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Summary

DIAGNOSTIC YIELD OF GASTRIC BIOPSIES OF THE INCISURA IN PATIENTS WITH GASTRIC INTESTINAL METAPLASIA IN A LOW INCIDENCE GASTRIC CANCER REGION

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In a prospective cohort of 177 patients with gastric intestinal metaplasia, angular GIM may be a better predictor of neoplastic progression than extensive GIM classification.

KEY POINTS

- During median 37-month follow-up, 7 patients (4.0%) developed gastric neoplasia; only 1 of 50 patients with extensive GIM progressed, while 6 of the 7 progressors were classified as non-extensive GIM.
- Angular GIM was present in 97 patients (54.8%) at baseline, and 6 of the 7 patients who developed neoplasia had angular involvement at baseline.
- The study evaluated the updated Sydney protocol, which includes biopsies of corpus, antrum, and incisura angularis, in a low incidence gastric cancer region.
- The authors conclude that angular GIM might be a better risk factor for neoplastic progression than GIM extension, challenging the current risk stratification approach that prioritizes extensive GIM for surveillance.

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