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Summary

Oncology

Leticia Moreira

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Paediatrics | Hepatobiliary | Small Intestine & Nutrition | Immunology | IBD | Digestive Oncology

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Three studies address identification and risk stratification of gastrointestinal preneoplastic lesions, including autoimmune gastritis surveillance needs, gastric intestinal metaplasia cancer progression rates, and real-world impact of AI-assisted colonoscopy on adenoma detection.

KEY POINTS

- In a 1240-patient multicentre study, the speaker reported gastric adenocarcinoma in almost 3% and neuroendocrine tumours in almost 11% of autoimmune gastritis patients, with risk factors including elevated gastrin 17, intestinal metaplasia, and PPI use; prior Helicobacter pylori eradication was associated with reduced neuroendocrine tumour likelihood.
- A US Veterans Affairs cohort of over 800,000 patients showed 11% prevalence of gastric intestinal metaplasia, with patients having intestinal metaplasia experiencing three times the gastric cancer risk compared to those without, and risk increasing over time.
- In a retrospective analysis of 1.5 million colonoscopies per arm, the speaker reported that the AI era was associated with an adenoma detection risk ratio of 1.9, advanced adenoma risk ratio of 1.48, and interval colorectal cancer risk ratio of 0.5 compared to the pre-AI era.
- Autoimmune gastritis phenotype differs sharply between regions, with anaemia presentation varying from predominantly macrocytic in Europe to microcytic in Turkey and Latin America, and most Japanese cases being asymptomatic.
- The speaker emphasized that these findings support tailored, risk-stratified surveillance strategies rather than uniform approaches for all patients with preneoplastic gastrointestinal lesions.

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