

Cracking the code: Tools for premalignant and early gastric cancer detection

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Presentation

Digestive Oncology

Endoscopy

Stomach & H. Pylori

Surgery

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High-quality endoscopy with mucosal staging and systematic protocols can improve detection of early gastric cancer and premalignant lesions, which are found in approximately 0.5-1% of screening endoscopies in intermediate-risk populations.

KEY POINTS

- The speaker reported that approximately one in 200 endoscopies (0.5%) detects gastric cancer in high-risk populations, with similar rates when upper GI endoscopy is combined with colorectal cancer screening in intermediate-incidence countries.
- The miss rate for gastric lesions is approximately 10%, even among expert endoscopists, emphasizing the need for high-quality technique.
- The speaker recommended using sedation for better tolerability, mucolytics for mucosal cleaning, adequate time for observation, and virtual chromoendoscopy to detect irregular mucosal or vascular patterns.
- Staging the gastric mucosa for extent of intestinal metaplasia is cost-effective in intermediate-incidence countries, with greater extent of metaplasia correlating with higher cancer risk.
- The speaker stated that patients with extensive premalignant changes (such as OLGA score 7) should receive H. pylori eradication and surveillance every three years regardless of ethnicity.
- Current AI systems achieve approximately 90% accuracy for lesion detection, but would require 93-97% accuracy to be cost-effective as a screening adjunct in modeling studies the speaker cited.

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