

THE IMPACT OF PROTON PUMP INHIBITOR OR POTASSIUM-COMPETITIVE ACID BLOCKER FOR PREDICTING THE CURABILITY OF ENDOSCOPIC RESECTION IN ULCERATIVE EARLY GASTRIC CANCER

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Poster

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Proton pump inhibitor or potassium-competitive acid blocker administration before endoscopic submucosal dissection may improve selection of ulcerative early gastric cancers suitable for endoscopic curative resection.

KEY POINTS

- In 143 ulcerative early gastric cancers treated with endoscopic submucosal dissection, patients receiving PPI or P-CAB before treatment were divided into improved ulcer (45 cases) and unimproved ulcer (31 cases) groups based on morphological changes at follow-up endoscopy.
- In the PPI/P-CAB cohort, the unimproved ulcer group had significantly higher rates of deep submucosal invasion and lymphovascular invasion compared to the improved group, while no such differences were observed in patients not receiving acid suppression.
- Among ulcerative early gastric cancers with open-type atrophy receiving PPI/P-CAB, the improved ulcer group achieved significantly higher R0 resection rates than the unimproved group (90.9% versus 48.0%, p equals 0.001).
- Using improved ulcer status with PPI/P-CAB as an indication for endoscopic resection in open-type atrophy cases yielded sensitivity of 78.9% and accuracy of 76.3% for predicting curability, superior to conventional endoscopic diagnosis alone (p equals 0.021).
- This retrospective study from a single Japanese center suggests ulcer response to acid suppression therapy may help identify ulcerative early gastric cancers amenable to curative endoscopic treatment.

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