

A SYSTEMATIC REVIEW OF RADIOGRAPHIC AND ENDOSCOPIC SCREENING FOR GASTRIC CANCER

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UEG Week Copenhagen 2023

Poster

Oesophagus

October 15, 2023

A systematic review and meta-analysis of 22 observational studies involving 1,667,117 subjects found that gastric cancer screening reduced mortality among participants who attended (per-protocol effect) but showed no significant effect at the population program level (intention-to-screen effect).

KEY POINTS

- Endoscopic screening showed significant mortality reduction among attendees with a relative risk of 0.58 (95% credible interval 0.39–0.90), while radiographic screening showed non-significant reduction with relative risk 0.80 (95% CI 0.60–1.06).
- At the program level using intention-to-screen analysis, neither endoscopy (RR 0.94, 95% CI 0.74–1.44) nor radiography (RR 0.98, 95% CI 0.86–1.21) showed significant mortality reduction.
- All included studies were at moderate-to-critical risk of bias, with median attendance rates of 31% for newly introduced programs and 21% for ongoing programs.
- The magnitude of effects depended on assumptions used to correct for self-selection bias, and results remained unchanged when restricted to East Asian studies only.
- This evidence synthesis is most relevant to policymakers and researchers evaluating gastric cancer screening programs in high-prevalence regions.

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