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Summary

PRECURSOR PREVALENCE INDUCES THE INCIDENCE OF GASTRIC CANCER: A SYSTEMATIC REVIEW AND META-ANALYSIS

Chin Hur

UEG Week Copenhagen 2023 | Poster

Stomach & H. Pylori

October 16, 2023

A systematic review of 209 studies found that global disparities in gastric cancer incidence are driven by differences in the prevalence of precancerous lesions rather than differences in progression rates, with H. pylori infection appearing to be the primary driver.

KEY POINTS

- Prevalence of atrophic gastritis, intestinal metaplasia, and dysplasia was substantially higher in medium and high gastric cancer incidence countries (21%, 21%, 3%) compared to low incidence countries (8%, 11%, 1%).
- Progression rates from atrophic gastritis, intestinal metaplasia, and dysplasia to gastric cancer were 2.0, 2.8, and 14.6 per 1,000 person-years respectively, with no significant difference between low and medium-high incidence countries.
- When stratified by H. pylori status, prevalence differences between countries largely disappeared except for intestinal metaplasia in H. pylori infected patients, which remained higher in high incidence countries (33.7% versus 20.6% in low incidence countries).
- The prevalence of all three precancerous lesions decreased significantly over time across the 5,841 publications screened.
- The findings can inform estimation of effects of gastric cancer prevention strategies such as H. pylori screen-and-treat programs in both low-risk and high-risk populations.

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