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Summary

OPTIMIZING THE ENDOSCOPIC RISK STRATIFICATION FOR ADVANCED GASTRIC INTESTINAL METAPLASIA

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A retrospective study of 944 patients found that a simplified endoscopic scoring system for gastric intestinal metaplasia (EGGIM-S) achieved diagnostic performance equivalent to the original EGGIM score while requiring assessment of fewer gastric regions.

KEY POINTS

- The study evaluated three modifications to the EGGIM scoring system for predicting advanced gastric intestinal metaplasia at the National Taiwan University Cancer Center from February 2022 to September 2024
- Among 944 patients, 64 (6.8%) had advanced IM; the original EGGIM score achieved an AUC of 0.83 for predicting OLGIM stages 3/4
- The simplified EGGIM-S model, using only the angle and lesser curvature body regions, demonstrated non-inferior AUC of 0.83 with fewer false positives at cutoff ≥4
- Neither expanded scoring thresholds (EGGIM-15, AUC 0.82) nor morphology integration (EGGIM-M, AUC 0.83) significantly improved diagnostic accuracy over the original score
- This work may interest gastroenterologists performing surveillance endoscopy for gastric intestinal metaplasia who seek efficient risk stratification approaches

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