gutflix
GI learning, personalised

Summary

Is it all about intestinal metaplasia?

Jan Bornschein

UEG Week Barcelona 2026 | Presentation

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

October 18, 2026

Intestinal metaplasia remains the clinically relevant marker for gastric cancer risk stratification and surveillance, though emerging evidence suggests atrophy, spasmolytic polypeptide expressing metaplasia, and bile exposure may play important future roles.

KEY POINTS

- The speaker stated that incomplete intestinal metaplasia carries higher gastric cancer risk than complete type, and Olga stages 3 and 4 represent high-risk disease requiring surveillance according to current MAP3 guidelines.
- Spasmolytic polypeptide expressing metaplasia is a transdifferentiation of gastric body epithelium in response to chronic injury involving parietal cell loss and chief cell activation that creates the field for incomplete intestinal metaplasia development.
- The speaker reported that specific bile acids contribute to metaplasia development, with studies showing higher incomplete metaplasia rates in cholecystectomy patients and a US veterans study of 400,000 patients linking bile sequestrants to reduced distal gastric cancer risk.
- In diffuse-type gastric cancer, the speaker stated that 60-65% of patients also show marked atrophic and intestinal metaplastic changes, suggesting shared risk fields despite different pathways.
- The speaker noted increasing evidence that long-term PPI use may increase gastric cancer risk through gland plasticity modulation and recommended using PPIs only with appropriate indication at minimal effective doses.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/03fe66be-d150-11f1-8687-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.