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Understanding Your Pathology Report: Barrett's Esophagus (With or Without Dysplasia)

When your esophagus was biopsied with an endoscope, the samples taken were studied under the microscope by a specialized doctor with many years of training called a *pathologist*. The pathologist sends your doctor a report that gives a diagnosis for each sample taken. Information in this report will be used to help manage your care. The questions and answers that follow are meant to help you understand medical language you might find in the pathology report from your biopsy.

What does GEJ mean?

The esophagus is a tubular organ that connects the mouth to the stomach. The place where the esophagus meets the stomach is called the *gastro-esophageal junction*, or *GEJ*.

What does it mean if my report mentions the terms Barrett's, goblet cells, or intestinal metaplasia?

The inner lining of the esophagus is known as the *mucosa*. It is called *squamous mucosa* when the top layer is made up of squamous cells. Squamous cells are flat cells that look similar to fish scales when viewed under the microscope. Most of the esophagus is lined by squamous mucosa.

Goblet cells normally line the intestines, not the esophagus. When goblet cells are found in a place where they are not supposed to be, like the lining of the esophagus, it is called *intestinal metaplasia*. Intestinal metaplasia can develop any place where squamous mucosa is normally found. When intestinal metaplasia replaces the

squamous mucosa of the esophagus, it is called *Barrett's esophagus*.

What causes Barrett's esophagus?

[Barrett's esophagus](#)¹ occurs when chronic or long-term reflux (regurgitation) of the stomach contents up into the esophagus damages the normal inner lining of the esophagus. This process usually takes many years to happen. (Reflux of the stomach contents into the esophagus is sometimes called *gastro-esophageal reflux disease* or *GERD*. It can cause heartburn.)

Is Barrett's esophagus associated with an increased risk of cancer?

Yes. Patients who have Barrett's esophagus have a higher risk of [cancer of the esophagus](#)². However, most people with Barrett's esophagus do not get cancer.

What if my report mentions Barrett's esophagus and dysplasia?

Sometimes the cells of Barrett's esophagus become more abnormal. This is called *dysplasia*. Dysplasia is a pre-cancer. Although the cells are abnormal, they do not have the ability to spread to other sites. This condition can be treated. Dysplasia is often divided into 2 grades based on how abnormal the cells appear under the microscope: low-grade and high-grade. (This is discussed in more detail later on.)

What if my report says negative for dysplasia?

This means that you do not have any pre-cancerous (pre-malignant) changes in your biopsies.

If my report says that there are changes indefinite for dysplasia in Barrett's esophagus, what does it mean?

It means that your biopsy showed Barrett's esophagus that contains some cells that are abnormal, but not abnormal enough to consider them dysplasia. Often, people with these changes have a lot of reflux, which irritates the cells in the esophagus so that the cells look abnormal under the microscope.

If my report says that there are changes indefinite for dysplasia in Barrett's esophagus, will I get cancer?

People who have Barrett's esophagus with changes indefinite for dysplasia have a

small increase in their [risk of esophagus cancer](#)³, but most do not go on to get this cancer.

What follow-up is needed for changes indefinite for dysplasia?

If you have these findings, your doctor may ask you to return for another [endoscopy](#)⁴ and more biopsies within 3 to 6 months, after increasing your medication to treat your reflux. Follow-up schedules can vary, though, so you should discuss what is best for you with your doctor.

If my report says that there is low-grade dysplasia in Barrett's esophagus, what does it mean?

Low-grade dysplasia means that some of the cells look abnormal when seen under the microscope. These cells may look a lot like cancer cells in some ways, but unlike cancer, they do not have the ability to spread all over your body. This is a very early form of pre-cancer of the esophagus.

If my report says that there is low-grade dysplasia in Barrett's esophagus, will I get cancer?

People with low-grade dysplasia in Barrett's esophagus do have an increased risk of esophagus cancer, but most do not go on to get this cancer.

What follow-up is needed for low-grade dysplasia in Barrett's esophagus?

Your doctor might want to do another endoscopy to obtain more biopsies of your esophagus to make sure you do not have something worse. In addition, your doctor may ask that your samples be sent to an expert to review them under the microscope.

Your doctor will probably recommend some sort of treatment to remove the abnormal area (usually to remove both the area of Barrett's esophagus and the dysplasia). You should discuss your treatment options with your doctor.

If my report says that there is high-grade dysplasia in Barrett's esophagus, what does it mean?

High-grade dysplasia means that some of the cells contained in the area of Barrett's esophagus look very abnormal under the microscope. This is a more advanced pre-cancer of the esophagus than low-grade dysplasia.

If my report says that there is high-grade dysplasia in Barrett’s esophagus, will I get cancer?

People with high-grade dysplasia in Barrett’s esophagus have a high risk of getting esophagus cancer.

What follow-up is needed for high-grade dysplasia in Barrett’s esophagus?

Your doctor might want to repeat the endoscopy to do more biopsies to make sure you do not already have cancer that wasn’t seen the first time. Your doctor may ask that your biopsy slides be sent to another pathologist for a second opinion concerning the cells on your slides.

Since high-grade dysplasia is strongly linked to cancer, your doctor will recommend some sort of treatment for the dysplasia. Different patients may be treated in different ways, so discuss your treatment options with your doctor. Most of the treatments can be done without removing your esophagus.

What does it mean if my report says I also have inflammation?

A number of different things can irritate the esophagus and lead to inflammation, including stomach acid, trauma from taking medicines, and infections. Your doctor will work with you to find the cause of the irritation and treat it. This can help prevent more serious problems.

Hyperlinks

1. www.cancer.org/cancer/esophagus-cancer/causes-risks-prevention/risk-factors.html
2. www.cancer.org/cancer/esophagus-cancer.html
3. www.cancer.org/cancer/esophagus-cancer/causes-risks-prevention/risk-factors.html
4. www.cancer.org/cancer/esophagus-cancer/detection-diagnosis-staging/how-diagnosed.html
5. www.cancer.org/treatment/understanding-your-diagnosis/tests/understanding-your-pathology-report/faq-initiative-understanding-your-pathology-report.html

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Written by

This series of Frequently Asked Questions (FAQs) was developed by the Association of Directors of Anatomic and Surgical Pathology to help patients and their families better understand what their pathology report means. These FAQs have been endorsed by the College of American Pathologists (CAP) and reviewed by the American Cancer Society.

Learn more about the FAQ Initiative (www.cancer.org/treatment/understanding-your-diagnosis/tests/understanding-your-pathology-report/faq-initiative-understanding-your-pathology-report.html)⁵

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