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INTRASURFACE PHYSIOLOGIC VARIABILITY IN 24 HOUR ESOPHAGEAL ACID EXPOSURE

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Purpose: The accuracy and reliability of the measurement of esophageal acid exposure has become important in clinical practice and in research in the diagnosis and management of GERD. The hypothesis of many studies rests on the assumption that esophageal acid exposure within a patient is a constant measurable value. This study is a retrospective evaluation of multiple esophageal pH recordings in untreated heartburn subjects.

Methods: 24 hour pH tracings from subjects who had undergone multiple pH monitoring tests were evaluated. Subjects with at least three tracings performed on separate occasions were evaluated for total esophageal acid exposure (% time pH <4, ACT), mean esophageal pH, and mean gastric pH. Three pH tracings were randomly chosen for analyses for subjects with greater than 3 pH-monitoring sessions. Values representing mean % time was not in the respective %STD (p<0.05), or mPGE2.

Conclusions: 1. The synchronized increase in the content of major salivary protective factors during stimulation signifies gastroesophageal reflux. 2. Salivary PGE2 is less likely to contribute to esophageal esophagoprotection.

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BARRETT'S SURVEILLANCE PER THE ACG GUIDELINES, DO WE REALLY DO WHAT THEY SAY?

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Purpose: To determine compliance with standards, biopsy reports for BE from the pathology reports from 3 health care systems — 2 community and 1 academic based.

Methods: A retrospective review of consecutive BE (excluding short segment) pathology reports were reviewed. Compliance with the recommended number of biopsy specimens per level, distance between levels and surveillance intervals were assessed relative to the presence/degree of dysplasia.

Results: 160 cases were reviewed. Compliance was assessed according to time interval and to adherence to the recommended (4 quadrant) number of biopsies.

Conclusions: 1. There is an alarming disparity of compliance with recommended biopsy number and intervals for surveillance in both community based and academic practice.

2. Guideline application can be based only on parallel patterns of practice.

3. Application of the ACG guidelines to practice may be inappropriate unless similar standards of biopsy technique and surveillance are adopted by clinicians.

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PATIENTS WITH BARRETT'S ESOPHAGUS GREATLY OVER-ESTIMATE THEIR CANCER RISK

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Purpose: Subjects with Barrett's esophagus (BE) have a risk of esophageal adenocarcinoma of approximately 0.5% per year. Patients may have difficulty understanding this risk, leading to an over-estimation, with changes in healthcare related behaviors as a result. The aim of this study was to assess the perceived risk of cancer in subjects with BE.

Methods: We performed a survey of subjects with BE in two North Carolina sites, a University teaching hospital and a Veteran's Administration (VA) hospital. Using a previously-validated tool assessing risk perception for small risks, we asked subjects to rate their perceived risk of developing cancer in their BE in both the next year, as well as over their entire lifetime. The questionnaire also elicited their demographics as well as their sources of health information. Healthcare behaviors, including endoscopic surveillance behaviors and other healthcare screening behaviors, were assessed.