GASTRIC CANCER RISK ASSESSMENT OF GASTRITIS IN CLINICAL PRACTICE BY USING THE HISTOLOGICAL INFORMATION RECOMMENDED BY THE UPDATED SYDNEY SYSTEM: THE OLGIMA SYSTEM

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A new OLGIMA staging system that incorporates both glandular atrophy and intestinal metaplasia severity identified 3.9% of patients at higher risk for gastric cancer, including 1.2% missed by the OLGIM system alone.

KEY POINTS

- The OLGIMA system addresses a gap in current staging by assessing both glandular atrophy and intestinal metaplasia as independent parameters following Updated Sydney System recommendations, unlike OLGA which combines them or OLGIM which uses only intestinal metaplasia.
- In a prospective study of 998 patients across 21 Spanish hospitals (April 2021 to July 2023), OLGIMA classified 39 patients (3.9%) as high-risk (stage III/IV), capturing all 27 OLGIM III/IV cases plus 12 additional patients with extensive glandular atrophy that OLGIM would have missed.
- Glandular atrophy was identified in 19.2% of patients and intestinal metaplasia in 15.9%, with Helicobacter pylori infection present in 35% of the cohort.
- The OLGIMA staging can be estimated by any clinician and does not require a biopsy from the incisura, potentially simplifying risk stratification in clinical practice.
- This material is most relevant for gastroenterologists and pathologists involved in gastric cancer risk assessment and surveillance.

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