GASTRIC CANCER AND DYSPLASIA IN EARLY-STAGE CHRONIC ATROPHIC GASTRITIS: TIME FOR GASTRIC CANCER SCREENING IN HIGH-RISK AREAS?

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A retrospective study of 66 patients in a high-risk Italian region found that 59% of dysplastic or neoplastic gastric lesions occurred in patients with OLGA stage II or lower atrophy, suggesting traditional risk stratification may be insufficient in high-risk populations.

KEY POINTS

- Among 66 patients undergoing endoscopic resection for gastric lesions between 2014 and 2024 in the high-risk Po Valley area of Italy, 59% had OLGA staging of II or lower at the time dysplastic or neoplastic lesions were identified.
- Post-resection histology revealed upgrading in many cases: while pre-resection biopsies showed 62% low-grade dysplasia and 38% high-grade dysplasia, final pathology identified 44% low-grade dysplasia, 26% high-grade dysplasia, 3% intramucosal adenocarcinoma, 21% pT1a adenocarcinoma, and 6% pT1b adenocarcinoma.
- Only 14% of patients had a first-degree family history of gastric neoplasia and 24% had active Helicobacter pylori infection at the time of lesion identification.
- The authors conclude that traditional risk factors for gastric neoplasia appear insufficient in high-risk geographic areas to identify patients who might benefit from short-term endoscopic follow-up, supporting periodic screening in high-risk populations regardless of additional risk factors.

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