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Summary

Gastric preneoplastic lesions: When to start/stop endoscopic follow-up?

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UEG Week Barcelona 2026 | Presentation

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

October 20, 2026

This presentation discusses endoscopic surveillance strategies for gastric premalignant lesions, emphasizing risk stratification using the OLGIM endoscopic scoring system and the importance of stopping surveillance at age 75-80 when competing mortality risks outweigh benefits.

KEY POINTS

- The speaker presented a validation study of 963 patients showing that the OLGIM endoscopic score accurately identifies advanced gastric intestinal metaplasia in daily practice, with a cut-off of 5 or higher yielding 85% sensitivity and 95% specificity.
- Current European guidelines recommend surveillance every 3 years for patients with OLGIM score of 5 or higher or OLGA stage 3-4, based on extent of gastric intestinal metaplasia as the primary risk factor.
- The speaker reported a cohort study of 371 patients showing that at older ages gastric cancer incidence decreased and the gastric cancer to other-cause mortality ratio was 1 to 66, with most deaths from other malignancies or cardiovascular disease.
- The speaker suggests age 75 may be appropriate to discuss stopping surveillance for gastric premalignant lesions, though current guidelines recommend age 80, and emphasizes this should be based on shared decision-making considering competing mortality and procedural risks.
- The OLGIM score allows endoscopic risk stratification without requiring biopsies at each surveillance visit, though initial biopsies are still performed for staging.
- In the Q&A discussion, the speaker acknowledged that models for calculating competing mortality exist for surgery but are lacking for endoscopy surveillance decisions.

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