Major conclusions from UKBOR studies

- Blood groups Rh neg BO patients have a higher risk of progression to OAC than RH pos. Rh factor is a gas disperser. ? Nitric oxide at GOJ dispersed more slowly
- CLO is being diagnosed at a younger age
- Mortality is significantly increased in CLO patients, but only as a result of increased mortality from OAC (O/E 25).
- No difference in development of dysplasia or OAC in CLO patients with or without IM at diagnosis
- AC risk in CLO with short segment (<3cm) greater than in those with segment length 3-6 cm but greatest above 6cm.
- Using the government Index of Multiple Deprivation, BO patients living in the second least deprived area of Rotherham were most at risk of progressing to HGD/OAC as were those in social class group IIIM.