

PREVALENCE OF PREMALIGNANT UPPER GI CONDITIONS AND ASSOCIATED RISK FACTORS IN THE UPPER GI ENDOSCOPY POPULATION: DATA FROM THE PROSPERO STUDY

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UEG Week Berlin 2025

Presentation

Digestive Oncology

Endoscopy

Stomach & H. Pylori

Oesophagus

October 6, 2025

PROSPERO, a prospective UK multicentre study of 745 patients undergoing upper GI endoscopy with standardised biopsies, found that 13.6% had premalignant conditions, including 5.9% Barrett's oesophagus and 7.5% gastric atrophy or intestinal metaplasia.

KEY POINTS

- Premalignant upper GI pathology was detected in 13.6% of symptomatic patients referred for endoscopy, comprising 5.9% Barrett's oesophagus and 7.5% gastric atrophy or intestinal metaplasia.
- Only 34% of actionable gastric atrophy or intestinal metaplasia cases requiring surveillance were suspected endoscopically, indicating substantial underdiagnosis.
- Use of gastric narrow band imaging significantly improved detection of premalignant stomach pathology compared to white light endoscopy alone ($p=0.0002$).
- The historic cohort without standardised biopsy protocol had a significantly lower diagnostic rate of gastric atrophy or intestinal metaplasia (1.2% vs 7.5%; $p<0.0001$).
- Male sex, increasing age, lack of vegetable or fruit consumption, and black or mixed ethnicity were independently associated with increased risk of premalignant or malignant upper GI pathology.
- Gastroenterologists detected premalignant stomach pathology significantly more often than other endoscopists ($p=0.03$), but procedure duration and endoscopist experience did not influence detection rates.

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