

CLINICOPATHOLOGICAL FEATURES AND SERUM RISK MARKERS OF METACHRONOUS GASTRIC CANCER AFTER ERADICATION

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Poster

Stomach & H. Pylori

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In a retrospective study of 245 patients who underwent endoscopic submucosal dissection for early gastric cancer after *Helicobacter pylori* eradication, 8.2% developed metachronous gastric cancer at median 4-year follow-up, with serum gastrin level of 80 pg/ml or higher associated with significantly increased risk.

KEY POINTS

- At median follow-up of 4.0 years after endoscopic submucosal dissection, 16 of 194 patients (8.2%) developed metachronous gastric cancer.
- Patients with serum gastrin level of 80 pg/ml or higher had significantly higher incidence of metachronous lesions compared to those below 80 pg/ml (OR 6.88; 95% CI 1.61–29.3; $p=0.01$).
- Metachronous gastric cancer was associated with male sex (16/0 vs. 223/74, $p=0.02$), severe mucosal atrophy (3/13 vs. 94/84, $p=0.01$), upper and middle gastric location (19/4 vs 121/76, $p=0.05$), and synchronous multiple lesions (11/12 vs. 160/37, $p=0.01$).
- The authors suggest that gastrin level may serve as a serological marker for metachronous gastric cancer risk after eradication therapy.
- This material is relevant for gastroenterologists managing surveillance strategies in patients with history of *H. pylori* eradication and endoscopic resection.

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