HALO: Effective treatment for Barrett's esophagus

By Dr. David Limauro

Barrett's esophagus is a condition that occurs in about 10% of people with chronic gastroesophageal reflux disease, often called GERD. In Barrett's esophagus, the lining of the esophagus changes in response to chronic injury from acid coming up from the stomach.

The lining of the esophagus changes from normal squamous cells to an acid-resistant lining similar to the cells lining the small intestine. This may sound like a beneficial change, but these new cells have the potential to become abnormal and eventually turn into devastating esophageal cancer.

While most people with Barrett's esophagus do not develop cancer, esophageal cancer has been increasing faster than any other cancer in the past several decades. The risk for most people is low, about 0.5% per year.

Unfortunately for those people who develop dysplastic cells (cells with abnormal size, shape or organization) the risk of developing invasive cancer is much higher. Because it is estimated that more than 3 million people in the United States have Barrett's esophagus, the number who will develop dysplasia that can lead to cancer is significant.

Doctors and researchers have been looking for ways to stop the progression of Barrett's to cancer, and one of the newest and most important treatments is a technology called HALO. HALO uses radiofrequency energy on Barrett's tissue to kill diseased cells, while leaving surrounding normal esophageal cells unharmed.

The procedure is done with mild to moderate sedation, with medications given through an IV. The procedure is done as an outpatient and generally takes less than 30 minutes. Some patients experience chest pain and difficulty swallowing after the procedure, which is managed by medications provided by the physician. The symptoms generally resolve in three to four days.

HALO treatments have been highly effective for removing Barrett's esophagus. A large clinical trial showed 98.4% of patients with non-dysplastic Barrett's esophagus completely free of Barrett's after two-and-a-half years. Other trials have shown that more than 90% of patients with dysplasia have complete eradication of dysplasia.

HALO allows treatment and probable cure for patients who otherwise might have undergone surgery with partial removal of the esophagus, a highly invasive surgery that requires hospitalization for days and has significant complication risks.

The best treatment, of course, is to avoid the development of Barrett's esophagus and dysplasia altogether. While not proven, my opinion is that our obesity epidemic is directly related to the increase in Barrett's and esophageal cancer in our country. We physicians need to do better working with our patients to solve this catastrophic problem.

I have seen many overweight and obese patients who have been successful at losing weight and keeping it off. Rather than trying a conventional diet, set a goal of losing one to two pounds every two weeks. Try using a small plate, and fill that plate with less meat and more fruits and vegetables.

Stop drinking soda (including "diet" soda), and drink only water or unsweetened tea with meals. Drink less alcohol, as this is a source of high calories without much nutritional value.

Finally, exercise by talking a brisk walk daily with your spouse, friend or pet. Start slow and build your way up to 20 to 30 minutes a day. This will burn calories, and allow you to blow off stress and give you a chance to spend quality time with your spouse or friend away from the phone, computer and TV.

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