Quality in diagnostic upper gastrointestinal endoscopy for the detection and surveillance of gastric cancer precursor lesions: position paper of the AEG, SEED and SEAP

Maria Gloria Fernández-Esparrach

Standards and Guidelines

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

September 10, 2021

A multi-society Spanish position paper establishes quality standards and technical recommendations for upper gastrointestinal endoscopy screening of gastric cancer precursor lesions in low-incidence populations.

KEY POINTS

- The recommendations were developed using GRADE methodology and expert consensus via Delphi method, sponsored by three Spanish gastroenterology and pathology societies.
- Upper gastrointestinal endoscopy for surveillance should be performed by adequately trained endoscopists using oral premedication and sedation.
- High definition endoscopes with conventional or digital chromoendoscopy are recommended to improve identification of gastric cancer precursor lesions, with NBI used to target suspicious areas of intestinal metaplasia for biopsy.
- Magnifying endoscopes should evaluate submucosal invasion risk in visible lesions, while endoscopic ultrasound is reserved for suspected deep invasion.
- Submucosal endoscopic dissection is the recommended technique for lesions amenable to endoscopic resection.

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