gutflix
GI learning, personalised

Summary

MAPS III guidelines: What's next?

Mario Dinis-Ribeiro

UEG Week Barcelona 2026 | Presentation

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

October 18, 2026

The speaker reviewed the development and implementation of MAPS gastric intestinal metaplasia surveillance guidelines (MAPS 1-3) and outlined potential directions for MAPS 4, emphasizing risk stratification, reduced biopsy burden during surveillance, and the need for patient-centered outcomes research.

KEY POINTS

- The speaker stated that the three-year cancer risk for patients with Barrett's esophagus or advanced colonic polyps is approximately 1-3%, a benchmark used to justify three-year surveillance intervals for advanced gastric intestinal metaplasia in MAPS 3, though no trials demonstrate three years is superior to one or five years.
- MAPS guidelines achieved high adherence, with 90% of Italian endoscopists adopting the two-plus-two biopsy protocol by 2018, and the speaker reported that annual cancer risk in patients with atrophy or intestinal metaplasia is approximately 1% when staging scores are applied.
- The speaker emphasized that endoscopic staging is more reliable than small biopsy specimens and stated that intestinal metaplasia is easier to detect and more reproducible than atrophy, even among expert pathologists.
- During surveillance (as opposed to index endoscopy), the speaker suggested biopsies may be unnecessary once the risk phenotype is established, potentially saving resources, though this approach requires validation in trials.
- The speaker proposed that MAPS 4 may refocus on intestinal metaplasia surveillance, incorporate patient-important outcomes such as patient perceptions of surveillance intervals, and explore adjunctive interventions like aspirin alongside endoscopic follow-up.
- In the discussion, the speaker recommended that in 2026, index endoscopy should still include biopsies to avoid missing cancer and to stage disease, but expressed openness to biopsy-free surveillance in selected cases as training and AI tools improve.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/04d5b0ce-d150-11f1-a640-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.