

**ANNEX**

**SHORT BARRETT'S ESOPHAGUS (TONGUE) EVOLUTIVITY**

**CASE REPORT FORM**

PATIENT IDENTIFICATION

LAST NAME (3 first letters)      |\_|\_|\_|

Given name (3 first letters)      |\_|\_|\_|

Center N°      |\_|\_|\_|

Inclusion number      |\_|\_|\_|

Inclusion date      |\_|\_|    |\_|\_|    |\_|\_|

Patient identification      Name      Given name      Center N°      N°  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Date    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
          day       month       year

**INCLUSION CRITERIA**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1- Age = or > 18 years  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | yes                      | no                       |
| 2- Patients OMS : 0-2   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | yes                      | no                       |
| 3- One or several tongues of glandular mucosa<br>located above the esogastric junction with a length ranging<br>from one to 3 centimeters | <input type="checkbox"/> | <input type="checkbox"/> |
|   | yes                      | no                       |

**one box “no” excludes  
the patient from the study**

Patient identification	Name	Given name	Center N°	N°
	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _

**EXCLUSION CRITERIA**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1- Age < 18 y  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | yes                      | no                       |
| 2- Tongue of glandular mucosa longer than 3cm                                | <input type="checkbox"/> | <input type="checkbox"/> |
|  | yes                      | no                       |
| 3- Circular Barrett's esophagus  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | yes                      | no                       |
| 4- Detection of high grade dysplasia on the biopsies of the glandular mucosa | <input type="checkbox"/> | <input type="checkbox"/> |
|  | yes                      | no                       |
| 5- History of gastric or esophageal cancer                                   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | yes                      | no                       |
| 6- History of gastroduodenal ulcer   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | yes                      | no                       |
| 7- Portal hypertension or liver cirrhosis                                    | <input type="checkbox"/> | <input type="checkbox"/> |
|  | yes                      | no                       |
| 8- Surgical or endoscopic treatment on esophagus, stomach or duodenum        | <input type="checkbox"/> | <input type="checkbox"/> |
|  | yes                      | no                       |
| 9- Contra-indication to biopsy samplings :                                   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | yes                      | no                       |

**one box "yes" excludes the patient from the study**



Patient identification

Name

Given name

Center N°

N°

\_|\_|\_|\_|

\_|\_|\_|\_|

\_|\_|\_|\_|

\_|\_|\_|

**2- GERD related symptoms:**

Symptom	Intensity ✓ light : 1 ✓ mild : 2 ✓ severe : 3	Frequency ✓ several episodes/day : 1 ✓ 1 episode/day :: 2 ✓ 1 episode/week : 3 ✓ rarely: 4	Date of beginning
Heartburn <input type="checkbox"/>			
Dysphagia <input type="checkbox"/>			
Epigastralgia <input type="checkbox"/>			
Regurgitations <input type="checkbox"/>			
Other <input type="checkbox"/> , specify :			
Other <input type="checkbox"/> , specify :			
Other <input type="checkbox"/> , specify :			

Patient identification      Name      Given name      Center N°      N°  
 | | | |      | | | |      | | | |      | | | |

**3- Medical treatment :**

≡ GERD treatment :

Product	Doses / day	Frequency : ✓ every day : <i>1</i> ✓ every 2 or 3 days : <i>2</i> ✓ 1 fold / week : <i>3</i> ✓ 1 fold / month : <i>4</i>	Date of beginning	Date of end

≡ other treatment :

	Product name Doses / day	Date of beginning	Date of end
Corticoids <input type="checkbox"/>			
NSAID <input type="checkbox"/>			
Neuroleptics <input type="checkbox"/>			
Other <input type="checkbox"/> , specify :			
Other <input type="checkbox"/> , specify :			
Other <input type="checkbox"/> , specify :			

Patient identification      Name      Given name      Center N°      N°  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**4- Endoscopy :**

≡ Indications (specify)  
 .....  
 .....

≡ Distance between the upper level of the gastric folds and the incisor margin : \_\_\_\_\_ cm

≡ number of tongues :

1       2       3       4

≡ tongue pattern:

patient position : prone position     supine position     left lateral

**A- TONGUE 1**

- 1- location : \_\_\_\_\_ Hour
- 2- height (in mm) : \_\_\_\_\_
- 3- largest width :  more than 25% of the circumference  
     25% of the circumference  
     less than 25% of the circumference
- 4- surface irregularities :  
     nodule     ulcer     other (specify) :.....

**B- TONGUE 2**

- 1- location : \_\_\_\_\_ Hour
- 2- height (in mm) : \_\_\_\_\_
- 3- largest width :  more than 25% of the circumference  
     25% of the circumference  
     less than 25% of the circumference
- 4- surface irregularities :  
     nodule     ulcer     other (specify) :.....

**C- TONGUE 3**

- 1- location : \_\_\_\_\_ Hour
- 2- height (in mm) : \_\_\_\_\_
- 3- largest width :  more than 25% of the circumference  
     25% of the circumference  
     less than 25% of the circumference
- 4- surface irregularities :  
     nodule     ulcer     other (specify) :.....

Patient identification      Name      Given name      Center N°      N°  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**D- TONGUE 4**

- 1- location :                      \_\_\_\_\_ Hour
- 2- height (in mm) :                      \_\_\_\_\_
- 3- largest width :  more than 25% of the circumference
- 25% of the circumference
- less than 25% of the circumference
- 4- surface irregularities :  
     nodule       ulcer       other (specify) :.....

≡ oesophagitis :

- 1-height :                      \_\_\_\_\_ mm
- 2-grade (Los Angeles) :      A       B       C       D

≡ other esophageal lesion :  specify :

≡ hiatal hernia :     

distance diaphragmatic hiatus / esogastric junction : \_\_\_\_\_ cm

≡ gastric or duodenal lesion :  specify :

≡ please to **include the endoscopy report**

≡ **please to include a slide of the cardia and Barrett's esophagus**

Patient identification      Name      Given name      Center N°      N°  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**5- Histology :**

**≡ please to include the histology report**

**More severe lesion      First lecture      Second      Definitive**

**TONGUE 1**

Cardial or fundic metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with low grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with high grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invasive carcinoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TONGUE 2**

Cardial or fundic metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with low grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with high grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invasive carcinoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TONGUE 3**

Cardial or fundic metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with low grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with high grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invasive carcinoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TONGUE 4**

Cardial or fundic metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with low grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with high grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invasive carcinoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Z-line**

Cardial or fundic metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with low grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with high grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invasive carcinoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Patient identification      Name      Given name      Center N°      N°  
 | | | |      | | | |      | | | |      | | | |

**3- Medical treatment :**

Product	Doses / day	Frequency : ✓ every day : <i>1</i> ✓ every 2 or 3 days : <i>2</i> ✓ 1 fold / week : <i>3</i> ✓ 1 fold / month : <i>4</i>	Date of beginning	Date of end

≡ GERD treatment :

≡ other treatment :

	Product name Doses / day	Date of beginning	Date of end
Corticoids <input type="checkbox"/>			
NSAID <input type="checkbox"/>			
Neuroleptics <input type="checkbox"/>			
Other <input type="checkbox"/> , specify :			
Other <input type="checkbox"/> , specify :			
Other <input type="checkbox"/> , specify :			

Patient identification      Name      Given name      Center N°      N°  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**4- Endoscopy :**

≡ Indications (specify)

.....  
 .....

≡ Distance between the upper level of the gastric folds and the incisor margin : \_\_\_\_\_ cm

≡ number of tongues :

1       2       3       4

≡ tongue pattern:

**patient position :** prone position     supine position     left lateral

**E- TONGUE 1**

- 1- location :                      \_\_\_\_\_ Hour
- 2- height (in mm) :                      \_\_\_\_\_
- 3- largest width :  more than 25% of the circumference
- 25% of the circumference
- less than 25% of the circumference
- 4- surface irregularities :  
     nodule       ulcer       other (specify) :.....

**F- TONGUE 2**

- 1- location :                      \_\_\_\_\_ Hour
- 2- height (in mm) :                      \_\_\_\_\_
- 3- largest width :  more than 25% of the circumference
- 25% of the circumference
- less than 25% of the circumference
- 4- surface irregularities :  
     nodule       ulcer       other (specify) :.....

**G- TONGUE 3**

- 1- location :                      \_\_\_\_\_ Hour
- 2- height (in mm) :                      \_\_\_\_\_
- 3- largest width :  more than 25% of the circumference
- 25% of the circumference
- less than 25% of the circumference
- 4- surface irregularities :  
     nodule       ulcer       other (specify) :.....

Patient identification      Name      Given name      Center N°      N°  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**H- TONGUE 4**

- 1- location :                      \_\_\_\_\_ Hour
- 2- height (in mm) :                      \_\_\_\_\_
- 3- largest width :  more than 25% of the circumference
- 25% of the circumference
- less than 25% of the circumference
- 4- surface irregularities :  
     nodule       ulcer       other (specify) :.....

≡ Circumferential Barrett :

- 1- height :                                      \_\_\_\_\_ mm
- 2- surface irregularities :  
     nodule       ulcer       other (specify) :.....

≡ oesophagitis :

- 1-height :                      \_\_\_\_\_ mm
- 2-grade (Los Angeles) :      A       B       C       D

≡ other esophageal lesion :  specify :

≡ hiatal hernia :

distance diaphragmatic hiatus / esogastric junction : \_\_\_\_\_ cm

≡ gastric or duodenal lesion :  specify :

≡ please to **include the endoscopy report**

≡ **please to include a slide of the cardia and Barrett's esophagus**

Patient identification      Name      Given name      Center N°      N°  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**5- Histology :**

≡ **please to include the histology report**

**More severe lesion      First lecture      Second      Definitive**

**TONGUE 1**

Cardial or fundic metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with low grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with high grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invasive carcinoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TONGUE 2**

Cardial or fundic metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with low grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with high grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invasive carcinoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TONGUE 3**

Cardial or fundic metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with low grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with high grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invasive carcinoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TONGUE 4**

Cardial or fundic metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with low grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with high grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invasive carcinoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Z-line**

Cardial or fundic metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with low grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with high grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invasive carcinoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient identification	Name	Given name	Center N°	N°
	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _

**Circumferential Barrett**

Cardial or fundic metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with low grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal metaplasia with high grade dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invasive carcinoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient identification

Name

Given name

Center N°

N°

|\_|\_|\_|

|\_|\_|\_|

|\_|\_|\_|

|\_|\_|

**END of the STUDY**

Date

|\_|\_|

|\_|\_|

|\_|\_|

day

month

year

Complete follow-up

Lost of follow-up

Evolution to circumferential Barrett

High grade dysplasia

Treatment: endoscopy

surgery