

The dark foreboding: Mapping the footprint and risk of gastric cancer

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Presentation

Digestive Oncology

Endoscopy

Stomach & H. Pylori

Surgery

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Gastric cancer remains a major global health priority with up to 90% of cases attributable to H. pylori and other modifiable risk factors, and substantial variation in risk exists within mixed-incidence countries based on immigrant origin and racial/ethnic background.

KEY POINTS

- The speaker stated that meta-analysis of eight placebo-controlled randomised controlled trials showed H. pylori eradication treatment versus no treatment is associated with 36% reduced gastric cancer incidence and 22% reduced mortality.
- The speaker reported that H. pylori eradication showed greatest benefit in individuals with no precancer at baseline, with 63% risk reduction compared to 43% in the overall group in one randomised controlled trial with over 27 years follow-up.
- Individuals with premalignant gastric changes can still progress to cancer despite H. pylori eradication, emphasising that eradication is an adjunct and surveillance endoscopy is recommended for those with baseline premalignant changes.
- The speaker stated that immigrants from high to low incidence countries have up to five-fold higher gastric cancer incidence and up to 2.6-fold higher mortality, and gastric cancer incidence ranges from two to over 13-fold higher in non-white individuals compared to non-Hispanic whites in the United States.
- Western guidelines including Maps three and AGA Clinical Practice Update recommend risk-stratified endoscopic screening for high-risk populations including early generation immigrants from high-incidence countries, those with family history, non-white racial and ethnic groups, and individuals with chronic H. pylori infection.

- The speaker stated that about 73% of gastric cancers are diagnosed in early stage in South Korea where population-based screening was implemented in 2002, compared to about 20 to 25% in the United States and Europe where routine screening is not performed.

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