

ESOFAGO DE BARRETT EN 2025

¿Dónde estamos y hacia dónde vamos?

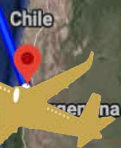
Dr. Renato Palma Fernández





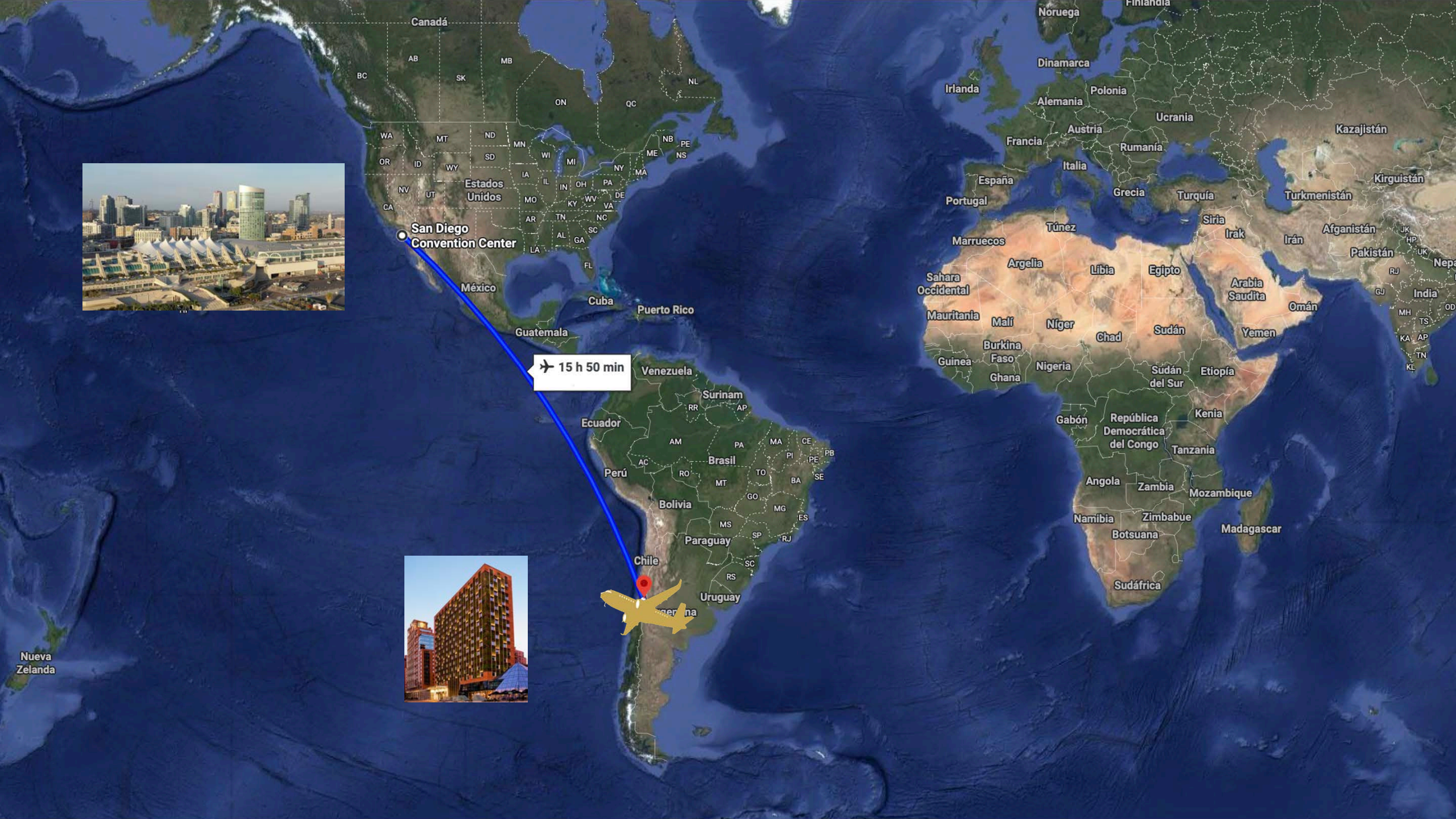
San Diego
Convention Center

✈ 15 h 50 min



Chile

Santiago



Nueva
Zelanda

BE GUTSY

ESOFAGO DE BARRETT EN 2025

¿Dónde estamos y hacia dónde vamos?

Dr. Renato Palma Fernández^{1,2}

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2. Escuela de Graduados, Facultad de Medicina, Universidad Austral, Valdivia, Chile



DDW2025
Digestive Disease Week®

MAY 3-6, 2025 | SAN DIEGO, CA

EXHIBIT DATES: MAY 4-6, 2025

@DDWMeeting | #DDW2025

@RenpalmaMD

¿QUÉ VEREMOS HOY?

- 1: ¿Qué novedades hay respecto al cribado de Esófago de Barrett (EB)?
- 2: ¿Podemos mejorar el diagnóstico endoscópico del EB? (¿Con o sin IA?)
- 3: Estratificación de riesgo y displasia: ¿Tratar o seguir?
- 4: Barrett pos-quirúrgico: ¿Qué pacientes están en riesgo y qué hacer?

ESÓFAGO DE BARRETT (EB) Y ADENOCARCINOMA (ACE)

¿Por qué es importante hacer cribado?

- EB única lesión precursora conocida del ACE
- Globalmente su incidencia es cada vez mayor afectando a población cada vez más joven
- ACE pobre pronóstico a 5 años en estadio avanzado (< 20% de sobrevida)

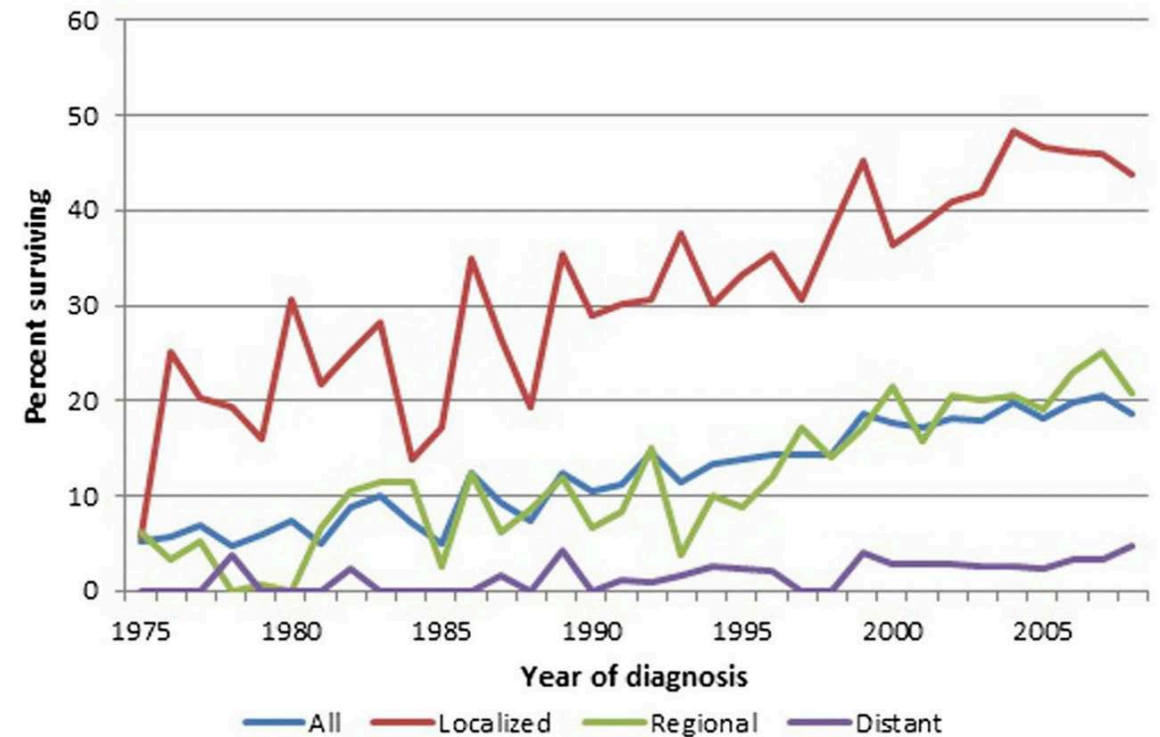


Fig. 3 Five-year relative age-adjusted survival rates for esophageal adenocarcinoma in the SEER 18 program, 1975–2008 ²

1. Rodriguez GM, DePuy D, Aljehani M, et al. Trends in Epidemiology of Esophageal Cancer in the US, 1975-2018. JAMA Netw Open. 2023;6(8):e2329497

2. Thrift AP. Barrett's Esophagus and Esophageal Adenocarcinoma: How Common Are They Really?. Dig Dis Sci. 2018;63(8):1988-1996

ESÓFAGO DE BARRETT (EB) Y ADENOCARCINOMA (ACE)

¿Cuál es la paradoja del Esófago del Barret (EB) y el Adenocarcinoma (ACE)?

90-95 %

NO reportan historia previa de esófago de Barret¹

40 %

Se diagnostica en estadios avanzados de la enfermedad (etapa IV)²

23.5 %

De los casos se detectan dentro de 1 año tras EDA reportada c/EB (-) para ACE (PEEC)³

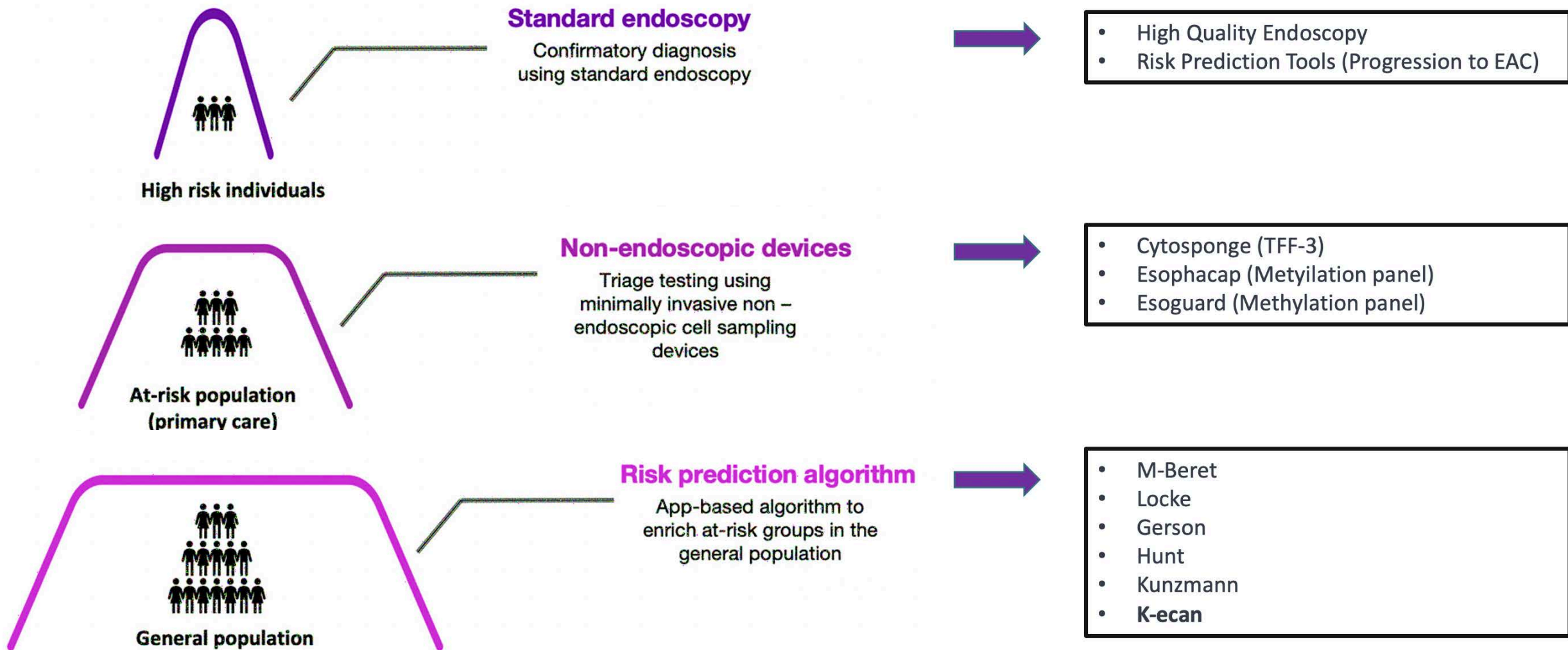
1. Tan MC et al. Systematic review with meta-analysis: prevalence of prior and concurrent Barrett's oesophagus in oesophageal adenocarcinoma patients. Aliment Pharmacol Ther. 2020;52(1):20-36

2. Thrift AP. Barrett's Esophagus and Esophageal Adenocarcinoma: How Common Are They Really?. Dig Dis Sci. 2018;63(8):1988-1996

3. Wani S et al. Magnitude and Time-Trends of Post-Endoscopy Esophageal Adenocarcinoma and Post-Endoscopy Esophageal Neoplasia in a Population-Based Cohort Study: The Nordic Barrett's Esophagus Study. Gastroenterology. 2023;165(4):909-919

ESÓFAGO DE BARRETT (EB) Y ADENOCARCINOMA (ACE)

¿Podemos realmente prevenirlo?



TEMA 1: CRIBADO DE ESÓFAGO DE BARRETT

¿En quienes deberíamos hacer cribado?

Society	Year	Screening Population
ASGE	2025 (GERD)	FH of BE or EAC GERD plus another risk factor [>50y, male sex, whiterace, smoking, and obesity] Sleeve gastrectomy : 3yaftersleevegastrectomyandthen every5y.
ESGE	2023	≥ 50 years of age with a history of chronic GERD symptoms and at least one of the following risk factors (white ethnicity, male sex, obesity, smoking, having a first-degree relative with BE or EAC).
AGA	2022 (CPU)	at least 3 established risk factors for Barrett's esophagus (BE) and esophageal adenocarcinoma, including individuals who are male, non-Hispanic white, age >50 years, have a history of smoking, chronic GERD, obesity, or a FH of BE or EAC.
ACG	2022	Chronic GERD symptoms and 3 or more risk factors (male sex, age >50 y, white race, tobacco smoking, obesity, and FH in first-degree relative with BE or EAC)
BSG	2014	GERD with ≥3 risk factors: age >50 y, white, male, obesity FH of BE or EAC: threshold of risk factors should be lowered

TEMA 1: CRIBADO DE ESÓFAGO DE BARRETT

¿Cómo lo estamos haciendo?

LOW RATES OF ENDOSCOPIC SCREENING IN SCREEN ELIGIBLE INDIVIDUALS

ESOPHAGUS

Low Prevalence of Endoscopic Screening for Barrett's Esophagus in a Screening-Eligible Primary Care Population

Swathi Eluri, MD, MSCR^{1,2}, Sumana Reddy, MD¹, Corey C. Ketchum, MD¹, Manawita Tappata, MD¹, Hanna G. Nettles, BS¹, Ariel E. Watts, BS¹, Cary C. Cotton, MD, MPH^{1,2}, Evan S. Dellon, MD, MPH^{1,2} and Nicholas J. Shaheen, MD, MPH^{1,2}

Missed opportunities to screen for Barrett's esophagus in the primary care setting of a large health system

Molly Stewart, BS,^{1,2,3} Alisha Menon, MD,^{1,2} Usman Akbar, MBBS,^{1,2} Shashank Garg, MD,¹ Hye Jeong Jang, BS,^{1,2} Arvind J. Trindade, MD, FASGE^{1,2}

New Hyde Park, Manhasset, New York; North Little Rock, Arkansas, USA

Patients With Adenocarcinoma of the Esophagus or Esophagogastric Junction Frequently Have Potential Screening Opportunities

Rates, Findings and Disparities in Endoscopic Screening for Barrett's Esophagus in a Community Population

V. BAI¹, P. CHANDI¹, A. VERMA¹, M. PASSE¹, C. ANDERSON¹, R. LANSING¹, S. LARSON¹, R. DIERKHISING¹, J. KISIEL¹, A. TRINDADE¹ and P. G. IYER¹

¹MAYO CLINIC, ROCHESTER MINNESOTA

39%
9% screening

30%

18.6%

17.3%
16% screening



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TEMA 1: CRIBADO DE ESÓFAGO DE BARRETT

¿Cómo podemos mejorarlo? -> Algoritmos de predicción de riesgo

BE/EAC RISK ASSESSMENT SCORES

MANUAL CALCULATION, USE DATA POINTS NOT IN EHR

Score	Components
M-BERET (BE)	Age, GERD, WHR , Smoking (pack yrs)
Locke (BE)	GERD (RSQ), Dysphagia, Acid reducing medications, Psychosomatic Symptom checklist
Gerson (BE)	GERD questionnaire , Race, Ethnicity
HUNT (EAC)	Age, Sex, GERD (12m), BMI, Smoking (+/-)
Kunzmann (EAC)	Age, Sex, BMI, Smoking (+/-), Esophageal conditions



AUC (BE c/GERD + FR)
0.67-0.69

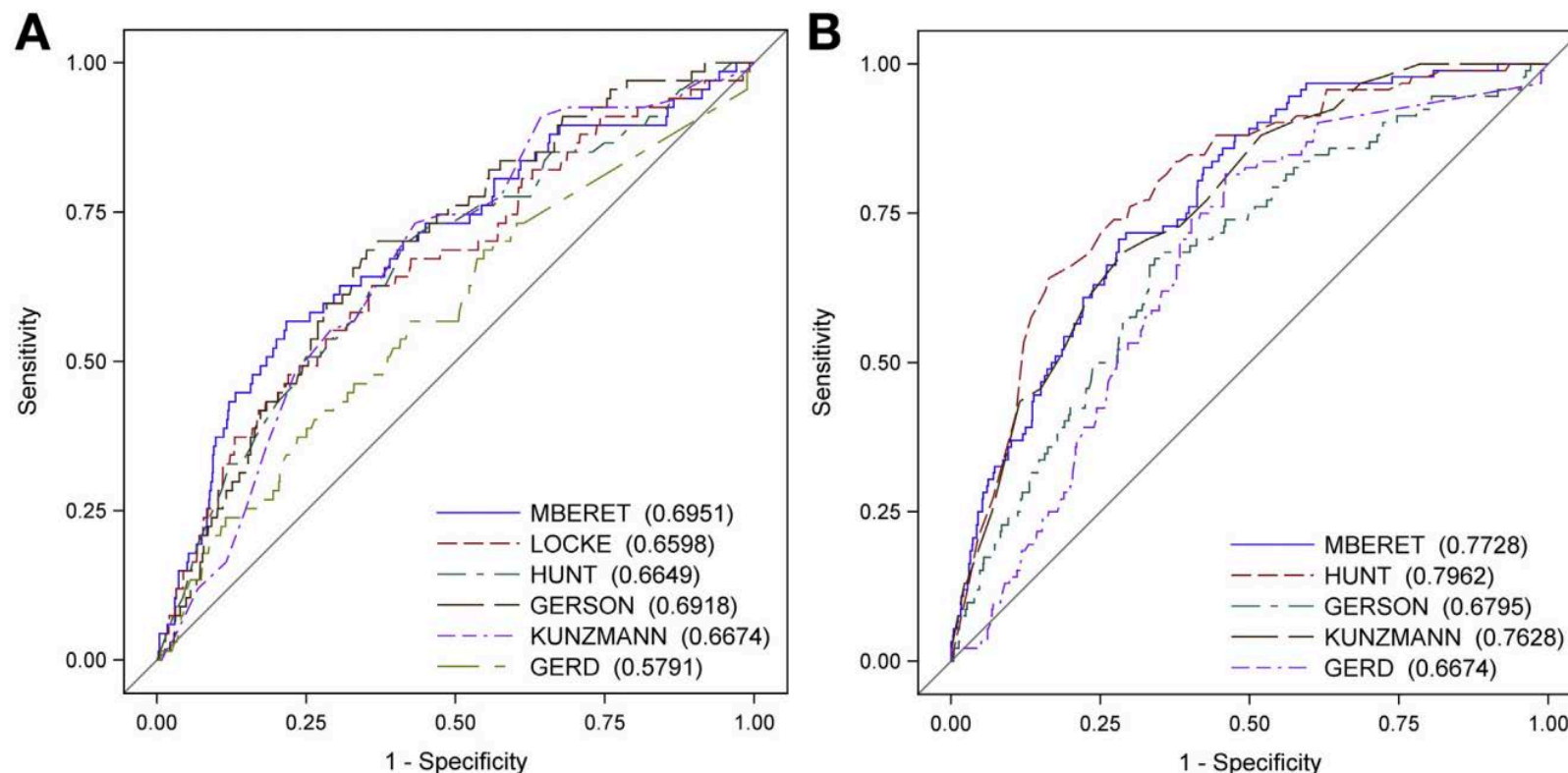


Figure 2. Receiver operating characteristics curves for (A) discriminating Barrett's esophagus among first EGD subjects and (B) early neoplastic Barrett's esophagus from no Barrett's esophagus.

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TEMA 1: CRIBADO DE ESÓFAGO DE BARRETT

¿Nuevos algoritmos en camino?

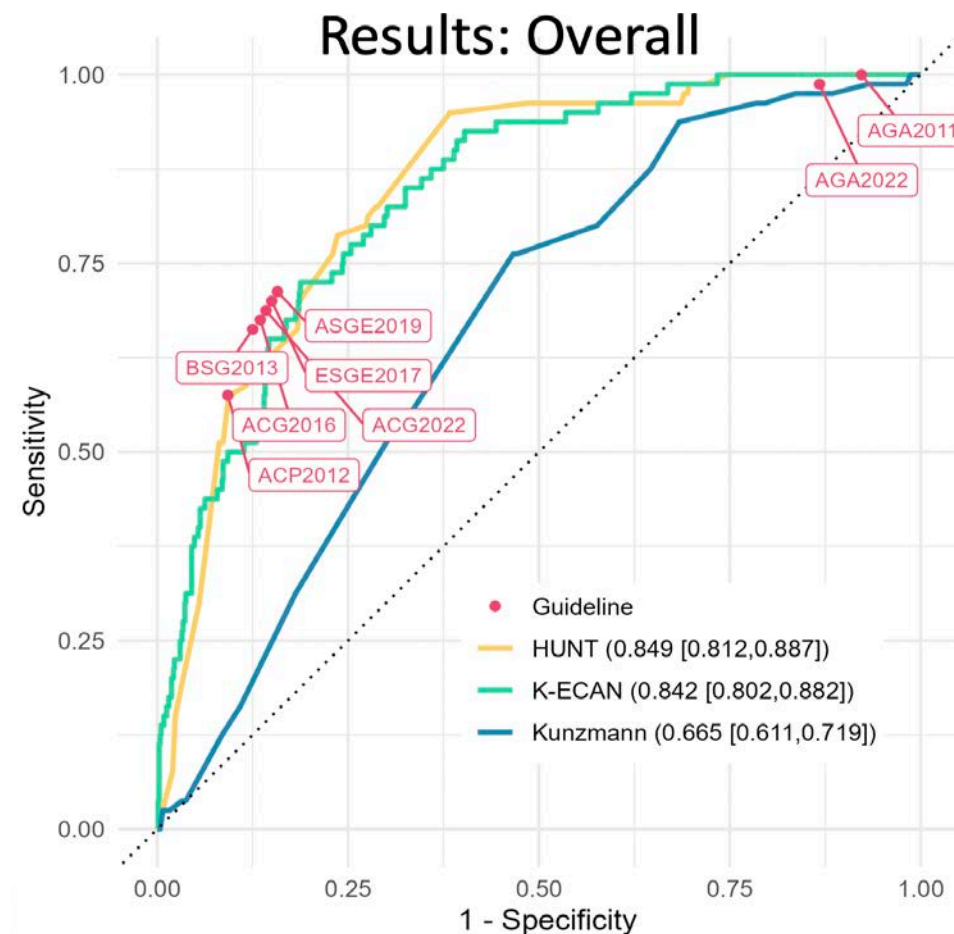


Validation of the Kettles Esophageal and Cardia Adenocarcinoma prediction Tool (K-ECAN) for Identifying Barrett's Esophagus with High Grade Dysplasia

Joel Rubenstein, MD, MSc, Jennifer Burns, MHSA, Maria Arasim, MPT, Richard Evans, MS
Center for Clinical Management Research,
LTC Charles S. Kettles Veterans Affairs Medical Center, Ann Arbor, Michigan
Barrett's Esophagus Program, Division of Gastroenterology, University of Michigan

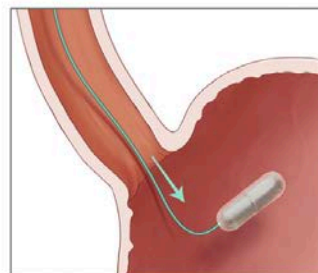


	GERD+	GERD-
K-ECAN	0.799	0.873
HUNT	0.724	0.849
Kunzmann	0.628	0.869

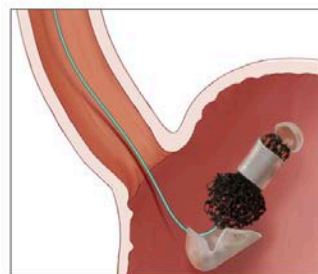


TEMA 1: CRIBADO DE ESÓFAGO DE BARRETT

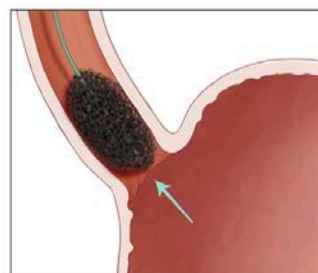
¿Tiempo de los estudios no invasivos?



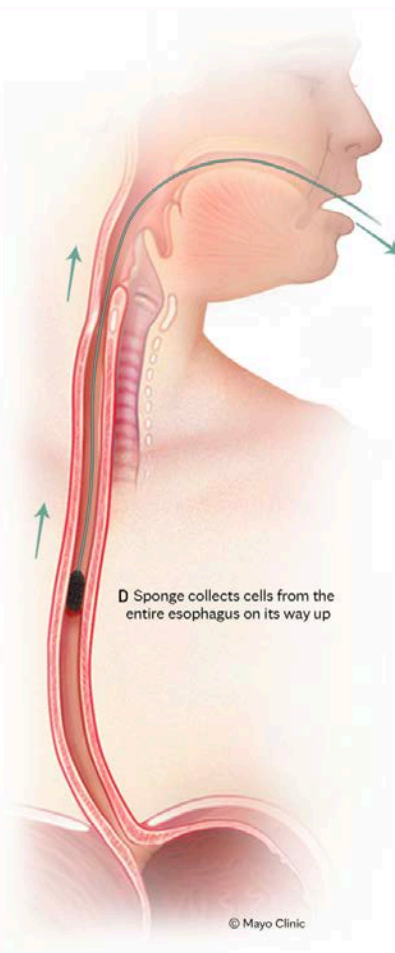
A Swallowed capsule travels to the stomach



B Capsule coating dissolves, allowing the sponge to expand



C Sponge is pulled up through esophagus by the attached string



D Sponge collects cells from the entire esophagus on its way up

© Mayo Clinic



ESOPHACAP



CYTOSPONGE

Swallowed Esophageal Cell
Collection Devices
(cytology)

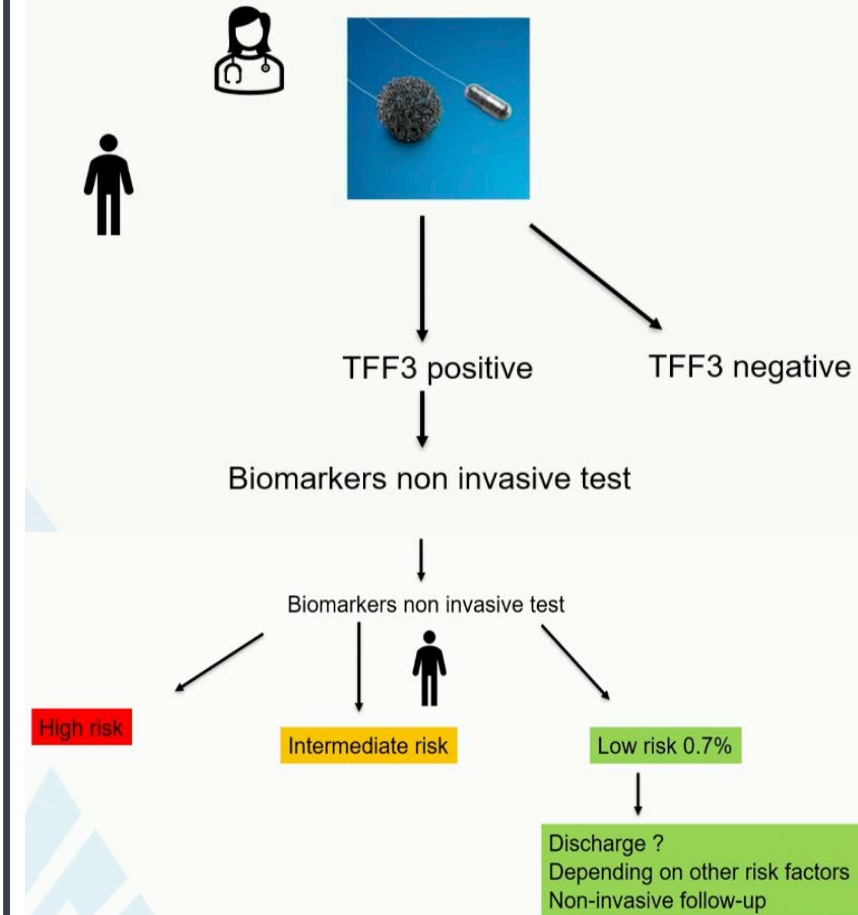
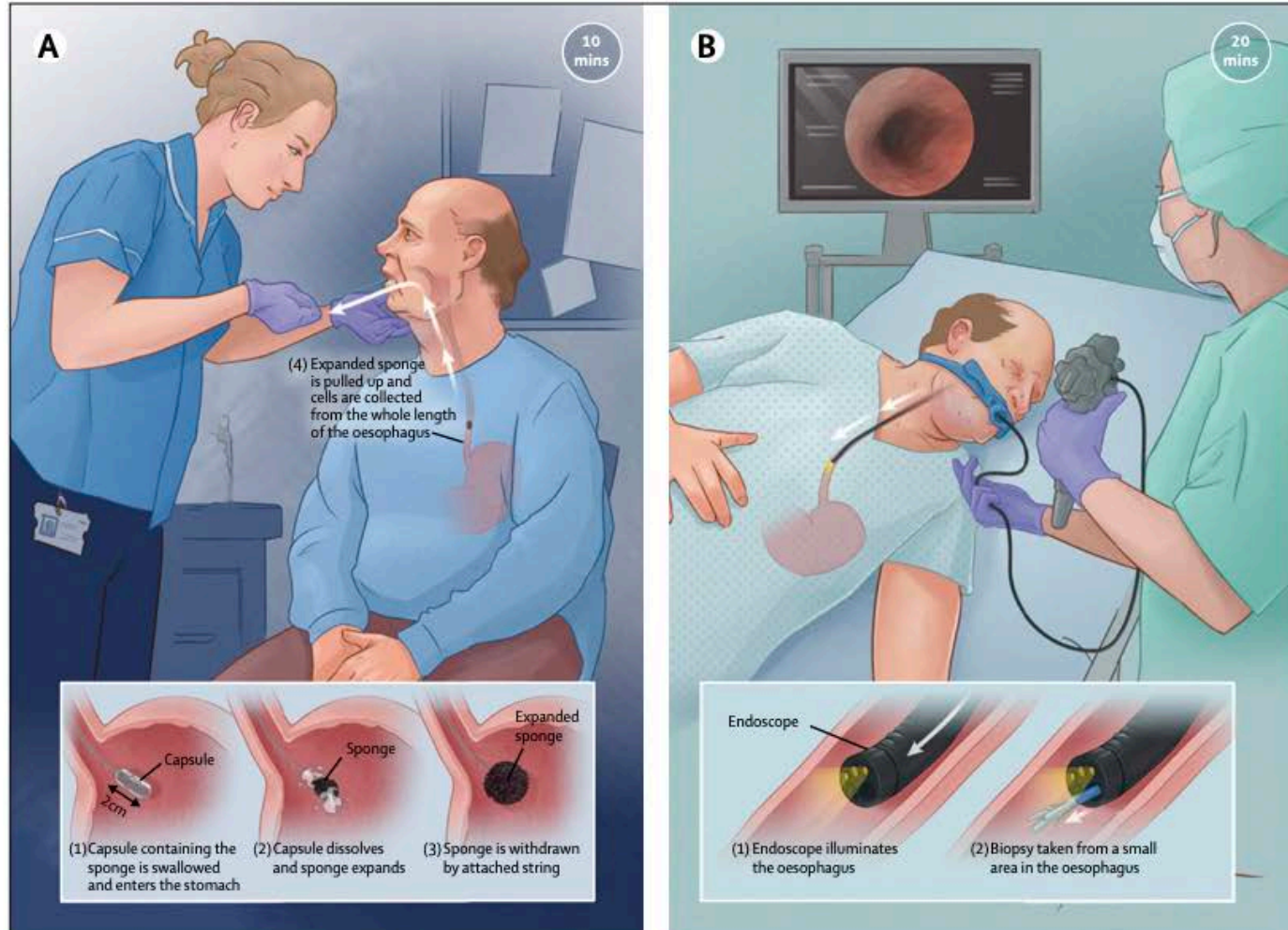


RN administered, in
outpatient setting, safe
and well tolerated

**Methylated DNA
markers**
*Quantitatively
assessed
No subjective bias
Easily scalable*

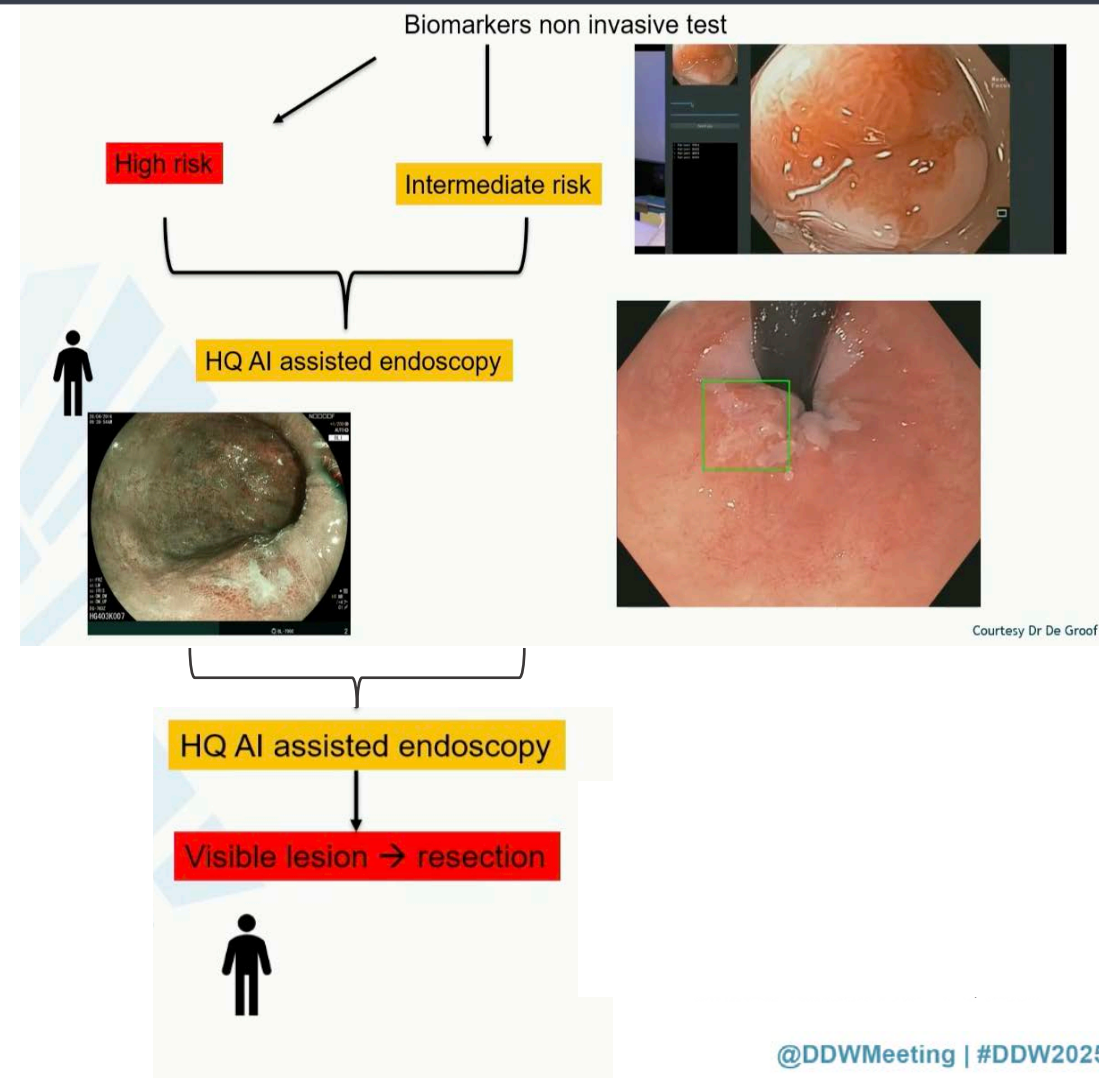
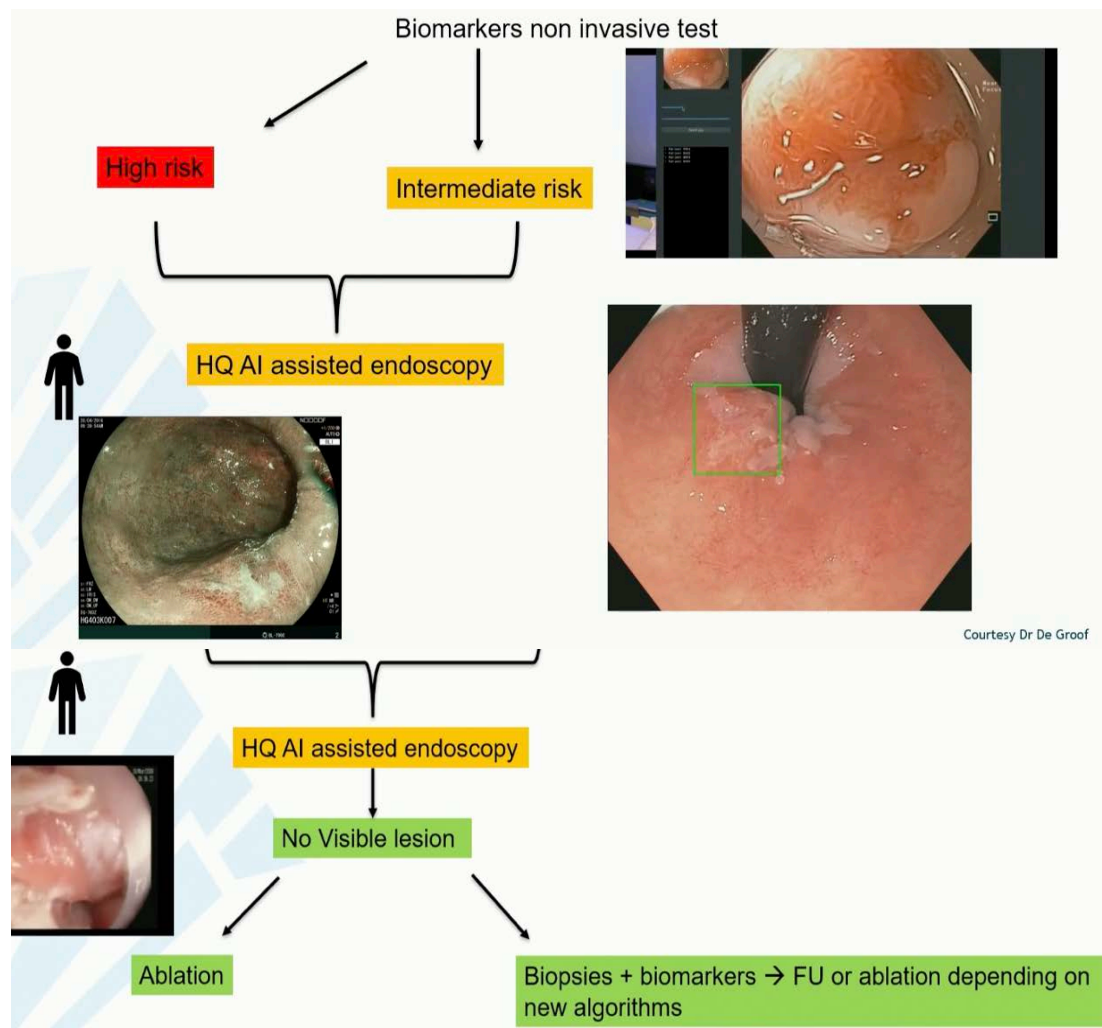
TEMA 1: CRIBADO DE ESÓFAGO DE BARRETT

¿Tiempo de los estudios no invasivos?



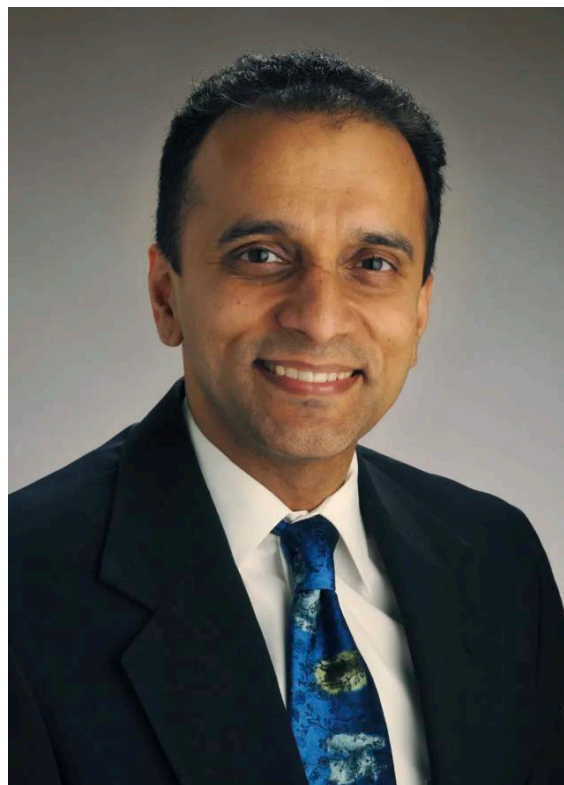
TEMA 1: CRIBADO DE ESÓFAGO DE BARRETT

¿Tiempo de los estudios no invasivos?

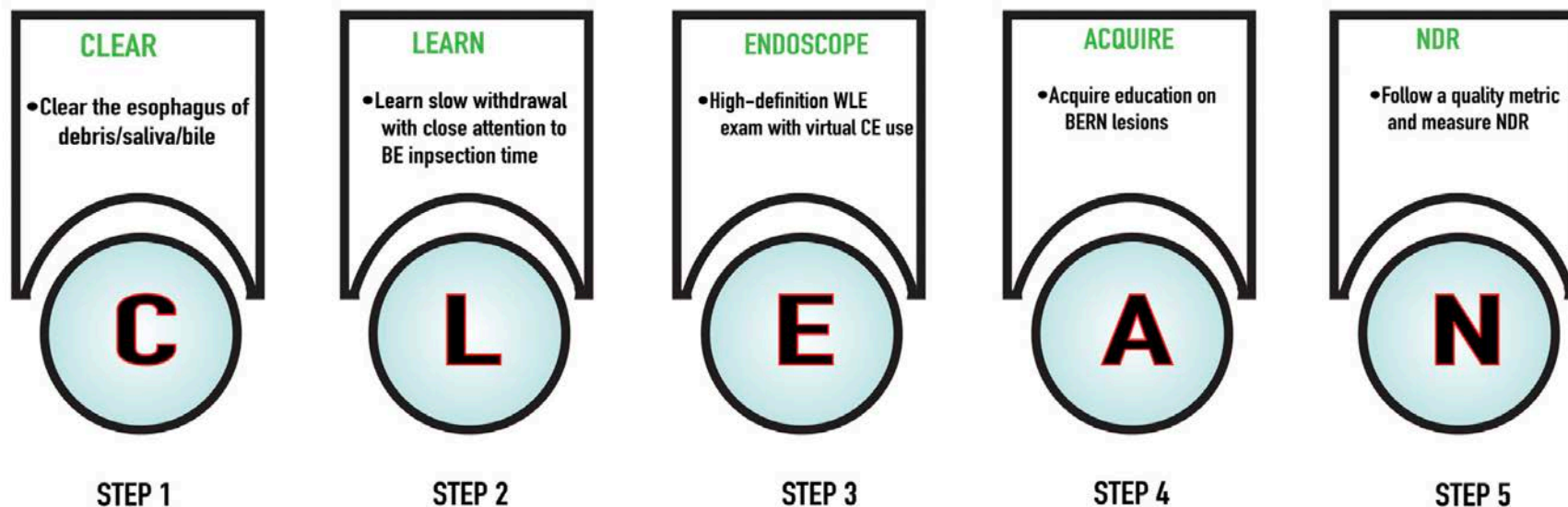


TEMA 2: DIAGNÓSTICO ENDOSCÓPICO DE EB

¿Cómo mejorar el diagnóstico? Con o sin IA?



High-Quality Upper Endoscopy



Dr. Patreek
Sharma



Perisetti A, Sharma P. Tips for improving the identification of neoplastic visible lesions in Barrett's esophagus.
Gastrointest Endosc. 2023;97(2):248-250

TEMA 2: DIAGNÓSTICO ENDOSCÓPICO DE EB

Respecto a la Limpieza

PEACE Score System

- 0 = Ocultamiento de mucosa
- 1 = Pobre visualización
- 2 = Buena (la mayor parte de)
- 3 = Excelente (sin limitantes)



- < 2: inadecuado (al menos un área)
- ≥ 2: adecuado (en todas las áreas)

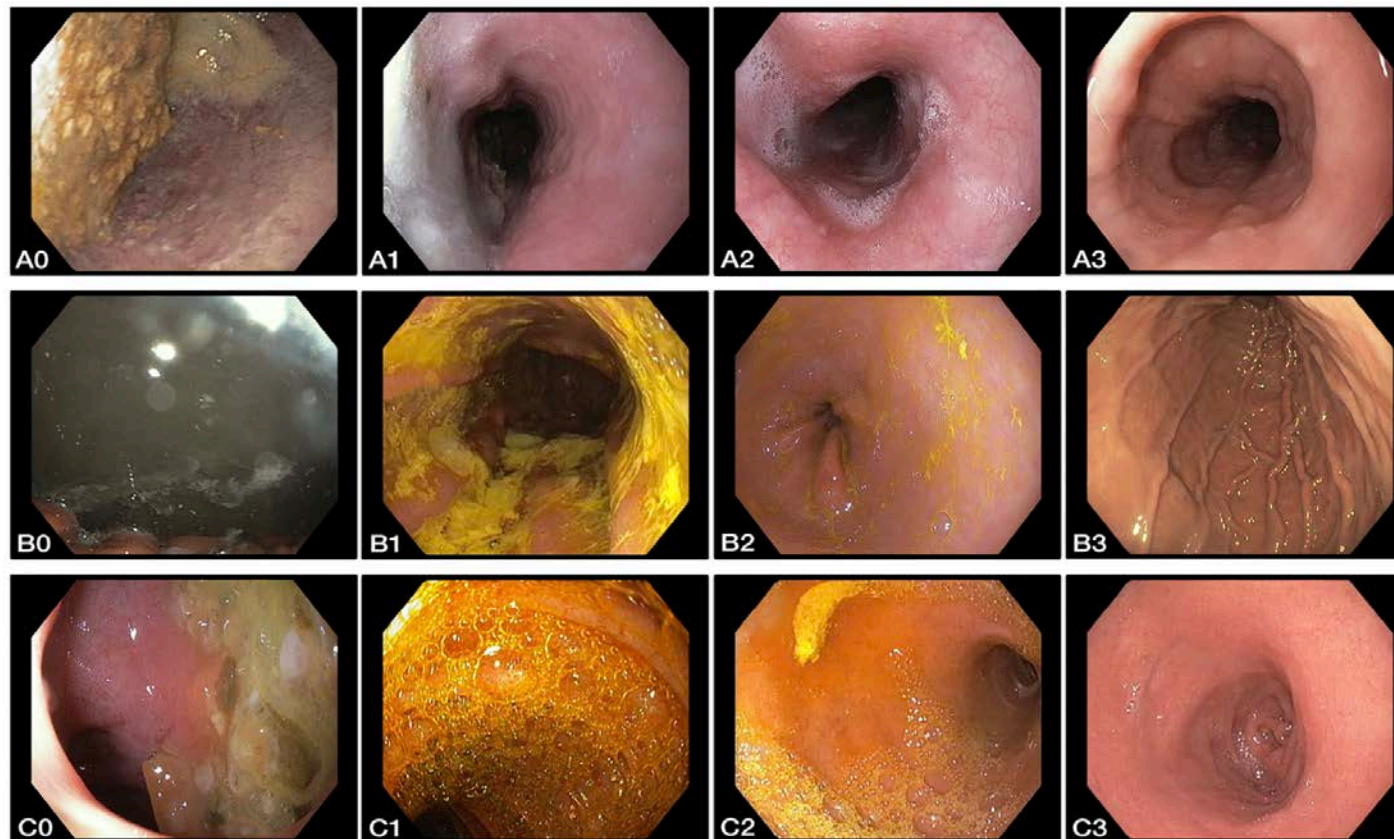
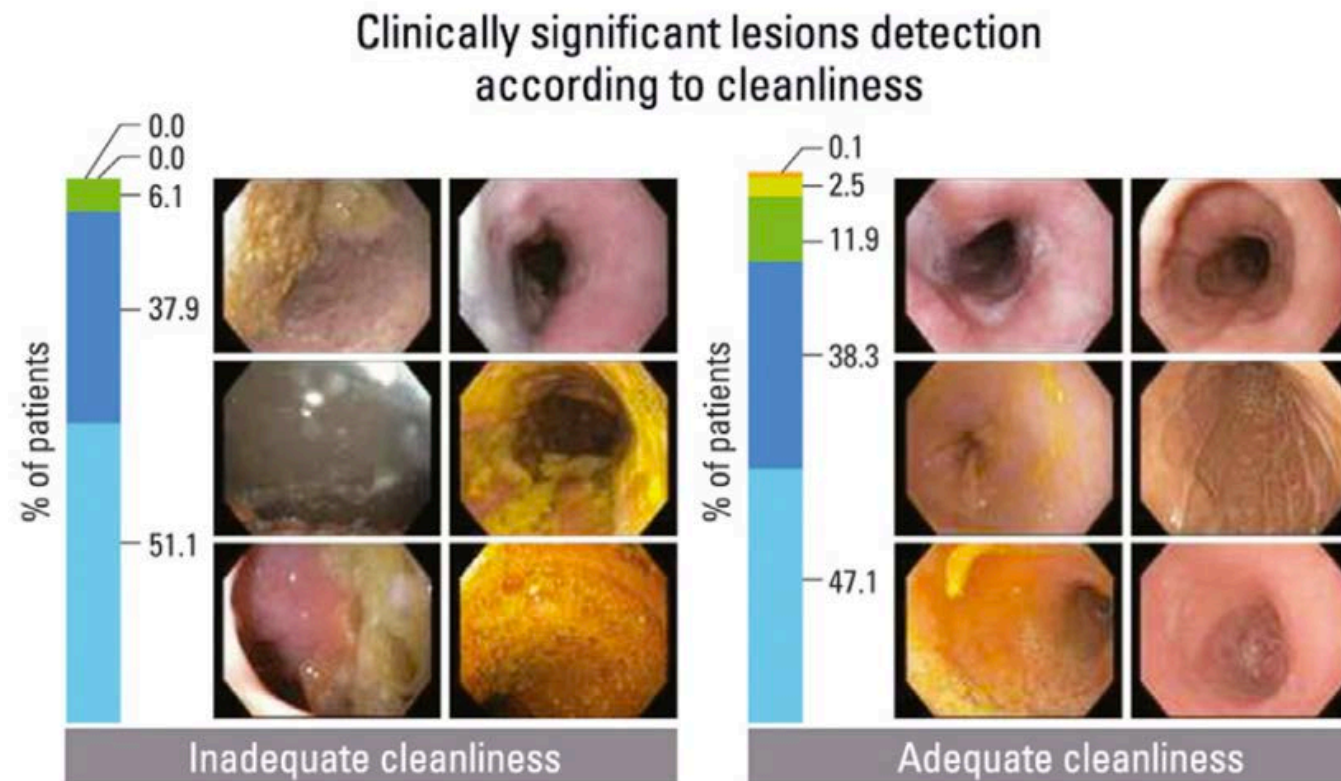


Figure 1 POLPREP scores. The photographs represent examples of each score according to POLPREP classification (A0, esophagus score 0; A1 esophagus, score 1; A2, esophagus score 2; A3, esophagus score 3; B0, stomach score 0; B1 stomach, score 1; B2, stomach score 2; B3, stomach score 3; C0, duodenum score 0; C1 duodenum, score 1; C2, duodenum score 2; C3, duodenum score 3).

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TEMA 2: DIAGNÓSTICO ENDOSCÓPICO DE EB

¿Cuál es el real impacto?



Number of clinically significant lesions

0 1 2 3 4

OR1.78; 95% CI 1.06-3.01; p=0.03

© ASGE / GIE

TEMA 2: DIAGNÓSTICO ENDOSCÓPICO DE EB

Respecto a la visualización

Barrett's inspection time (BIT)



Mayor tiempo de exploración:

- > Detección de lesiones sospechosas
- > Detección de casos HGD/EAC



¿Cómo traspasarlo a la práctica?

- 1 min / 1 cm de mucosa Barrett-like

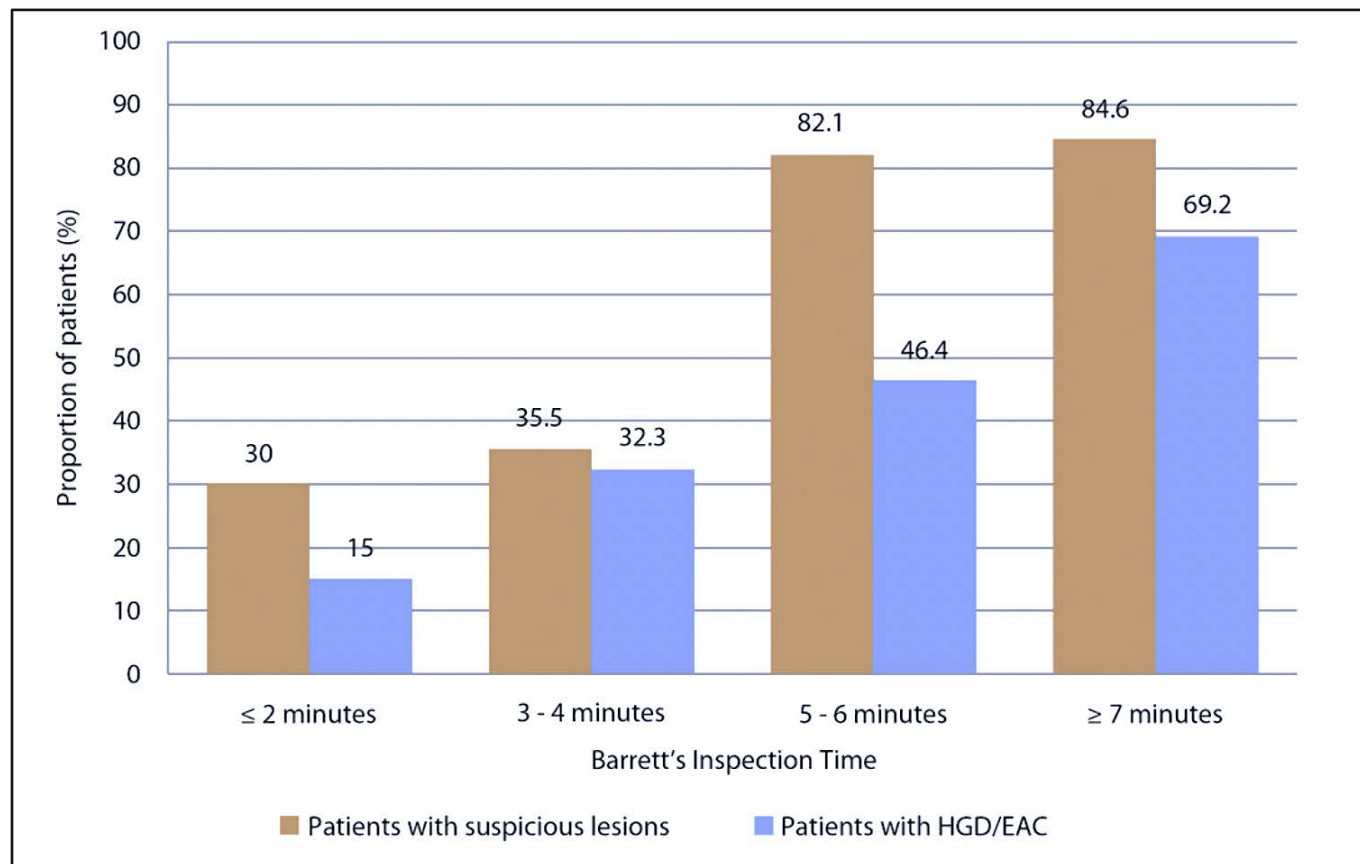
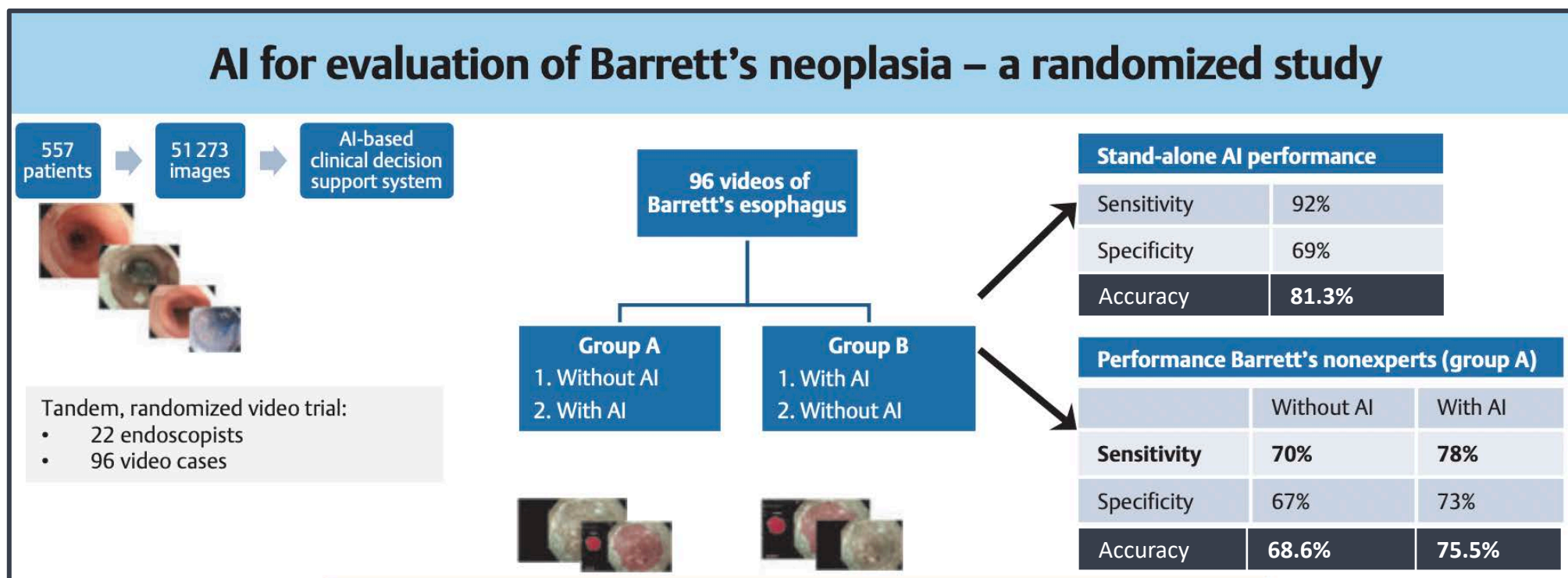


Figure 1. A, Patients with longer total Barrett's inspection times were more likely to have an endoscopically suspicious lesion detected (P .001) and more likely to have high-grade dysplasia/esophageal adenocarcinoma (HGD/EAC) diagnosed (P .001).

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TEMA 2: DIAGNÓSTICO ENDOSCÓPICO DE EB

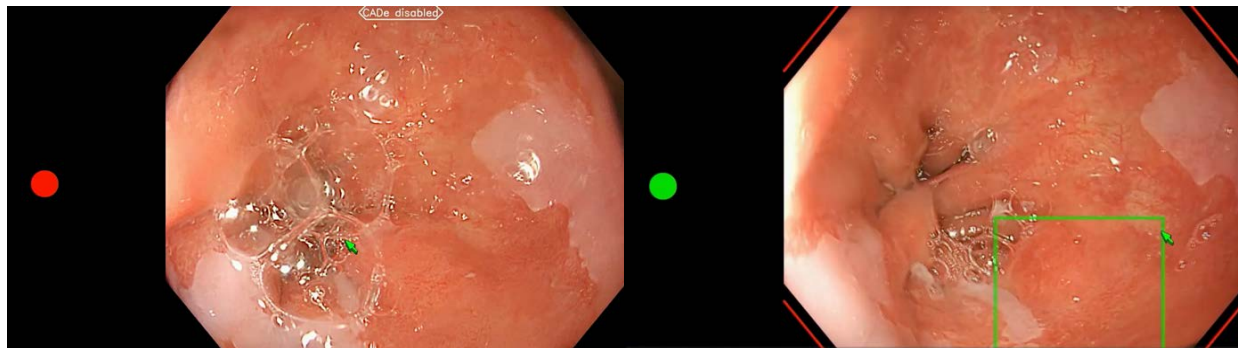
¿Cómo nos podría ayudar la inteligencia artificial?



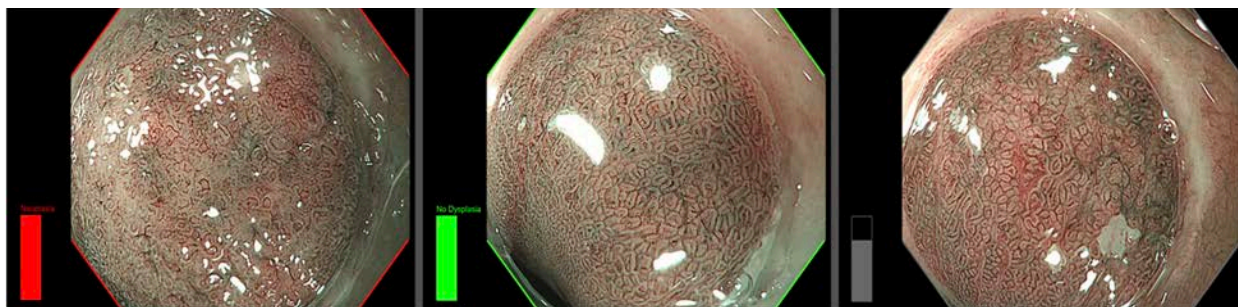
El uso de IA **mejora la performance** de médicos endoscopistas no expertos

TEMA 2: DIAGNÓSTICO ENDOSCÓPICO DE EB

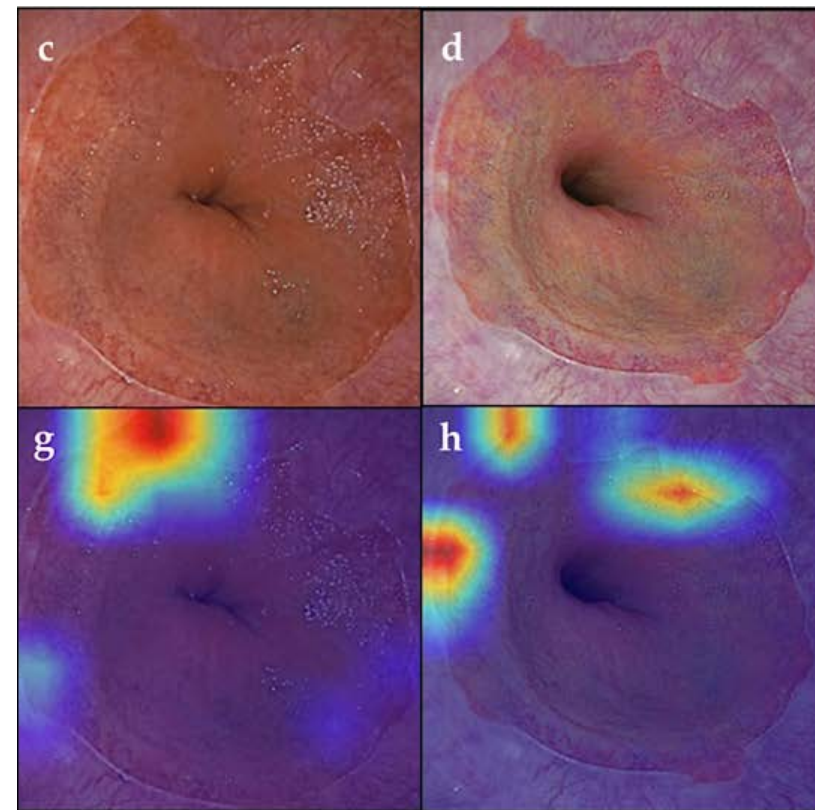
¿Cómo nos podría ayudar la inteligencia artificial?



Evaluación con luz blanca y detección de lesiones



Evaluación con cromo-endoscopia y caracterización de lesiones

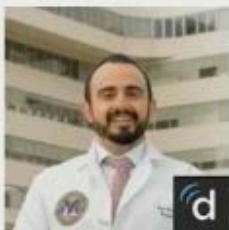


Heat-map en focos inaparentes

TEMA 3: SEGUIMIENTO DEL ESÓFAGO DE BARRET

¿Qué se nos viene por delante?

AGA Clinical Practice Guideline: Surveillance of Barrett's Esophagus



Perica Davitkov



Swathi Eluri



John Inadomi



David Katzka



David A. Leiman



Joel Rubenstein



Tarek Sawas



Margaret Zhou



Aaron Thrift



Sachin Wani



2025 AGA Guideline Highlights

🕒 1:00 p.m. - 2:30 p.m. GMT-4

📅 martes, mayo 6, 2025

📍 Room: 31 (SDCC)

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Digestive Disease Week®
MAY 3-6, 2025 | SAN DIEGO, CA
EXHIBIT DATES: MAY 4-6, 2025

BARRETT'S OESOPHAGUS SURVEILLANCE STUDY (BOSS)

Oliver Old MD FRCS, Consultant Upper GI Surgeon
Gloucestershire Royal Hospital, UK



BARRETT'S OESOPHAGUS SURVEILLANCE VERSUS ENDOSCOPY AT NEED STUDY (BOSS): A
RANDOMIZED CONTROLLED TRIAL

👤 11:12 a.m. - 11:24 a.m. GMT-4

📅 lunes, mayo 5, 2025

📍 Room: 20A (SDCC)

TEMA 3: SEGUIMIENTO DEL ESÓFAGO DE BARRET

Resultados del BOSS-Trial

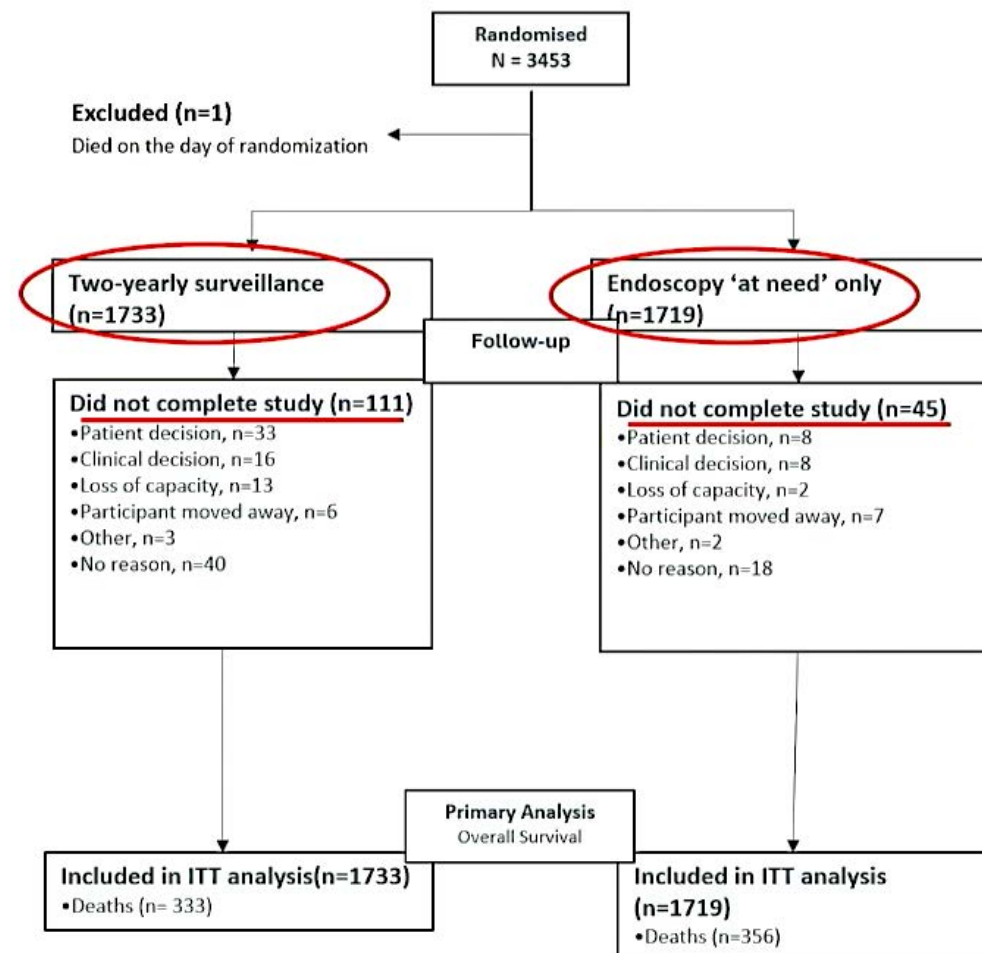
MÉTODOS

- RCT – 109 Centros en UK
- Reclutamiento 2009 a 2011
- Seguimiento mínimo de 10 años (hasta marzo 2024)
- Media de seguimiento 12.8 años



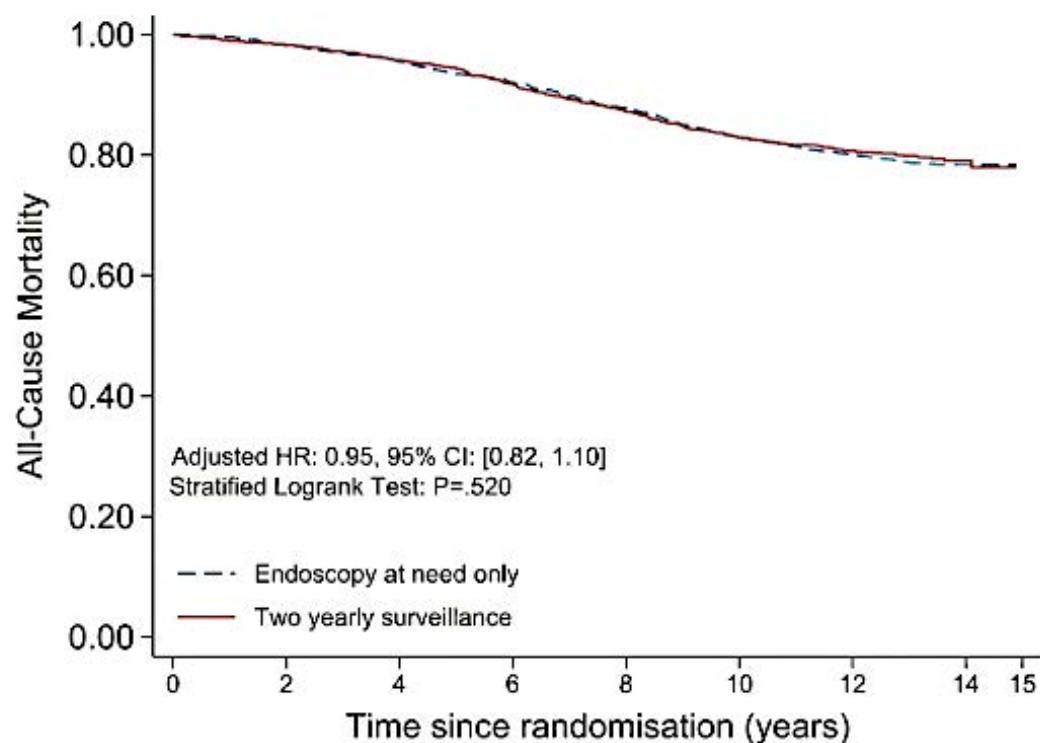
Intervención

- Pacientes ≥ 18 años con EB (mínimo COM2)
- Con EB-ND o DBG
(al diagnóstico o dentro de 2 años de reclutamiento)
- Endoscopia cada 2 años vs "EDA según necesidad"



TEMA 3: SEGUIMIENTO DEL ESÓFAGO DE BARRET

Resultados del BOSS-Trial



No. at Risk (Censored)

Endoscopy at need only	1719 (31)	1678 (45)	1619 (59)	1550 (71)	1471 (81)	1385 (50)	1334 (19)	117(0)	0
Two yearly surveillance	1733 (30)	1683 (43)	1598 (66)	1502 (73)	1409 (69)	1330 (36)	1292 (15)	104(1)	0

Deaths (Surveillance vs. at-need): 333 vs. 356

¿QUÉ CONCLUYERON?

1. Baja tasa de progresión a ACE (0.23 % / año)
2. No hay beneficio en sobrevida asociada al seguimiento de pacientes con EB (ND-BE/LGD)
3. Seguimiento endoscópico no es una estrategia costo-efectiva en este grupo de pacientes
4. Seguimiento endoscópico aumenta la tasa de detección de displasia versus estrategia “libre”

TEMA 3: SEGUIMIENTO DEL ESÓFAGO DE BARRET

Tema polémico, dinámico y en evolución

Surveillance Endoscopy in Barrett's Esophagus: Does It Work?



Margaret J. Zhou, MD, MS

Clinical Assistant Professor of Medicine, Division of Gastroenterology & Hepatology, Stanford University, Stanford, CA

This summary reviews Old O, Jankowski J, Attwood S, et al; BOSS Trial Team. Barrett's Oesophagus Surveillance Versus Endoscopy at Need Study (BOSS): A Randomized Controlled Trial. Gastroenterology. 2025 Apr 1:S0016-5085(25)00587-6.



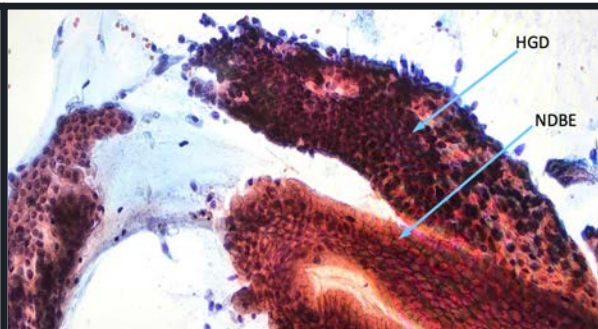
Estudio debe ser leído con precaución

- Errores en cálculo de tamaño muestral
- No descripción de mortalidad asociada al adenocarcinoma esofágico
- 25% de pacientes no tenía metaplasia intestinal en biopsia (¿Tenían EB?)
- No descripción de calidad ni adherencia a recomendaciones en endoscopia de seguimiento

TEMA 3: SEGUIMIENTO DEL ESÓFAGO DE BARRET

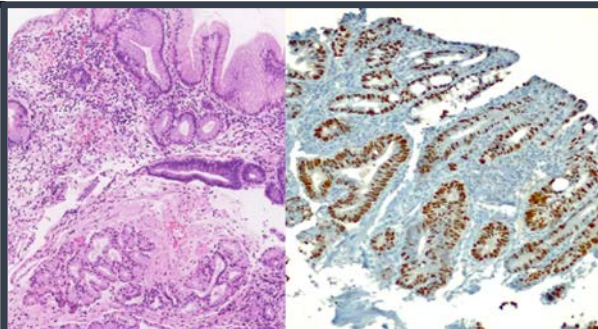
¿Hay espacio para p53 & WATS-3D en el 2025?

W
A
T
S



In patients undergoing screening or surveillance endoscopy for Barrett's esophagus, the AGA makes no recommendation for or against the use of wide-area transepithelial sampling as an adjunctive sampling technique to a structured biopsy protocol (*knowledge gap*)

P
5
3

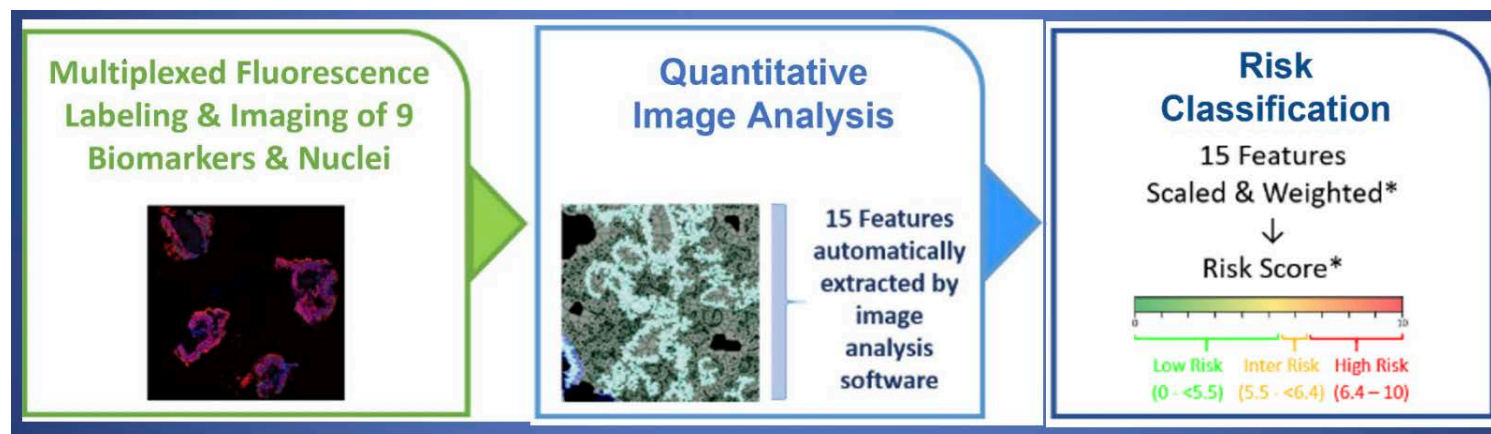


In patients diagnosed with non-dysplastic Barrett's esophagus, indefinite for dysplasia or low-grade dysplasia, the AGA makes no recommendation for or against the routine use of p53 assessment as an adjunct test to histopathology (*knowledge gap*)

TEMA 3: SEGUIMIENTO DEL ESÓFAGO DE BARRET

¿Hay espacio para Tissue Cypher (TSP-9) en el 2025?

In patients diagnosed with non-dysplastic Barrett's esophagus, indefinite for dysplasia or low-grade dysplasia, the AGA makes no recommendation for or against the routine use of TissueCypher as an adjunct test to histopathology (*knowledge gap*)



TEMA 3: SEGUIMIENTO DEL ESÓFAGO DE BARRET

Resumiendo: ¿Qué deberíamos hacer hoy al 2025?

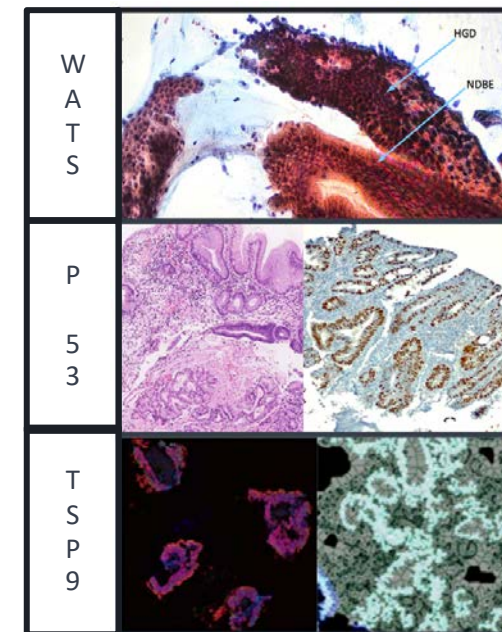
Table 1. Barrett's Esophagus Surveillance Intervals and Management as per Dysplasia Grade, Recommended by Gastroenterology Society Guidelines

Society	Pathologic findings			HGD/ intramucosal adenocarcinoma
	NDBE	Indefinite for dysplasia	LGD	
 American College of Gastroenterology ⁶	3–5 y ^a	EGD within 6 mo after optimizing reflux control	EET or surveillance every 6–12 mo (in those with comorbidities or who are risk averse)	Endoscopic therapy
 American Gastroenterological Association ⁷⁰	3–5 y	No specific recommendation	Repeat EGD in 3–6 mo, EET in those with confirmed and persistent LGD or endoscopic surveillance	Endoscopic therapy
 American Society for Gastrointestinal Endoscopy ^{8,20}	3–5 y	No specific recommendations	EET in those with confirmed LGD or surveillance every 6–12 mo in those with comorbidities or who are risk averse	Endoscopic therapy
 British Society of Gastroenterology ²¹	3–5 y ^a	Repeat EGD in 6 mo with proton pump inhibitor optimization	EGD every 6 mo ^b Updated to recommend EET or surveillance	Endoscopic therapy

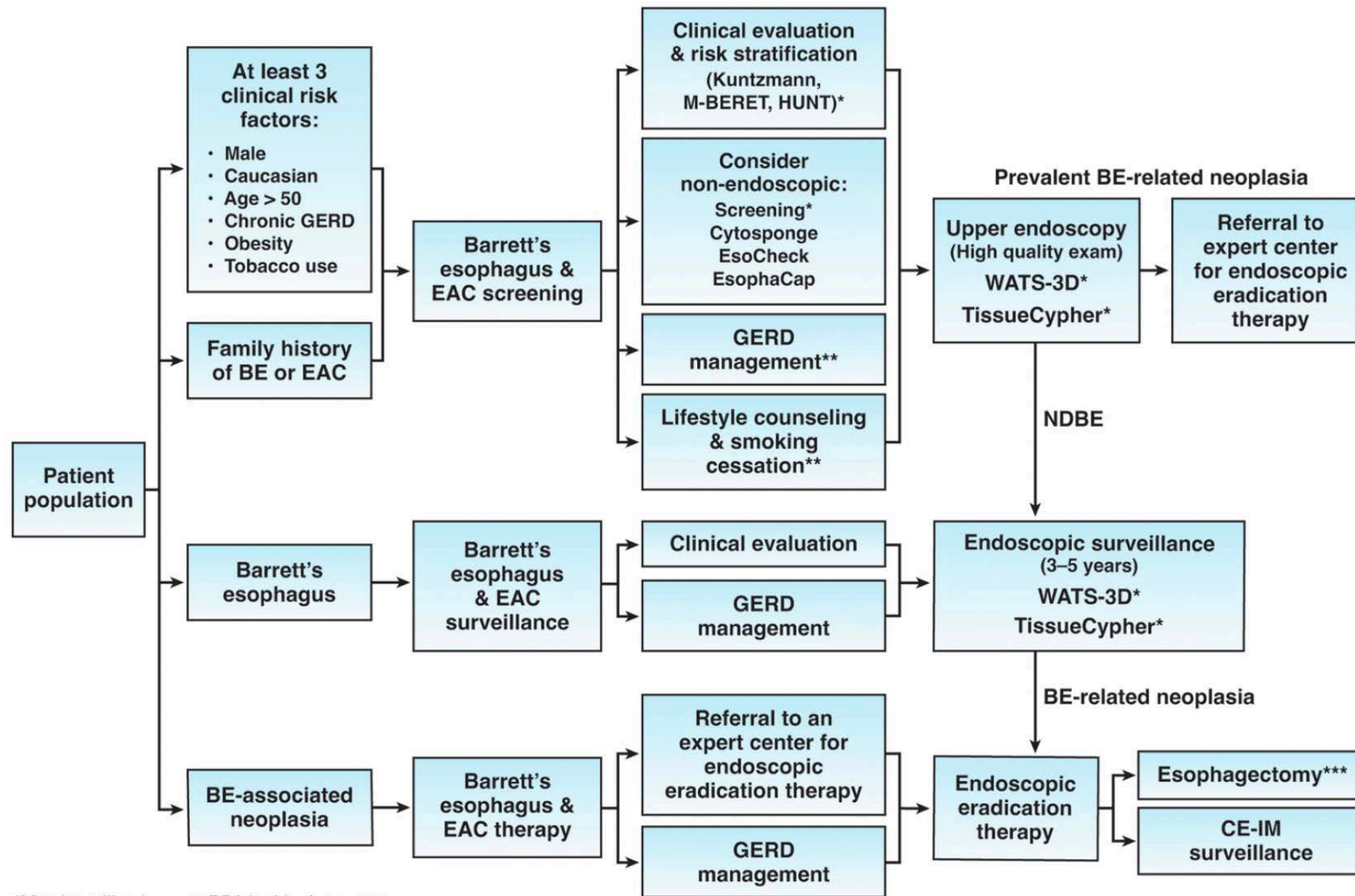
^a5 years for short segment with NDBE and 3 years for long segment with NDBE.

^bUntil 2 consecutive NDBE or HGD.

+/-



Consider using one of the following techniques



*May be utilized as per BPA in this document

**When clinically appropriate

***For T1b or higher stage cancers by EMR or neoplastic disease refractory to EET

TEMA 3: SEGUIMIENTO DEL ESÓFAGO DE BARRET

¿Qué es lo que se viene en esta área?

The SCRiBE Study

(Stratification of Cancer Risk in Patients with Non-Dysplastic Barrett's Esophagus using TissueCypher®)

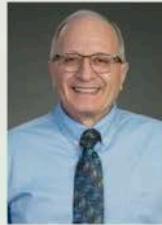
NIH Sponsored



Rhonda Souza



Rebecca
Critchley-Thorne



Stuart Spechler



Harshit Khara



John Goldblum

Assess the ability of the TissueCypher® assay to predict cancer risk in an unbiased, community-based cohort of patients with non-dysplastic Barrett's esophagus.

A cancer-prevention program directed by risk stratification might save lives from esophageal adenocarcinoma.



SURVEILLANCE vs ENDOSCOPIC
ERADICATION THERAPY TRIAL



Digestive Disease Week®

May 2-5, 2026 | Chicago, IL

TEMA 4: BARRETT POS-QUIRÚRGICO

¿Qué pacientes podrían estar en riesgo? -> Acalasia



EVALUATING THE RISK OF BARRETT'S ESOPHAGUS AFTER POEM: A RETROSPECTIVE ANALYSIS

Amanda Sinderovsky

DDW ePoster Library. Sinderovsky A. 05/03/2025; 4154348; Sa1323;



RISK OF DE NOVO BARRETT'S ESOPHAGUS FOLLOWING TREATMENT OF ACHALASIA: A MATCHED COHORT STUDY USING AN ELECTRONIC HEALTH RECORD-BASED NATIONWIDE DATABASE

Abdul Mohammed

DDW ePoster Library. Mohammed A. 05/05/2025; 4153261; Mo1374;



**RISK OF DE NOVO BARRETT’S ESOPHAGUS
FOLLOWING TREATMENT OF ACHALASIA: A MATCHED
COHORT STUDY USING AN ELECTRONIC HEALTH
RECORD-BASED NATIONWIDE DATABASE**

Evaluación de Base de datos de salud (TriNetX)

- Pacientes con Acalasia diagnosticados entre 2014-2024
- Incidencia de EB de novo en pacientes sometidos a terapia directa-ESI
(Dilatación neumática – miotomía laparoscópica – POEM)
- Propensity score match 1:1 con controles con factores de riesgo para EB

Intervención vs controles	Incidencia (%)	RR	Significancia estadística
Dilatación neumática	1.54 vs 1.09	1.41	0.29
Miotomía de Heller	2.66 vs 0.95	2.79	< 0.0001
POEM	-	-	-



EVALUATING THE RISK OF BARRETT'S ESOPHAGUS AFTER POEM: A RETROSPECTIVE ANALYSIS

Amanda Sinderovsky

DDW ePoster Library. Sinderovsky A. 05/03/2025; 4154348; Sa1323;

- Estudio unicéntrico de cohorte retrospectiva
- Pacientes con Acalasia tratados con POEM entre 2019-2024
- Con endoscopia de seguimiento dentro de un año
- Evaluar EB de novo dentro de 12 meses post-POEM
- Se analizaron 104 pacientes

Incidencia EB	6.7 % (7/104)	Sin asociación raza-sexo
Retraso diagnóstico de EB en pacientes usuarios de IBP		
Edad, tabaco, alcohol e IBP no juegan rol en desarrollo EB		

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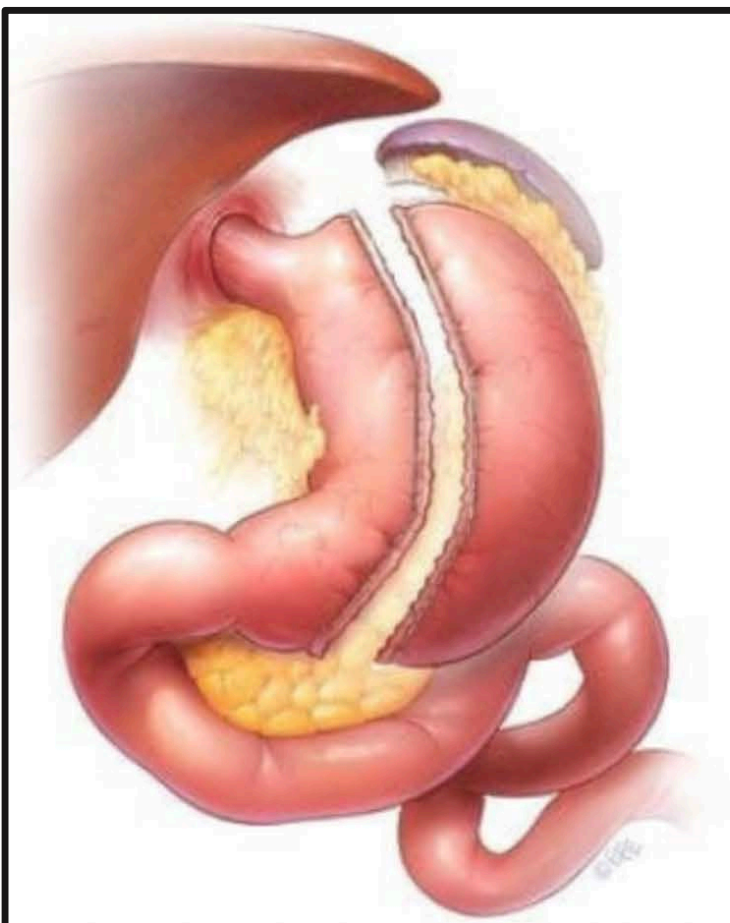
CAUTION



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EXHIBIT DATES: MAY 4-6, 2025

TEMA 4: BARRETT POS-QUIRÚRGICO

CIRUGIAS BARIÁTRICAS & BARRETT



BARRETT'S ESOPHAGUS AFTER SLEEVE GASTRECTOMY AND GASTRIC BYPASS; PRPENSITY MATCHED ANALYSIS OF LARGE...

Bashir M. May 3, 2025; Sa1299



WORRISOME CUMULATIVE RISK OF DENOVO BARRETTS ESOPHAGUS POST SLEEVE GASTRECTOMY WITH GASTROESOPHAGEAL REFLUX...

Aloysius M. May 3, 2025; Sa1296



COMPARATIVE RISKS OF GERD, GASTRIC INTESTINAL METAPLASIA, AND UPPER GI CANCERS IN OBESITY PATIENTS: A...

Yang H. May 6, 2025; Tu1200

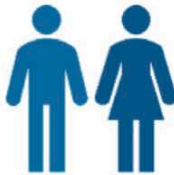


TEMA 4: BARRETT POS-QUIRÚRGICO

¿Con qué se alinean estos tres estudios?

Risk of De Novo Barrett's Esophagus (BE) Post Sleeve Gastrectomy (SG): A Systematic Review and Meta-analysis of Studies with Long Term Follow up

- 19 studies with 2046 patients

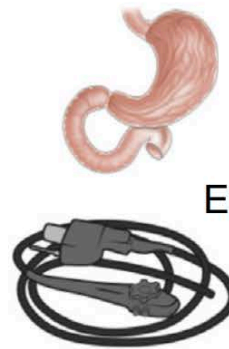


- Mean



→ 2 to 11.4 years

- Pooled rate of de novo BE → 5.6%



Reflux Symptoms

Erosive Esophagitis

Hiatal Hernia



PPI Use

	Pre SG	Post SG
Reflux Symptoms	14.6%	48%
Erosive Esophagitis	7.7%	33.4%
Hiatal Hernia	14.8%	32.1%
PPI Use	13.5%	54.6%

Clinical Gastroenterology
and Hepatology

CONCLUSIONES

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- **Cribado:** avanzamos en el cómo hacerlo, pero aún nos falta mucho en el quién.
- **Diagnóstico:** endoscopia de alta calidad es la piedra angular y la IA podría mejorar nuestra performance de forma sustancial
- **Seguimiento:** aunque controversial, debemos de momento enfocarnos en la selección adecuada de pacientes y temenos como hacerlo.
- **Casos especiales** riesgo de EB- de novo pos-quirúrgico en nuestros pacientes es real por lo que su búsqueda debe ser parte de nuestra hoja de ruta

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BE GUTSY

IDENTIFICATION OF ABERRANT P53 EXPRESSION BY IMMUNOHISTOCHEMISTRY IN PATIENTS WITH BARRETT'S ESOPAGHUS

PRELIMINARY RESULTS FROM A CHILEAN UNIVERSITY CENTER

Palma, Renato F.; Gonzalez, Jose Miguel; Torres, Javiera; Roa, Juan Carlos; Venegas Tomas
; Latorre, Gonzalo; Vargas, Jose Ignacio; Espino, Alberto

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ESOFAGO DE BARRETT EN 2025

¿Dónde estamos y hacia dónde vamos?

Dr. Renato Palma Fernández

