



perform these procedures safely. They should be able to recognize and appropriately manage adverse events when they occur, acknowledge the limitations of mucosal ablative techniques and personal skills, know when to request help, and understand the principles of quality measurement and improvement.^{17,18} Trainees should be familiar with the appropriate management of anticoagulation, taking into consideration the potential risk of delaying reinitiation of anticoagulants or antiplatelet agents.¹⁹ Additionally, trainees need to clearly communicate findings, treatment performed, postprocedure instructions, and follow-up recommended to the patient and family and to communicate with referring and primary physicians.

Trainees should be taught to obtain informed consent and explain all potential adverse events of the specific procedure being recommended, including the advantages and disadvantages of the procedure when compared with other management options. Trainees must understand the risks and benefits of various ablative techniques and be able to provide the patient with a tailored risk assessment and informed consent.

Faculty

In general, teaching faculty should not only be experienced endoscopists who are committed to the entire training process but also facile in the skills involved in ablation. Programs need to ensure that an adequate number of such individuals are available to ensure optimal teaching. The faculty member must be dedicated to teaching these advanced procedures and have time available to instruct and evaluate the trainees.

Facilities

Institutions that provide advanced training should have the capability for mucosal enhancement technology (eg, high-definition endoscopy, narrow-band imaging, blue-light imaging, chromoendoscopy). Training institutions

do not need to have all the ablative techniques available, but trainees should be aware of the available techniques and modalities and the literature supporting each.

ENDOSCOPIC EXPERIENCE

Mucosal ablation techniques in the esophagus

Radiofrequency ablation. RFA is an ablative technique approved for the treatment of dysplastic Barrett's esophagus. Trainees should know the evidence-based literature that supports the use of RFA in dysplastic Barrett's esophagus.^{6-11,20-22} The role of RFA after EMR of superficial cancers with remnant dysplastic mucosa should also be understood by trainees.

Trainees should learn and understand the technical equipment for RFA and be familiar with available devices and accessories. Accurate measurement and characterization of the Barrett's mucosa, knowing when and how to

malignant tissue within the GI lumen. Compared with RFA, cryotherapy has been less widely studied for dysplastic and superficial cancers of the esophagus.^{6,7} Trainees should be familiar with the different devices, type of cryogen, and delivery system used in their practice environment.^{7,25,26}

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