P557

Implementation of capsule-sponge technology in a Barrett's surveillance programme: assessment of costs, outcomes and benefits

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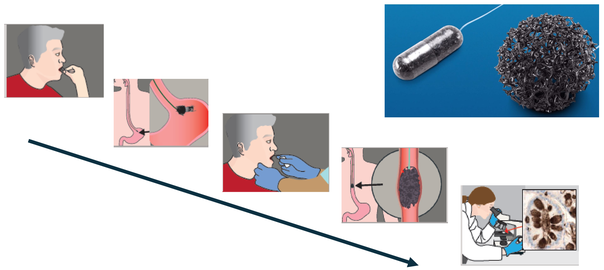
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INTRODUCTION and OBJECTIVES

. Barrett's oesophagus is known to be a pre-malignant condition



. Incidence of malignancy is ~1% per year
. British guidelines on surveillance produced by BSG and NICE (regular endoscopy and quadrantic biopsies according to Seattle protocols)
. Covid pandemic in 2020 led to temporary (but significant) reduction in endoscopies, particularly affecting surveillance procedures
. 2022 saw rollout of National NHS capsule-sponge programme
. Implemented locally for Barrett's surveillance
. Swallowable capsule → sponge expands in stomach



. This study aimed to describe implementation of capsule-sponge assessment and asses the impact on outcomes

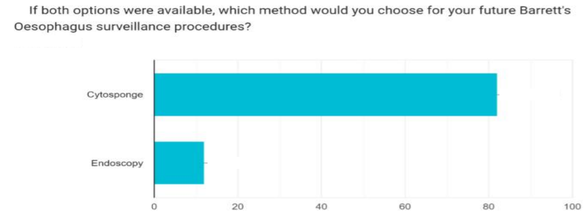
METHODS

. All patients due for surveillance from September 2022 to June 2024 identified and screened for suitability for capsule-sponge
. Ineligible patients offered endoscopy
. Recorded outcomes:
  . Refusal for sponge assessment
  . Proportion of ineligible patients
  . Clinical outcomes
  . Histology results
  . Adverse results
  . Inter-test malignancy

Exclusion Criteria
- Patient choice
- Previous upper GI surgery
- History of oesophageal varices
- Dysphagia
- Liver cirrhosis
- Unable to consent

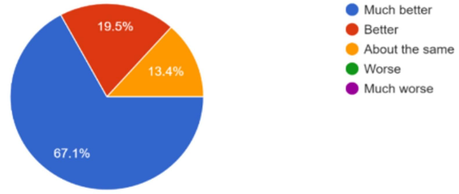
RESULTS

. 452 patients (73 unsuitable, 16%)
. 379 had capsule-sponge assessment (34 [9%] had an inadequate sample or abnormal sponge → urgent endoscopy)
. Abnormal/inadequate results:
  . Suspected dysplasia (13 patients, confirmed on endoscopy in 9 patients)
  . Atypia (11 patients)
  . Inadequate (10 patients)
. **Zero patients with inter-test malignancy in past 3 years**
. Patient feedback greatly favours capsule-sponge over endoscopy



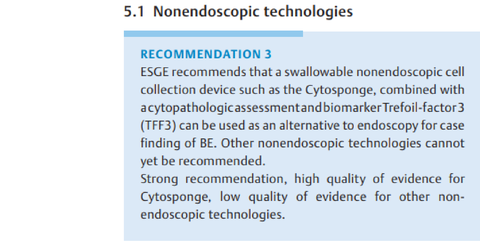
RESULTS (*continued*)

How did you find the experience of SWALLOWING the cytosponge, when compared to INSERTION of the scope on your previous endoscopies?



CONCLUSIONS

. Though still only recommended within research parameters in England in latest NICE guidance, it is more widely accepted in Scotland and Europe



5.1 Nonendoscopic technologies

RECOMMENDATION 3
ESGE recommends that a swallowable nonendoscopic cell collection device such as the Cytosponge, combined with acytopathologicassessmentandbiomarkerTrefoil-factor3 (TFF3) can be used as an alternative to endoscopy for case finding of BE. Other nonendoscopic technologies cannot yet be recommended.
Strong recommendation, high quality of evidence for Cytosponge, low quality of evidence for other non-endoscopic technologies.

. ~80% of patients did not require endoscopy
. ~350 endoscopies saved over 21 months
. No inter-test malignancy, much better tolerated and accepted
. **Capsule-sponge assessment is a safe and acceptable method of Barrett's surveillance**

NHS Calderdale and Huddersfield NHS Foundation Trust



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