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Summary

BEYOND CANCER - DIAGNOSTIC YIELD OF A COMBINED SCREENING GASTROSCOPY WITH COLONOSCOPY – FIRST DATA FROM THE EUROPEAN MULTICENTRIC PILOT STUDY OF THE TOGAS CONSORTIUM

Ivars Tolmanis

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Digestive Oncology | Endoscopy | Stomach & H. Pylori | Oesophagus

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The TOGAS pilot study demonstrates feasibility of combined upper and lower GI cancer screening in 602 asymptomatic Europeans aged 50-74 undergoing colonoscopy, identifying 1.0% with upper GI malignancy and 36.0% with gastric preneoplastic conditions.

KEY POINTS

- Six malignant or neoplastic upper GI lesions (1.0%) were identified, comprising 4 gastric cancers or dysplastic lesions and 2 oesophageal carcinomas, alongside 12 colorectal cancers (2.0%).
- Preneoplastic gastric conditions were diagnosed endoscopically in 217 participants (36.0%): 14.0% had gastric atrophy, 7.5% intestinal metaplasia, and 12.5% both conditions, with OLGA stages 3-4 in 2.7% and OLGIM stages 3-4 in 2.7%.
- Benign but clinically relevant findings included ulcers in 28 participants (4.7%): gastric ulcers in 3.2%, duodenal ulcers in 1.5%, and Barrett's oesophagus in 2%.
- H. pylori infection was diagnosed in 34.2% and was significantly associated with the need for gastric surveillance (p=0.031).
- The study recruited across 8 European centres (France, Germany, Ireland, Latvia, Lithuania, the Netherlands, Portugal, Spain) with standardized ESGE-compliant endoscopic protocols including systematic image documentation and biopsy sampling.
- Findings align with prior systematic reviews on upper GI malignancy detection rates, supporting the relevance of combined screening strategies for European gastric cancer prevention.

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