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Summary

ASSOCIATION OF HELICOBACTER PYLORI ABC CLASSIFICATION WITH COLORECTAL CANCER AND OTHER NON-GASTRIC GASTROINTESTINAL CANCERS: A POPULATION-BASED COHORT STUDY

Hiroto Narimatsu

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Gut Microbiota | Stomach & H. Pylori | Mechanisms & Personalised Medicine | Digestive Oncology | Oesophagus

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In a population-based cohort of 54,267 Japanese adults, ABC classification for gastric cancer risk stratification (groups B–D versus A) was associated with a significantly increased risk of colorectal cancer (SHR 1.28, 95% CI 1.12–1.46, p<0.05) but not with pharyngeal, laryngeal, esophageal, or small intestinal cancers.

KEY POINTS

- Higher gastric cancer risk groups (B–D) based on H. pylori antibody and pepsinogen levels showed a 28% increased risk of colorectal cancer compared with the lowest-risk group A.
- The association remained significant in sensitivity analyses excluding cancers diagnosed within the first year after screening (SHR 1.20, 95% CI 1.03–1.39, p<0.05).
- No significant associations were found between ABC classification and pharyngeal/laryngeal, esophageal, or small intestinal cancers.
- Among participants in groups B–D, H. pylori eradication was not associated with a reduction in colorectal cancer risk (SHR 0.97, 95% CI 0.79–1.18).
- The cohort included 54,267 participants aged 40–74 years from Yokosuka City screening between 2012 and 2023, with cancer incidence ascertained through linkage with a population-based regional cancer registry.

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