A 56-year-old Caucasian male with long standing history of acid reflux undergoes upper endoscopy for upper abdominal discomfort and worsening heartburn. EGD reveals a 3 cm tongue of salmon colored mucosa extending above the GE junction suspicious for Barrett’s esophagus. Biopsies obtained from the salmon colored mucosa show the presence of intestinal metaplasia with low grade dysplasia. What is the next best step in the management of this patient?

A. Review biopsy slides with a 2nd pathologist specializing in gastrointestinal pathology  
B. Repeat EGD and biopsies in 6 months  
C. Perform radiofrequency ablation  
D. Refer for esophagectomy

**Answer: A**

For Barrett’s esophagus patients with dysplasia of any grade, review by two pathologists, at least one of whom has specialized expertise in GI pathology, is warranted because of interobserver variability in the interpretation of dysplasia (strong recommendation, moderate level of evidence).

**Reference:** Diagnosis and Management of Barrett’s Esophagus. Am J Gastroenterol 2016; 111:30–50