

GASTRIC CANCER INCIDENCE BASED ON ENDOSCOPIC KYOTO CLASSIFICATION OF GASTRITIS: A COHORT STUDY

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UEG Week Copenhagen 2023

Poster

Oesophagus

October 15, 2023

In a retrospective endoscopic surveillance cohort of 6718 patients followed for up to 5.02 years, high total Kyoto classification scores (≥ 4) were associated with significantly increased gastric cancer incidence, with hazard ratios ranging from 6.23 to 16.45 compared to low scores.

KEY POINTS

- Thirty-seven gastric cancers occurred in 34 patients during follow-up; all were superficial and within the submucosal depth, with 89.1% being Lauren's intestinal type.
- Annual gastric cancer incidence increased with total Kyoto score: 0.05% for scores 0-1, 0.07% for scores 2-3, 0.47% for score 4, and 1.27% for scores 5-8.
- Multivariate analysis showed atrophy score 2 (HR 11.60), intestinal metaplasia score 2 (HR 9.92), diffuse redness score 2 (HR 10.01), enlarged folds (HR 4.03), and total Kyoto score 5-8 (HR 16.45) were significantly associated with gastric cancer incidence.
- Total Kyoto scores of 4 or higher demonstrated statistically significant association with gastric cancer ($P=0.002$ for score 4, $P<0.001$ for scores 5-8), while scores 2-3 did not differ from reference ($P=0.887$).
- The study provides time-to-event data supporting endoscopy-based Kyoto classification as a tool for stratifying gastric cancer risk in surveillance populations.

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