Attwood,³ Clive Stokes,¹ Catherine Kendall,¹ Cathryn Rasdell,¹ Alex Zimmermann,⁴ M. Sofia Massa,⁴ Sharon Love,⁴ Scott Sanders,⁵ Manuela Deidda,⁶ Andrew Briggs,⁷ Julie Hapeshi,¹ Chris Foy,¹ **Paul Moayyedi,^{8,§}** and **Hugh Barr,^{1,§}** on behalf of the BOSS Trial Team

SURVEILLANCE

Étude BOSS

- Premier essai randomisé sur la surveillance
- 109 centres au Royaume Uni
- Suivi 12,8 ans
- 3453 patients avec Barrett
- Surveillance q 2 ans vs au besoin selon sx
- Issu primaire
 - Survie globale

BOSS RCT: NO SURVIVAL ADVANTAGE FOR ROUTINE SURVEILLANCE



If routine surveillance cannot show survival benefit in a trial, stopping in carefully selected low-risk patients becomes reasonable

SURVEILLANCE

Étude BOSS

SURVIE GLOBALE

333 décès groupe surveillance

356 décès groupe au besoin

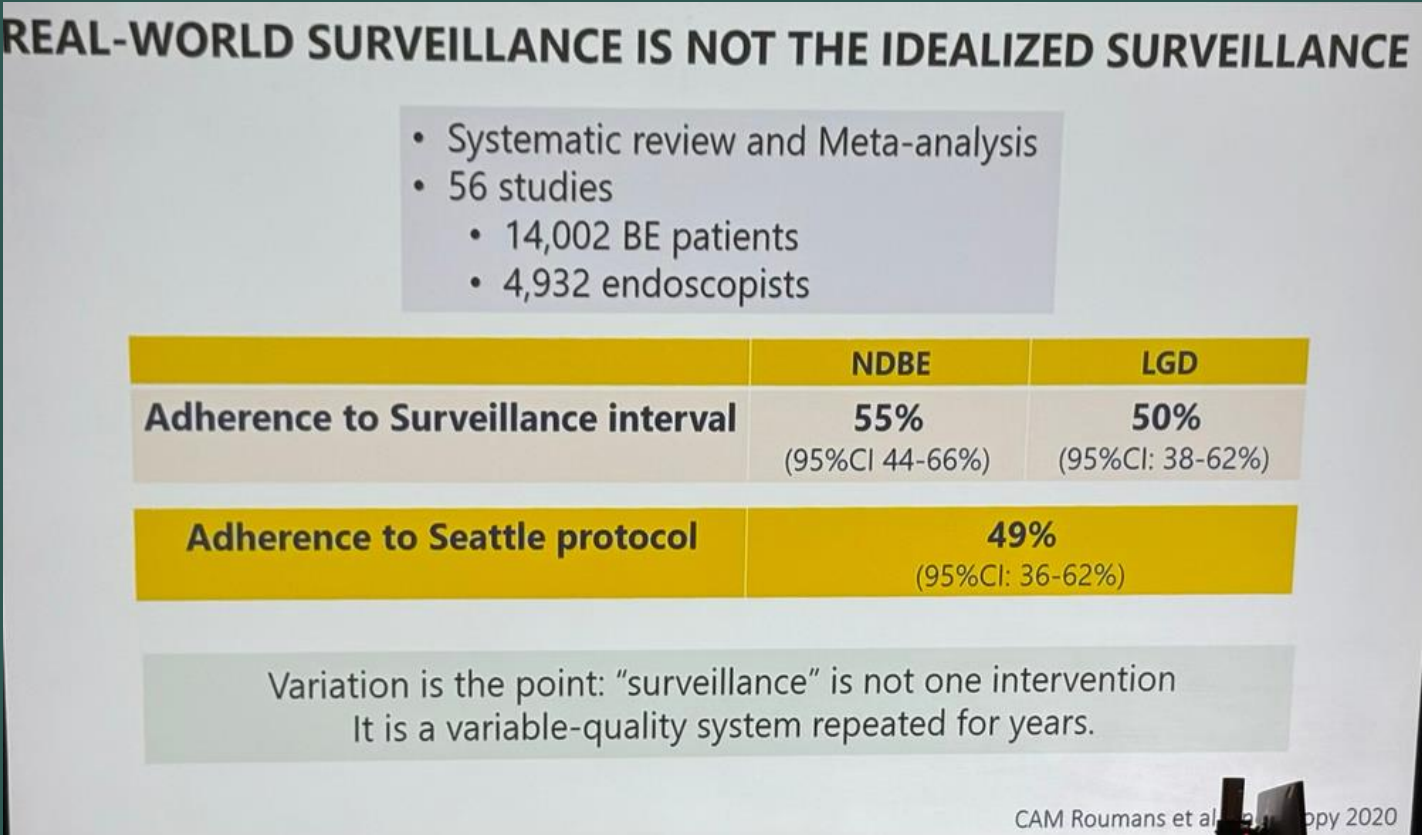
P= 0,53

SURVEILLANCE

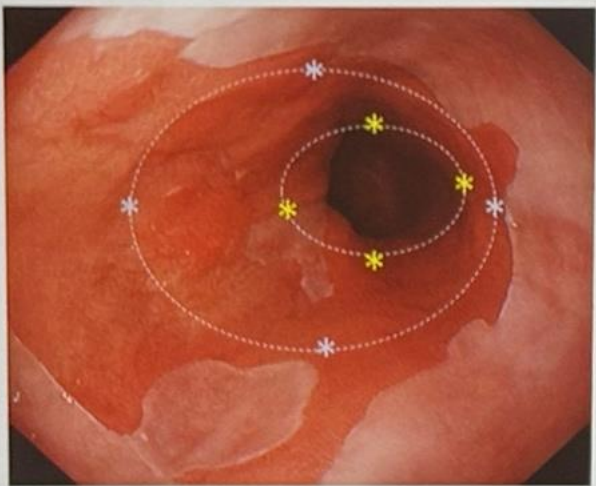


MÉTHODE DE DÉPISTAGE

Protocole de Seattle

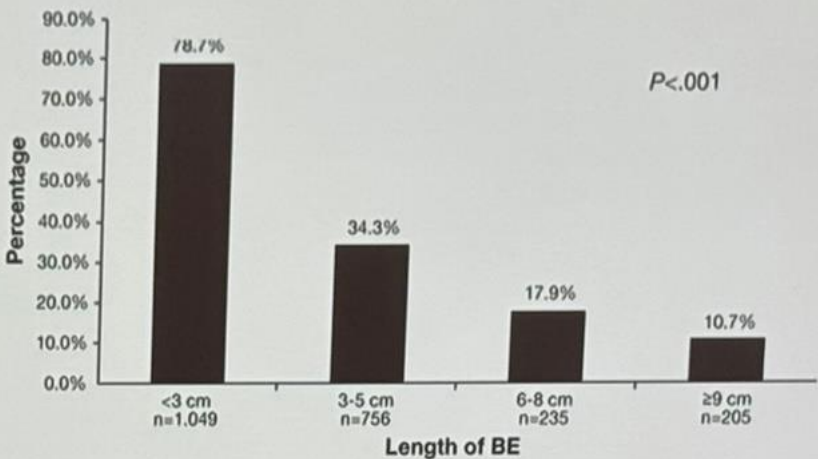


Seattle Protocol - Poor adherence and Sampling error



Seattle Protocol prone to sampling error³

Seattle protocol samples <10% surface area and dysplastic foci easily missed⁴



Study of 2245 cases undergoing surveillance

Overall, 50% of BO surveillance adheres to Seattle protocol

Adherence poorer with longer segments^{1,2}

Need a more reliable way to sample entire Barrett's mucosa

¹Abrams JA et al, CGH 2009

²Wani S et al. GIE 2019

³Harrison et al. Am J Gastro 2007

⁴Cameron et al. Am J Gastro 1997

MÉTHODE DE DÉPISTAGE

Imagerie avancée

NBI haute résolution
magnification
AI-assisted dysplasia detection

RCT – Random vs NBI Directed Targeted Bx
(Sharma et al, Gut 2012)

• 123 BE patients had Seattle Protocol vs. NBI targeted biopsies

	HD-WLE diagnosis (n)				
	No IM	IM	LGD	HGD	OAC
NBI diagnosis (n)					
No IM	10	6	3	0	0
IM	8	44	11	1	0
LGD	0	18	9	1	0
HGD	1	1	3	4	0
OAC	0	0	0	2	1

Numerous studies comparing Advanced Imaging guided targeted biopsies with Seattle protocol random biopsies find that Advanced Imaging targeted biopsy protocols are more efficient. However, Seattle protocol detects cases of dysplasia, especially LGD, that are often missed by Advanced Imaging.

WATS 3D

Large échantillonnage

WATS 3D vs. Forceps Biopsy
(SRMA of 7 studies, Codipilly et al., GIE 2022)

Although WATS increased dysplasia yield by 7.2%, WATS was negative in 62.5% of dysplasias identified by forceps.

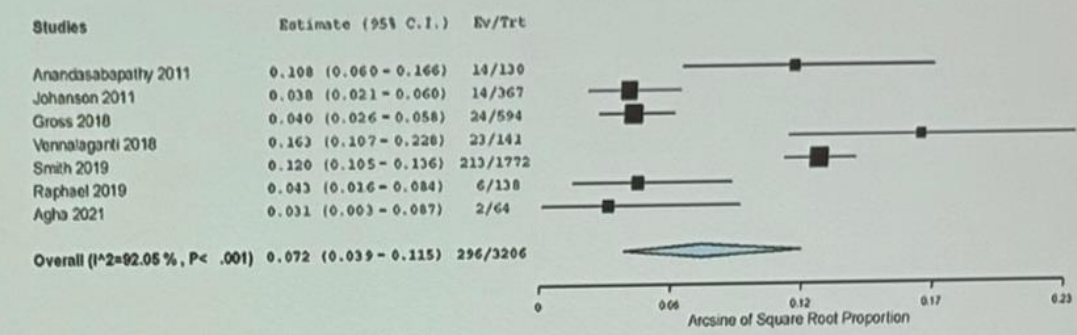
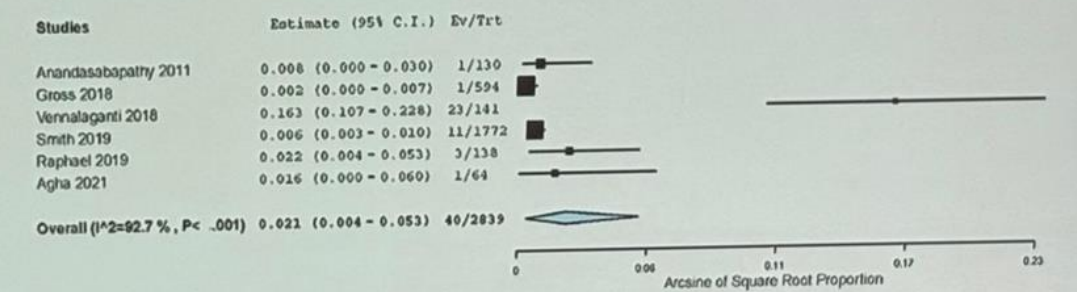
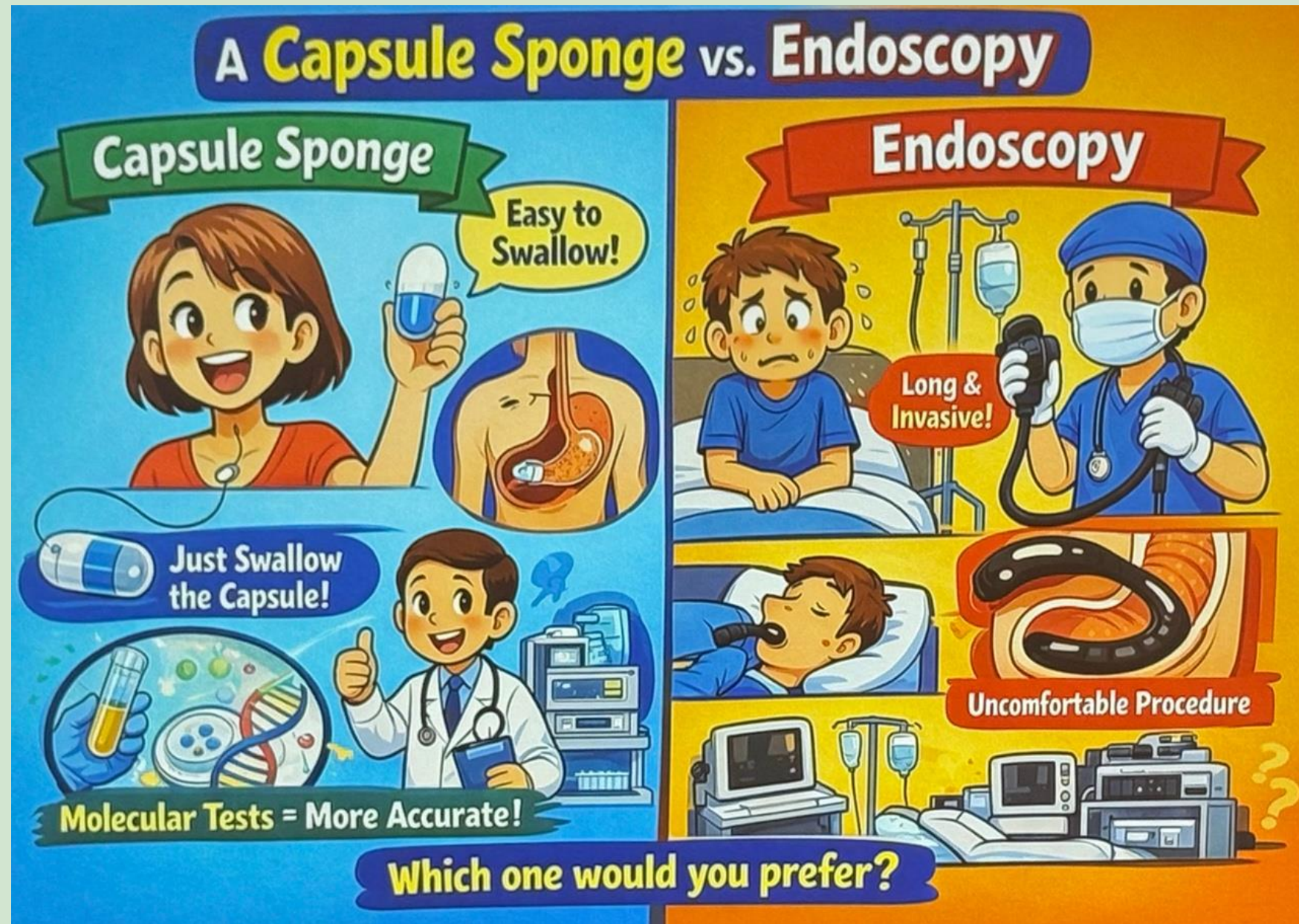


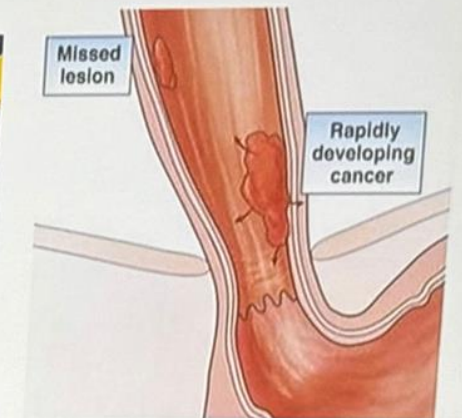
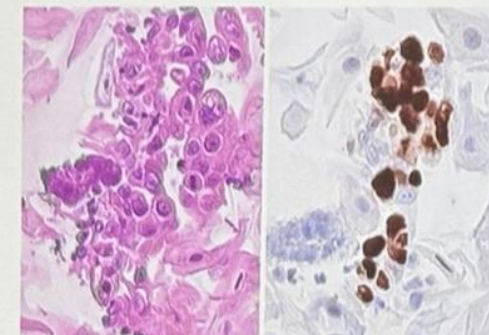
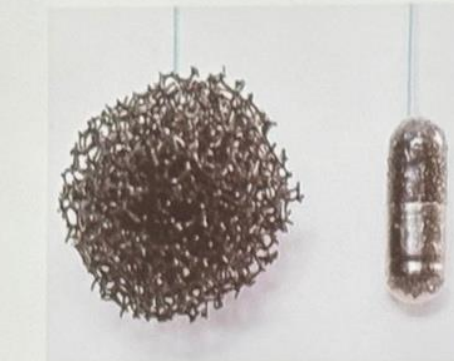
Figure 2. Meta-analysis of incremental dysplasia diagnoses by wide-area transepthelial sampling with 3-dimensional analysis. C.I., Confidence interval.



CYTOLOGIE ET BIOMARQUEURS

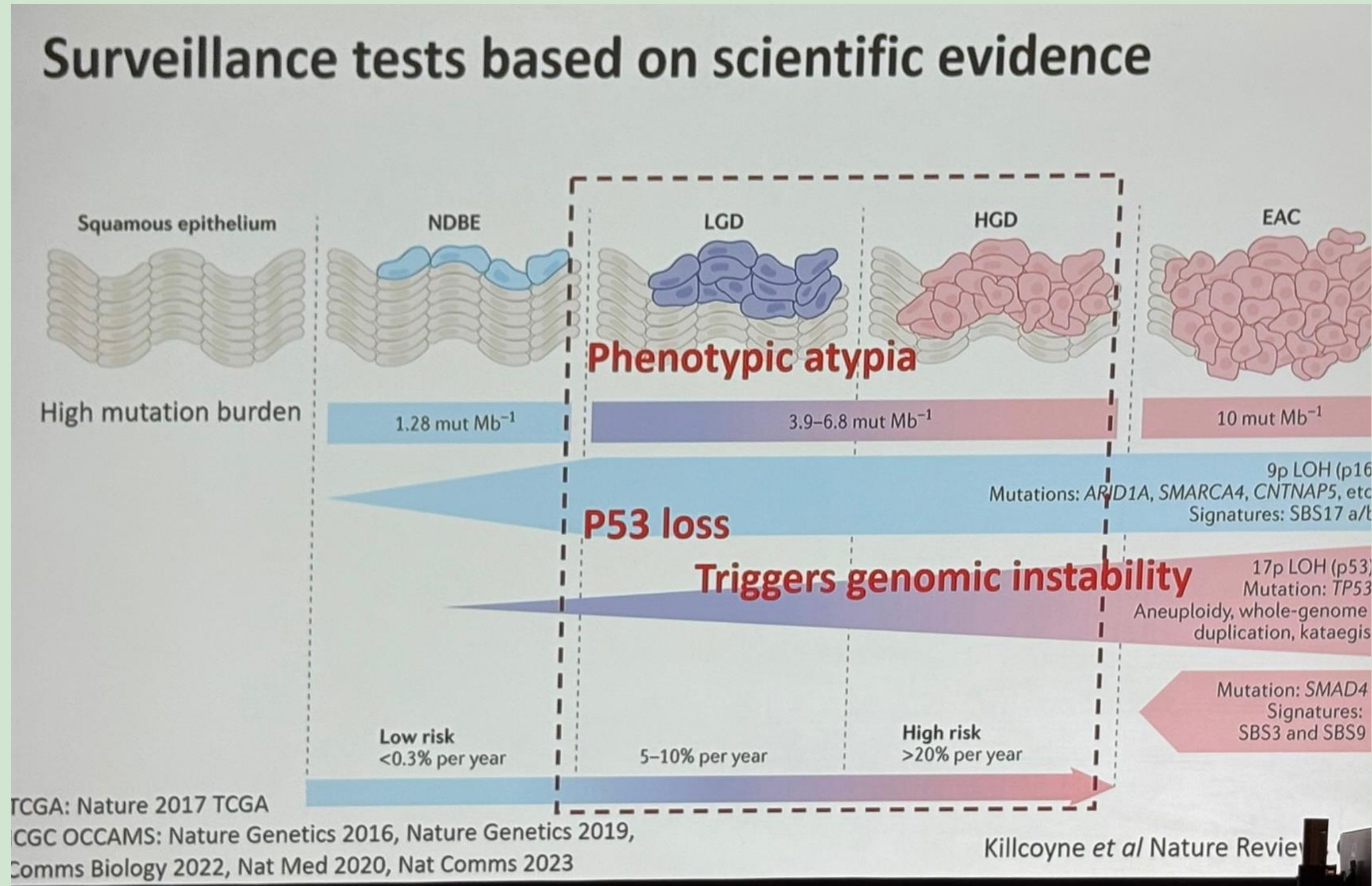


Triage with capsule sponge to raise quality standards in Barrett's detection and surveillance

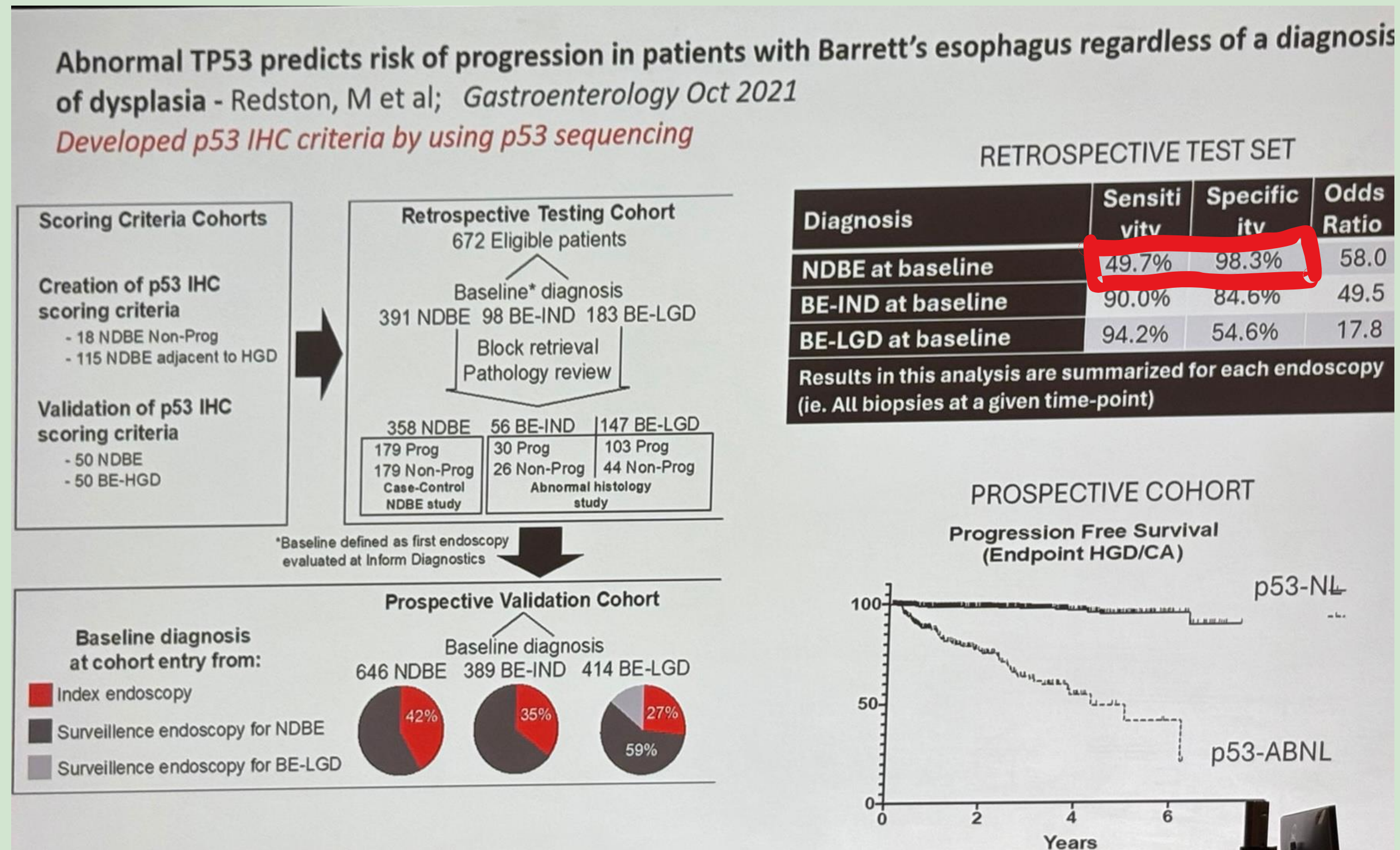


Wani S...Lagergren J
Gastroenterology 2023; 165: 909-919

CYTOLOGIE ET BIOMARQUEURS



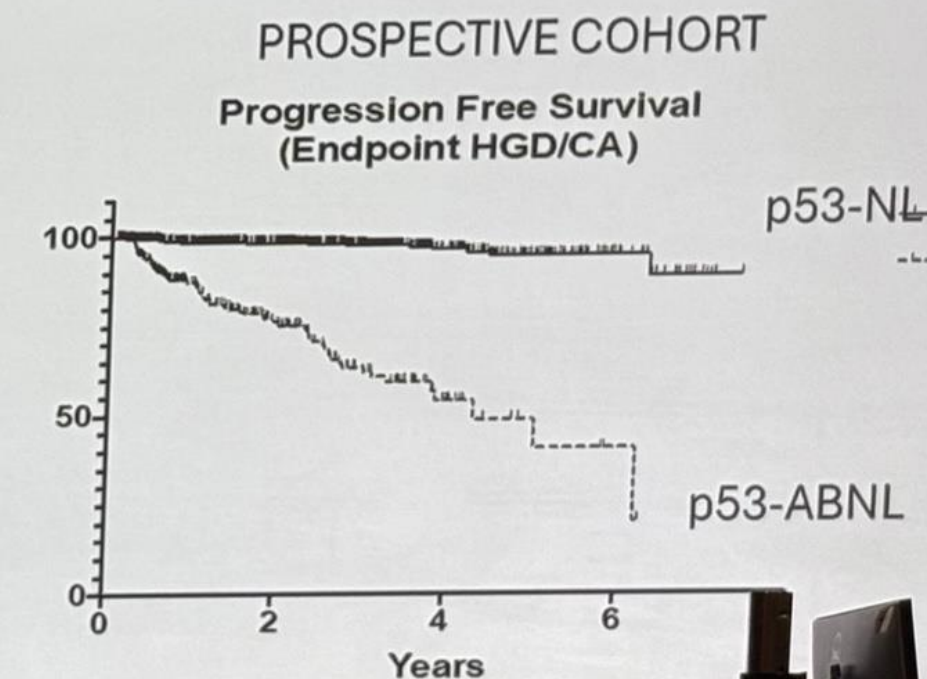
CYTOLOGIE ET BIOMARQUEURS



RETROSPECTIVE TEST SET

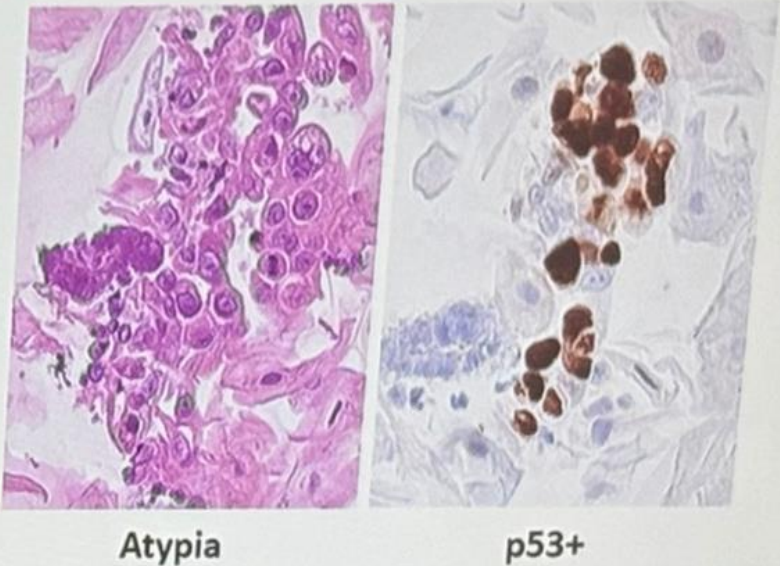
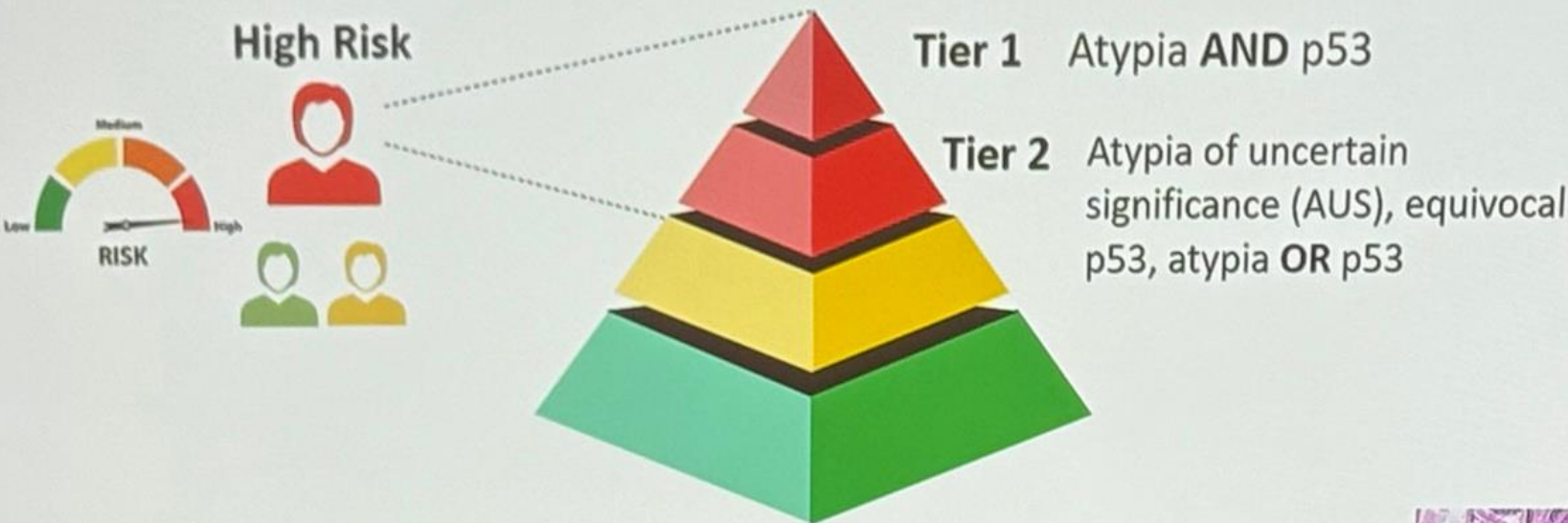
Diagnosis	Sensitivity	Specificity	Odds Ratio
NDBE at baseline	49.7%	98.3%	58.0
BE-IND at baseline	90.0%	84.6%	49.5
BE-LGD at baseline	94.2%	54.6%	17.8

Results in this analysis are summarized for each endoscopy (ie. All biopsies at a given time-point)



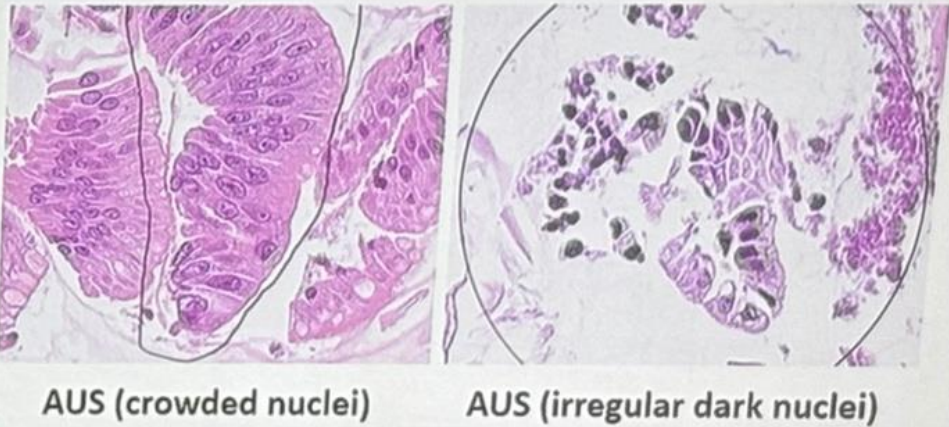
CYTOLOGIE ET BIOMARQUEURS

Biomarker combination highly predictive Dysplasia or Cancer



Risk Group	Group Size	Dysplasia	PPV for Any Dysplasia, % (95% CI)
Low risk	489	11	2.2 (1.2 – 3.8)
Moderate risk	283	23	8.1 (5.3 – 12.1)
High Risk	138	52	37.7 (29.7 – 46.4)
- Tier 1	27	23	85.2 (65.4 – 95.1)
- Tier 2	111	29	26.1 (18.5 – 35.5)

PPV, positive predictive value, CI, Confidence Interval



Tan et al The Lancet 2025

British society of gastroenterology pending....



We recommend that a non-endoscopic cell collection device such as **capsule sponge** (Cytosponge or Endosign) combined with **validated biomarkers (Trefoil-factor 3, cellular atypia and p53 immunohistochemistry)** can be used as a **triage tool for case-finding** of Barrett's oesophagus among patients with symptoms of GORD and other risk factors

We recommend the use of a **capsule-sponge** cell collection device, coupled with assessment of cytological atypia and p53 expression, **in patients with non-dysplastic oesophagus as alternative to endoscopy to inform the interval to the next endoscopic follow up**

CYTOLOGIE ET BIOMARQUEURS

TissueCypher

TSP9 - Tissue system pathology test

THE TISSUE SYSTEMS PATHOLOGY TEST IMPACTS BARRETT'S SURVEILLANCE INTERVALS IN CLINICAL PRACTICE

[View Presentation](#)[Add to Schedule](#)

Presentation Number: Sa1092

*Wilfor Jhonathan Diaz Fernandez^{*1}, Ryan Alexander¹, Cadman L. Leggett¹, Don Chamil Codipilly¹, Sandra L. Algarin Perneth¹, Allon Kahn³, Swathi Eluri², Diana Lin Snyder¹, Jeffrey Albin Alexander¹, Karthik Ravi¹, Joseph A. Murray¹, Amindra Arora¹, Iyer Prasad³*

¹Gastroenterology, Mayo Clinic Minnesota, Rochester, Minnesota, United States; ²Mayo Clinic in Florida, Jacksonville, Florida, United States; ³Mayo Clinic Arizona, Scottsdale, Arizona, United States

DISCORDANCE BETWEEN CLINICAL AND MOLECULAR RISK STRATIFICATION IN BARRETT'S ESOPHAGUS

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Presentation Number: Sa1093

*Wilfor Jhonathan Diaz Fernandez^{*1}, Cadman L. Leggett¹, Ryan Alexander¹, Don Chamil Codipilly¹, Sandra L. Algarin Perneth¹, Vijayvardhan Kamalumpundi¹, Amindra Arora¹, Karthik Ravi¹, Swathi Eluri², Allon Kahn³, Joseph A. Murray¹, Iyer Prasad³*

¹Gastroenterology, Mayo Clinic Minnesota, Rochester, Minnesota, United States; ²Mayo Clinic in Florida, Jacksonville, Florida, United States; ³Mayo Clinic Arizona, Scottsdale, Arizona, United States

CYTOLOGIE ET BIOMARQUEURS

TissueCypher

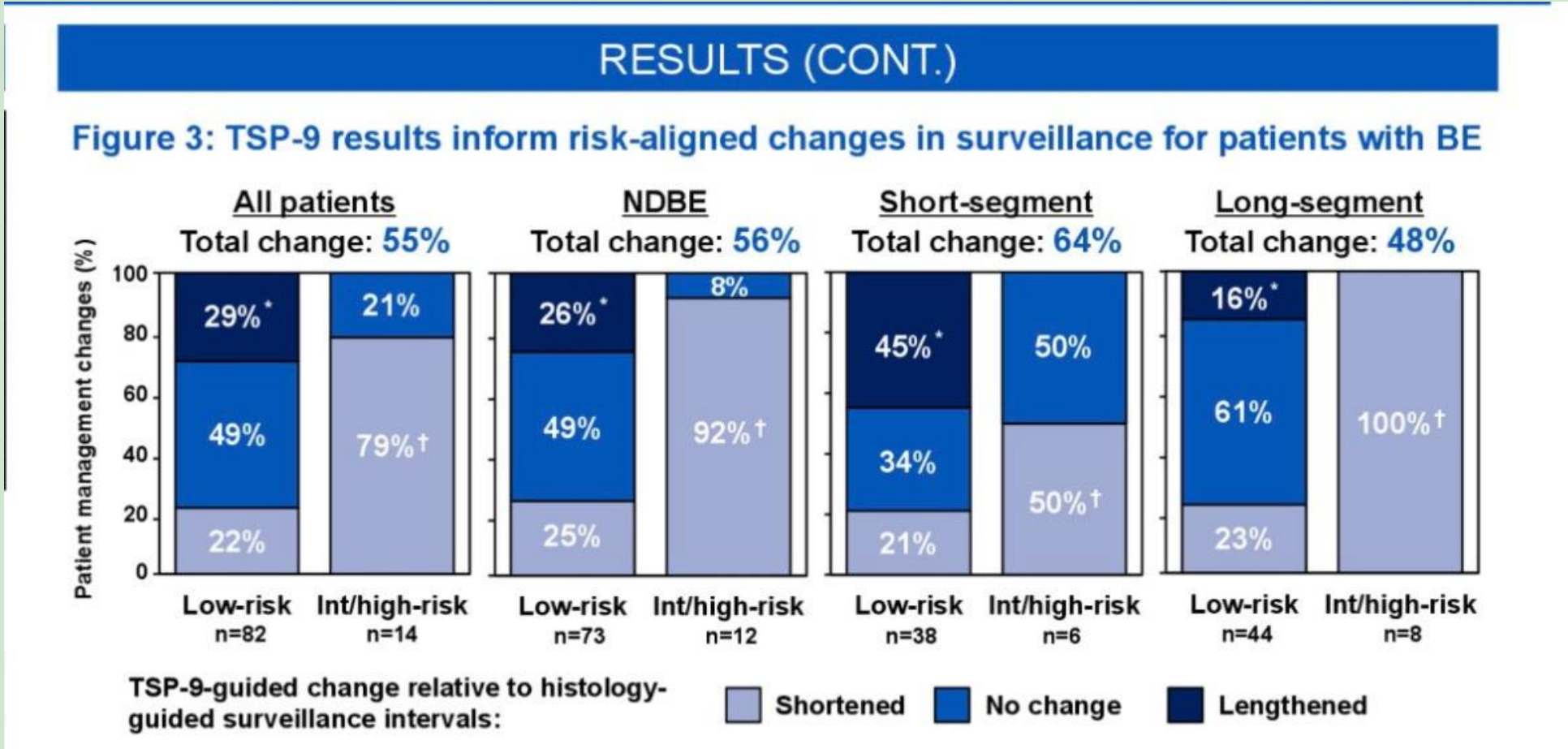
Explorer l'impact du TSP-9 sur les décisions cliniques tant qu'aux intervalles de surveillance

THE TISSUE SYSTEMS
PATHOLOGY TEST IMPACTS
BARRETT'S SURVEILLANCE
INTERVALS IN CLINICAL
PRACTICE

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¹Gastroenterology, Mayo Clinic Minnesota, Rochester, Minnesota, United States; ²Mayo Clinic in Florida, Jacksonville, Florida, United States; ³Mayo Clinic Arizona, Scottsdale, Arizona, United States



Changement de surveillance chez 55% des patients

CYTOLOGIE ET BIOMARQUEURS

TissueCypher

DISCORDANCE BETWEEN CLINICAL AND MOLECULAR RISK STRATIFICATION IN BARRETT'S ESOPHAGUS

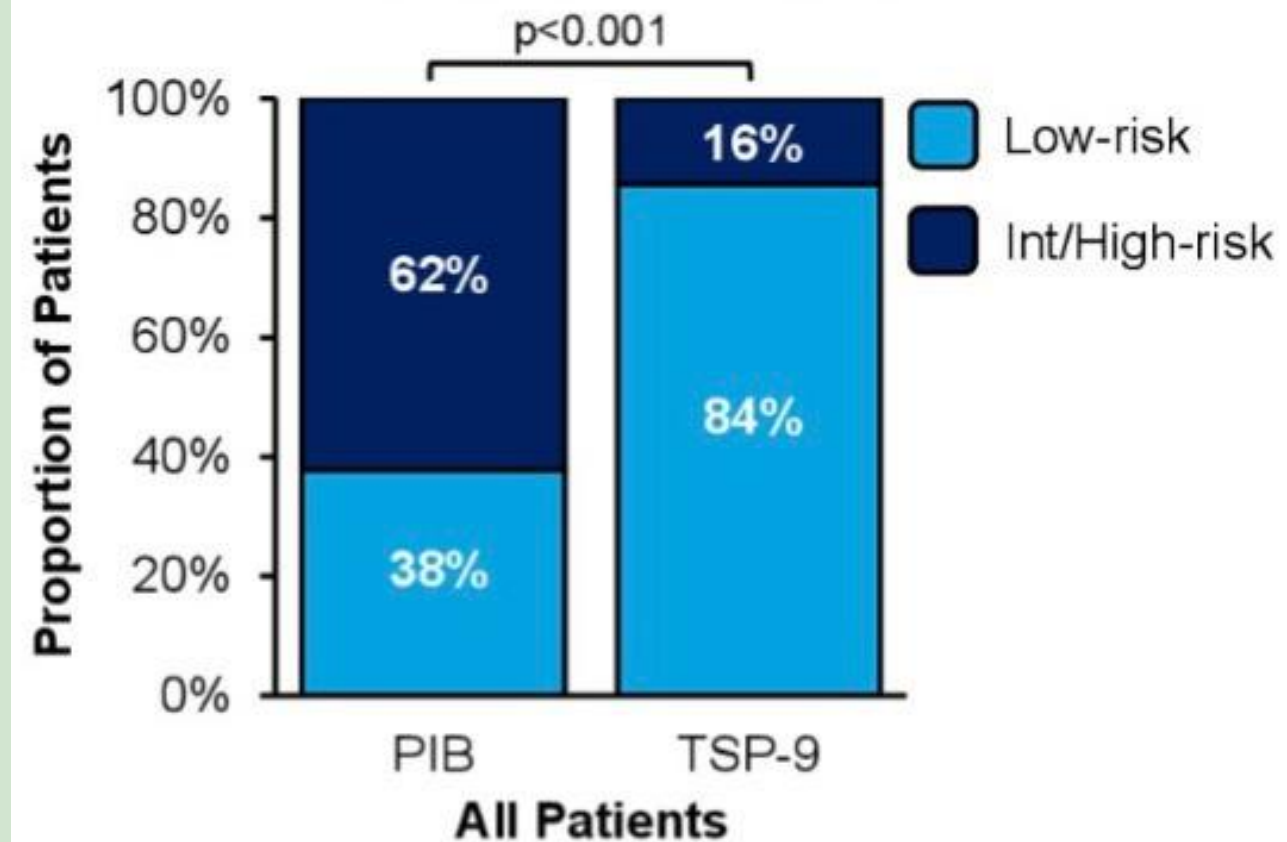
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¹Gastroenterology, Mayo Clinic Minnesota, Rochester, Minnesota, United States; ²Mayo Clinic in Florida, Jacksonville, Florida, United States; ³Mayo Clinic Arizona, Scottsdale, Arizona, United States

Figure 2: PIB classifies most patients with BE as int/high-risk

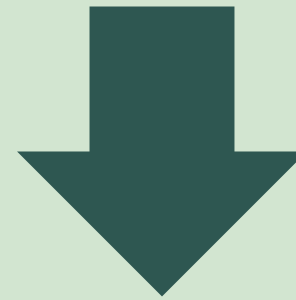


PIB vs Tissuecypher
Concordance entre les 2
système

$\kappa = 0,04$ (tres faible)

TAKE HOME MESSAGE

RANDOM BIOPSIES + HISTOLOGIE

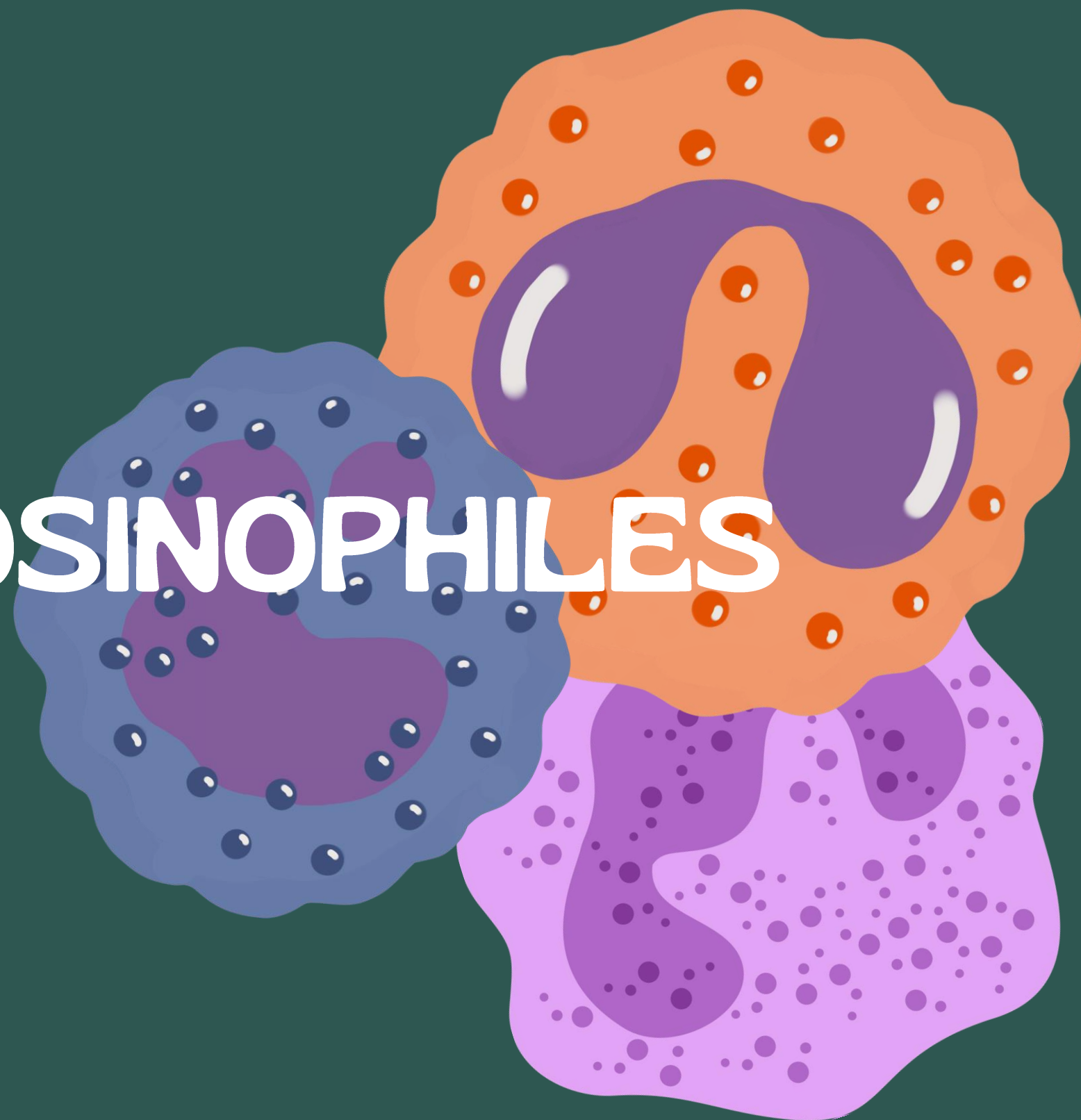


INDIVIDUALISATION DE LA
SURVEILLANCE

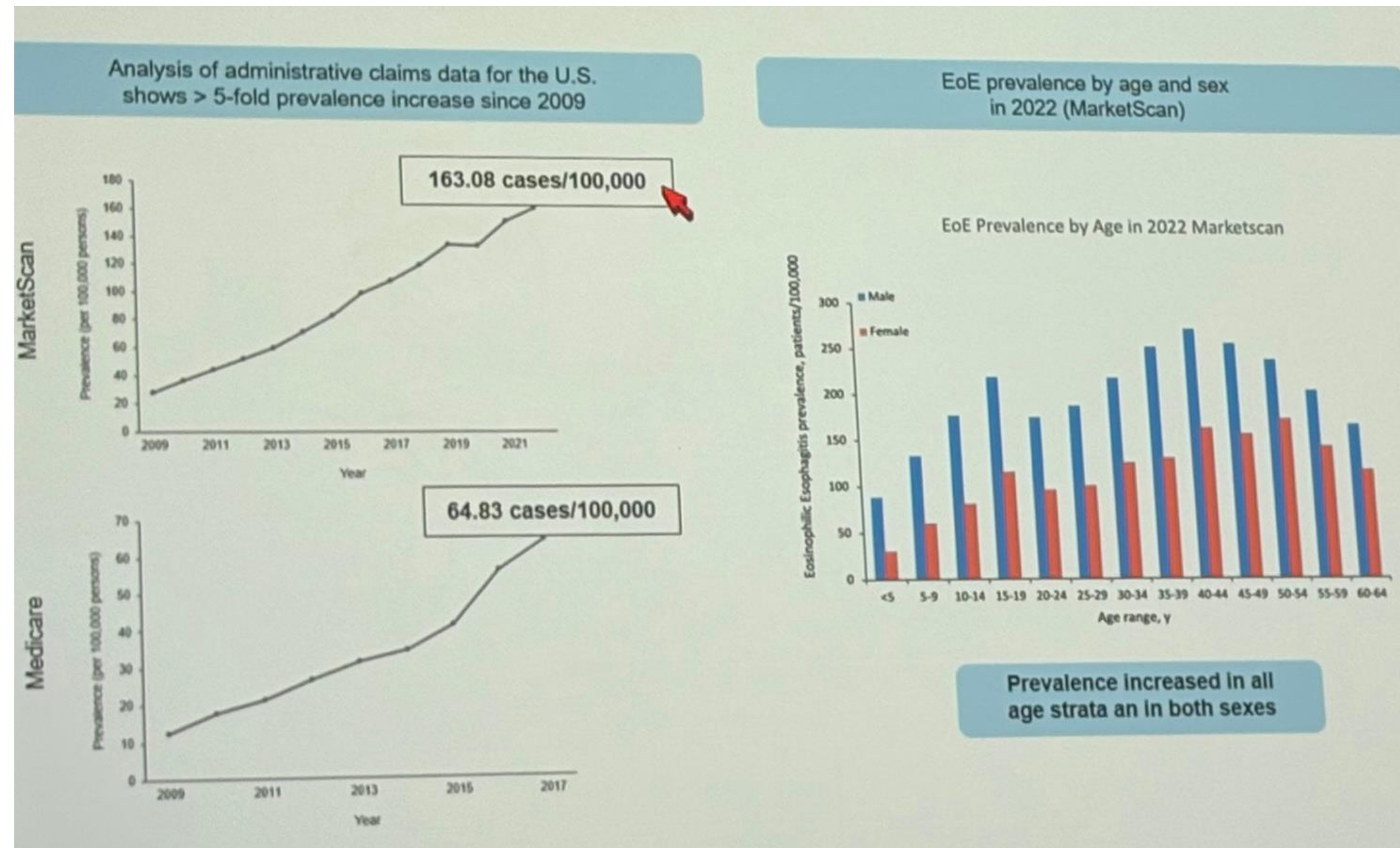
BIOMARQUEURS
BIOLOGIE MOLÉCULAIRE



OESOPHAGITE À ÉOSINOPHILES

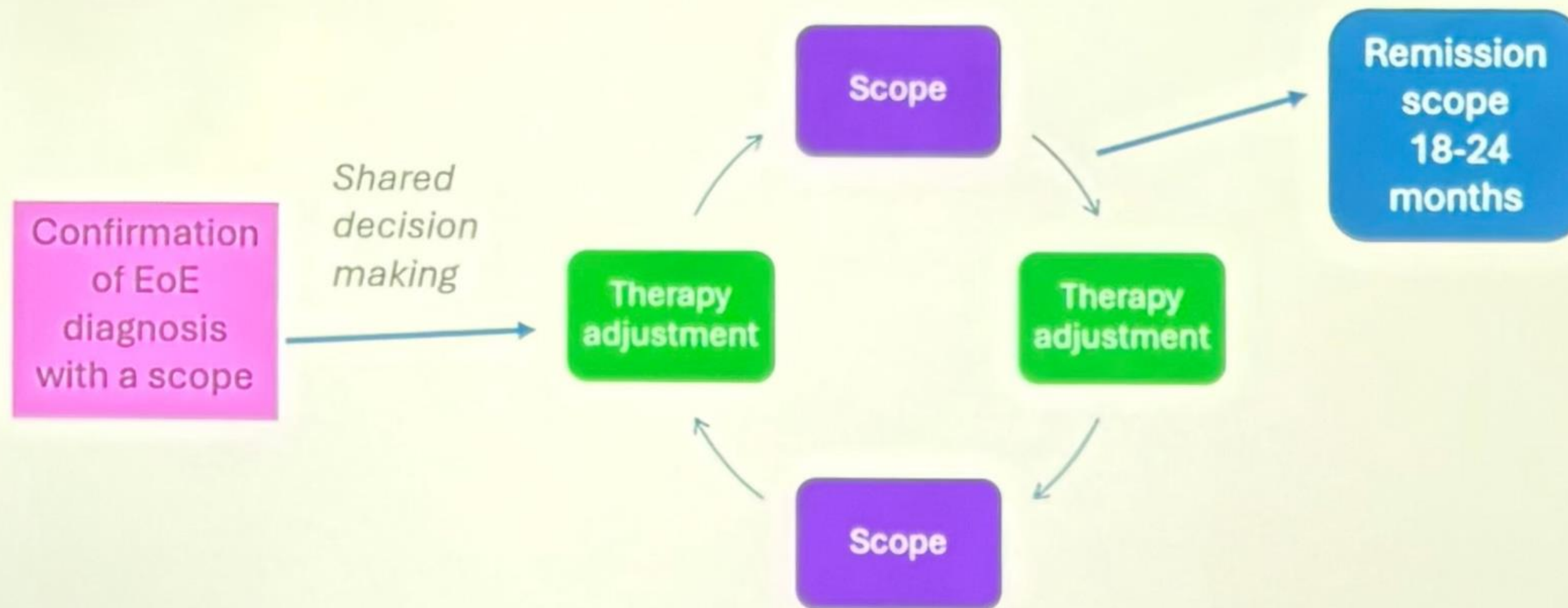


PRÉVALENCE EN AUGMENTATION CONSTANTE



SUIVI

Large procedural burden for EoE patients

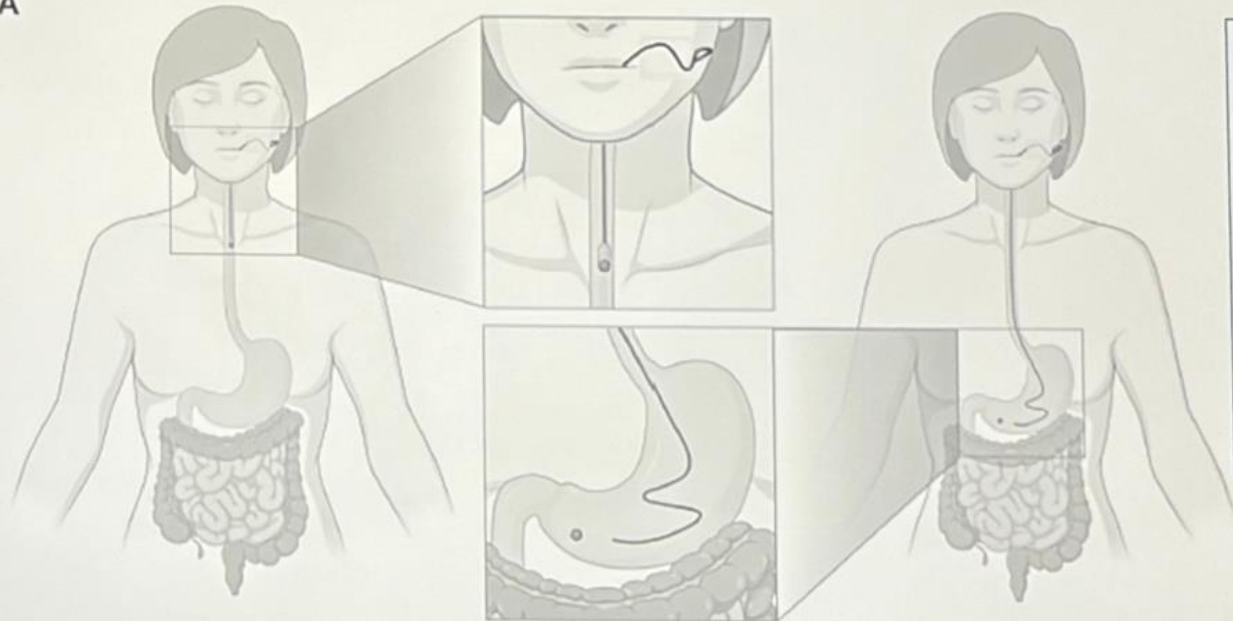


SUIVI

Test non invasif

Esophageal String Test

A



CLIA approved lab
test performed by
EnteroTrack that
measures the
amount of Major
Basic Protein (MBP)-
1 and Eotaxin-3 on
the string

Schroeder et al, JACI 2024; Quinn et al, JPGN 2024

Updates in Monitoring: Esophageal String Test

- 51 ESTs were ordered by physicians in the multidisciplinary EoE clinic in 1 year
- Unable to perform: insurance denial (n = 4), prohibitive out-of-pocket cost (n = 1), or the family changed their mind to proceed with transnasal endoscopy (n = 1).
- 39 ESTs were successful (87% successful) in 31 patients
- Adverse Events: vomiting, swallowing the EST whole including the string;
- Failures (13%, n = 6): unable to swallow the pill (n = 5) and vomiting (n = 1).

Quinn et al, JPGN 2024

SUIVI

EST



Implementation of an Esophageal String Test Pilot Program for Eosinophilic Esophagitis Patients

Isaac Stanberry^{1*}, Frederick W. Woodley^{1,2,3*}, Meggie Meara², John Russo^{1,2}, Raul E. Sanchez^{1,2,3}, Elizabeth Erwin^{1,4}, Evan S. Dellon⁵, Rajitha D. Venkatesh^{1,2} ^{*Co-first authors}

¹The Ohio State University College of Medicine, Columbus, OH; ²Pediatric Gastroenterology, Hepatology & Nutrition, Nationwide Children's Hospital, Columbus, OH; ³Center for Neurogastroenterology and Motility Disorders, Nationwide Children's Hospital; ⁴Pediatric Allergy & Immunology, Nationwide Children's Hospital, Columbus, OH; ⁵Center for Esophageal Diseases and Swallowing, Division of Gastroenterology and Hepatology, University of North Carolina, Chapel Hill, NC

Introduction

- Eosinophilic esophagitis (EoE) is a chronic immune-mediated disease characterized by eosinophil proliferation and esophageal dysfunction.
- Active EoE leads to symptoms such as dysphagia, abdominal pain, vomiting, and poor weight gain, while increasing the risk of fibrostenotic complications such as esophageal strictures.
- The gold standard for the diagnosis and longitudinal monitoring of EoE remains endoscopy + biopsy. Techniques range from unsedated transnasal esophagoscopy (TNE) to esophagogastroduodenoscopy (EGD), which often requires general anesthesia. These invasive procedures may also require time away from work/school and can be cost-prohibitive for patients.
- Esophageal string test (EST) has emerged as a minimally invasive alternative for monitoring eosinophilic esophageal mucosal inflammation. EST utilizes a weighted capsule containing a 1-meter woven nylon string; once swallowed, the string remains in situ for one hour to capture luminal biomarkers associated with eosinophilic activity.
- Given the need for more accessible monitoring tools, we aimed to assess patient tolerance, the overall patient experience, and our institutional outcomes in implementation of a pilot EST program.

Methods

Indications for EST

Patient Characteristics & EST Completion Rate	Study Patients (n = 18)
Age, median (range)	12 years (5-22)
Female Sex, n (%)	11 (61%)
Race, n (%)	
White	17 (94%)
Black	1 (6%)
More than one race	1 (6%)
EoE Therapy at Time of EST, n (%)	
PPI only	4 (22%)
STC only	4 (22%)
Dietary Elimination (DE)	3 (17%)
PPI + STC	5 (28%)
PPI + Dietary Elimination	1 (6%)
PPI + STC + Dietary Elimination	1 (6%)
PPI + Dupilumab + Dietary Elimination	1 (6%)
PPI + STC + Dupilumab	1 (6%)
EST Completion*	17 (100%)

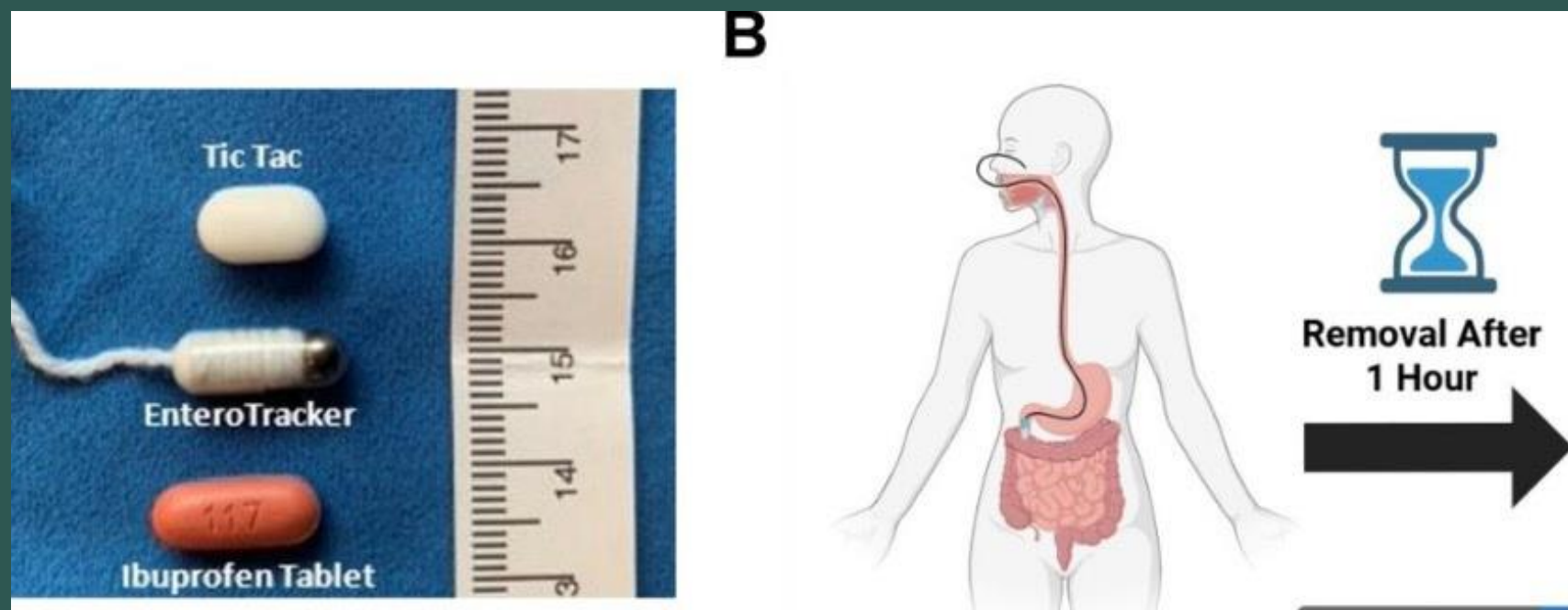
*Two patients were unable to complete EST as they

Willingness to Complete Future EST

Figure 5. Nearly all patients are willing to undergo future ESTs.

Predicted EoE Activity From EST

Figure 6. A majority of patients received an EoEScore® <0.53, indicating a high probability of inactive EoE and thus delaying the need for endoscopy.



Most Difficult Part of EST

Figure 4. A) Patients most commonly listed nausea and discomfort as adverse events during EST. B) Most patients identified the initial swallowing of the capsule as the hardest part of EST.

Acknowledgements

This was supported in part by the NASPGHAN/NASPGHAN Foundation Mentored Summer Student Research Program (IS) and the OSU College of Medicine Bennett research scholarship (RS). We would also like to welcome Megan Yarnell, a new member of our clinical EoE team.

DDW QR Code



TRAITEMENT

DUPIUMA

B

Étude phase IV randomisée contrôlée
Dupilumab 300 mg q 1 sem vs placebo
Randomisation 2:1

69 pts sous dupilumab vs 23 placebo

End point primaire:

- Distensibilité à 24 s mesuré par **Endoflip**

ÉTUDE
REMODEL

**DUPIUMAB IMPROVES
ESOPHAGEAL DISTENSIBILITY
IN ADULTS WITH EOSINOPHILIC
ESOPHAGITIS: 24-WEEK
RESULTS FROM THE
RANDOMIZED, PLACEBO-
CONTROLLED *REMODELING*
WITH *DUPIUMAB* IN
EOSINOPHILIC ESOPHAGITIS
LONG-TERM (REMODEL) TRIAL**

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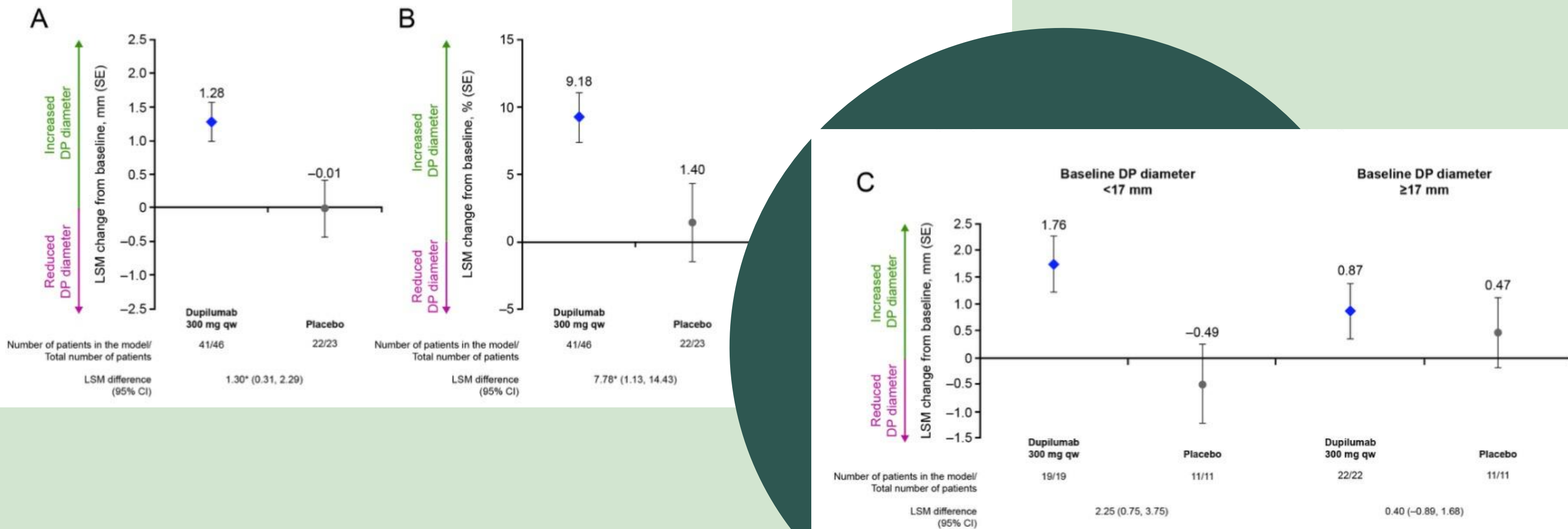
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TRAITEMENT DUPILUMAB

ÉTUDE
REMODEL

Figure 1. Esophageal distensibility endpoints at Week 24: (A) absolute and (B) percent change from baseline in the diameter of the esophageal DP diameter (ITT population); and (C) absolute change from baseline in the diameter of the esophageal DP diameter (by baseline DP diameter subgroups).



TRAITEMENT

CONCLUSION

Traiter tôt pourrait prévenir :

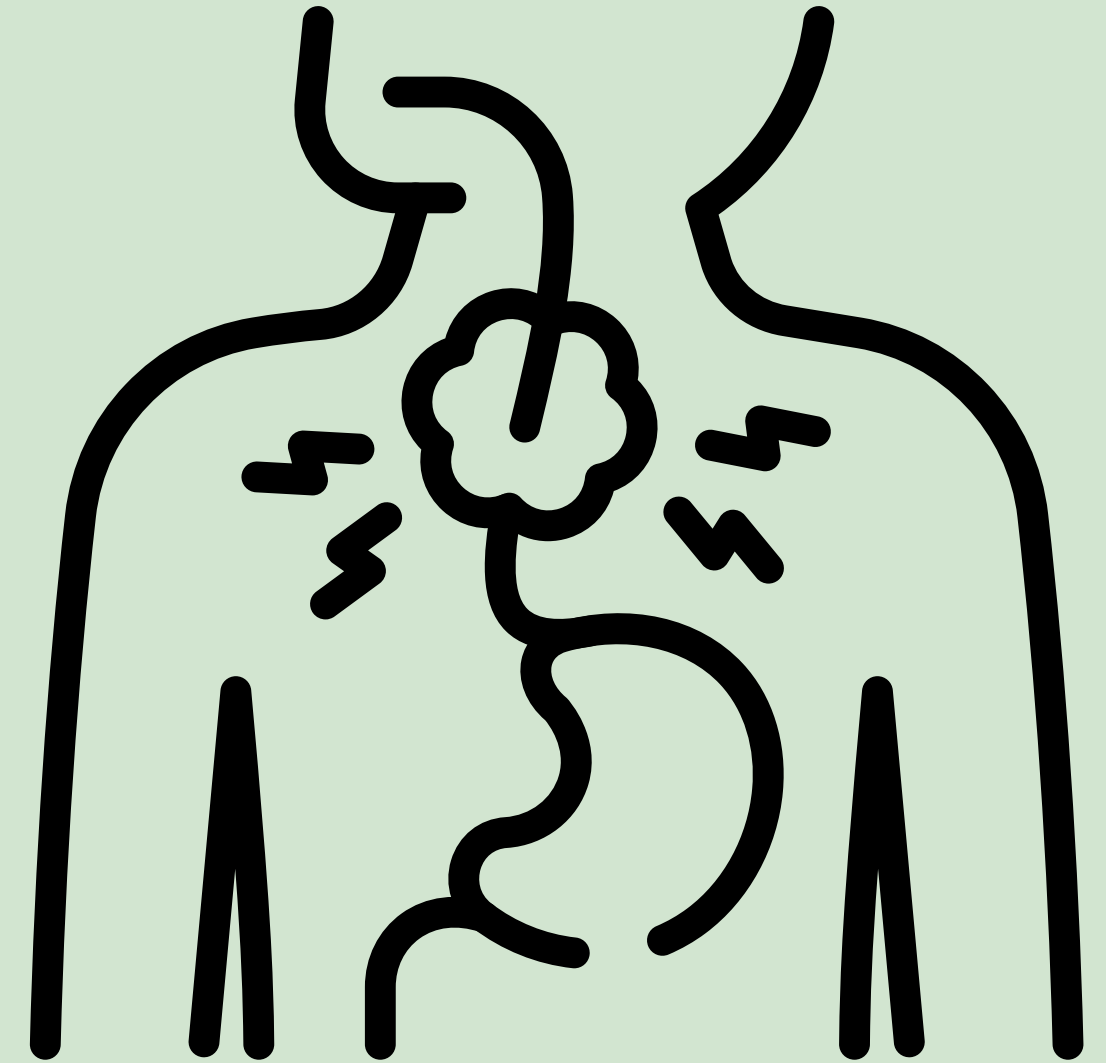
- Sténoses
- Rigidité chronique
- Progression fibro-sténotique

EoE commence à être vue davantage comme :

- une maladie chronique progressive
- Parallèle avec l'évolution des MII

L'endoflip

- Place comme biomarqueur structurel dans l'évaluation de Eoe



EGJOO

**OBSTRUCTION DE LA JONCTION
GASTRO-OESOPHAGIENNE**

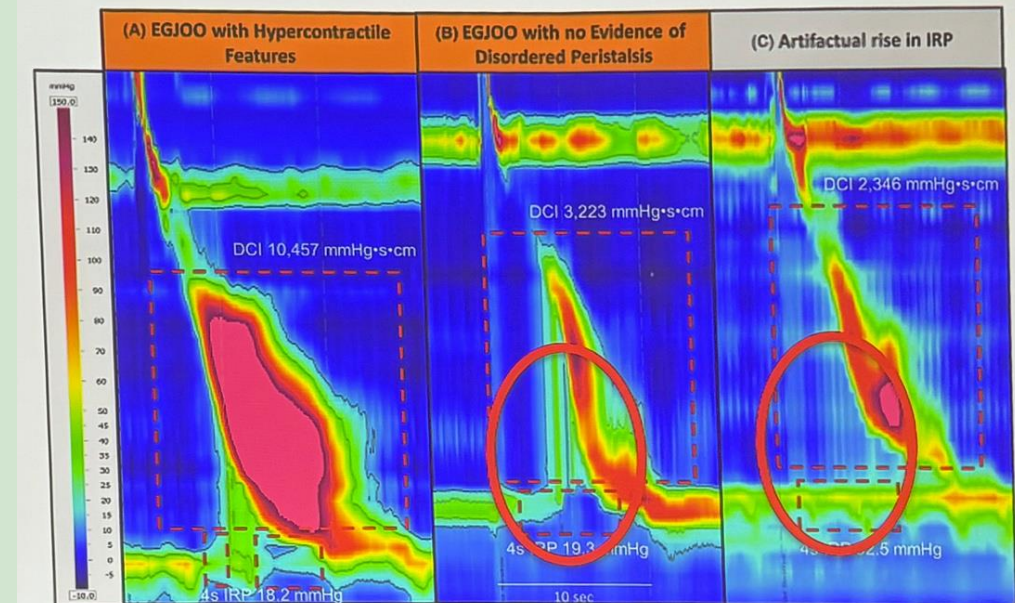
CRITÈRES DIAGNOSTIQUES

Un pattern manométrique plutôt qu'un dx

Critères

- IRP élevé couché et assis
- Élévation de la pression intra bolus
- Péristaltisme N
- Symptômes de dysphagie ou DTEI
- Un test de confirmation
 - TBE
 - Endoflip

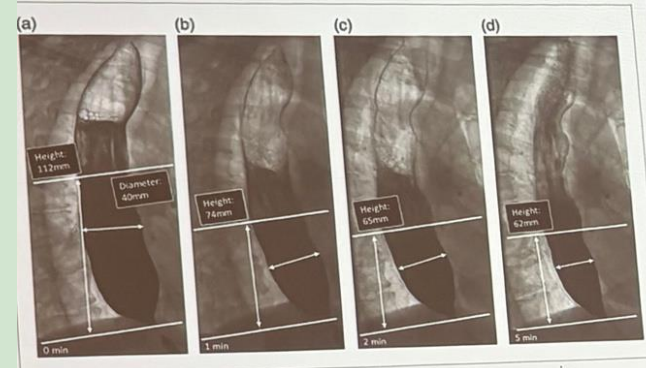
Supine intrabolus pressure elevated



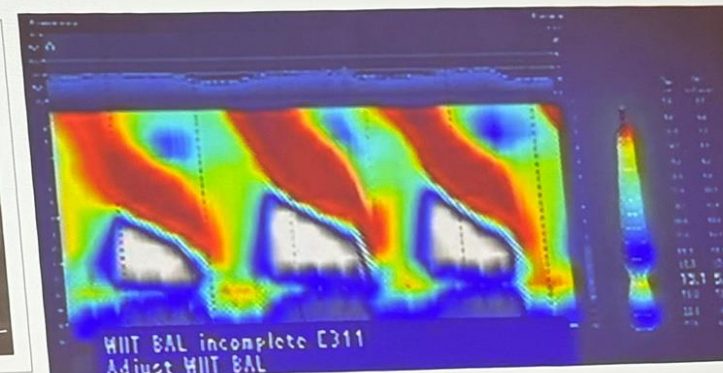
Courtesy of National Jewish Health, Esophageal Function Laboratory

Yadlipati et al. Neurogastroenterol Motil 2020

At least one confirmatory non-HRM supportive test



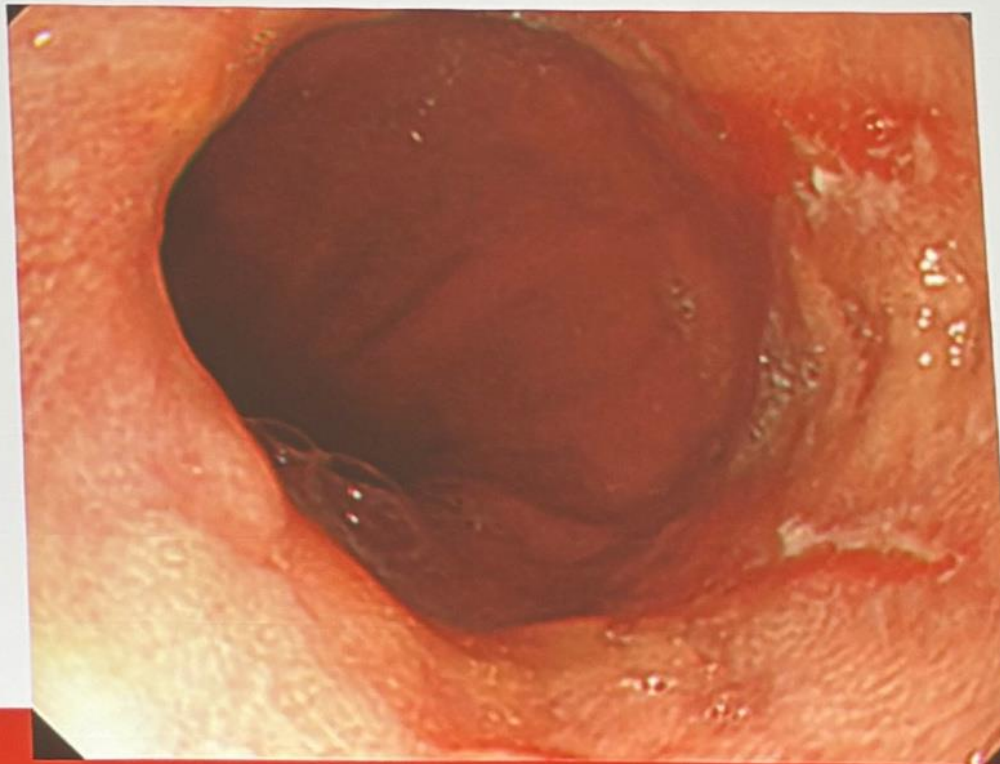
Nijhuis et al. UEGJ 2020



CRITÈRES DIAGNOSTIQUES

GERD and obstructive LES disorders are mutually exclusive

- GERD related inflammation/stricture
 - Hiatal hernia
- ≠ EGJOO



TRAITEMENTS

Traitement conservateur

Lead author	Year	N	% spontaneous resolution
AML Ong et al (JGH 2018)	2012-2015	34	73%
Liu et al (NGM 2019)	2015-2016	107	60%
Perez Fernandez (NGM 2016)	2009-2013	44	40%

Dilatation pneumatique

Lead author	Year	N	% resolution
Clayton (NGM 2019)	2019	33	67%
Sloan (GIE 2020)	2020	12	33%

Botox

Lead author	Year	N	% symptom improvement
Biermann (NGM 2024)	2019-2022	69	90%
Reddy (Dis Esoph 2025)	2017-2020	13	69%

Myotomie

Lead author	Year	N	% symptom improvement
Sarici (JOGS 2023)	2013-2021	52	85%
Morley (Surg Endosc 2023)	2011-2021	17	87%
Salvador (JOGS 2021)	2016-2019	25	96%



Barrett

- Adapter le dépistage selon les facteurs de risque

EOE

- Maladie chronique fibrotique évolutive et non seulement maladie inflammatoire aiguë

EGJOO

- Soyez méticuleux dans le dx en utilisant tests complémentaires

MERCI

