

KIMURA-TAKEMOTO'S ENDOSCOPIC ATROPHY CLASSIFICATION AND ENDOSCOPIC GRADING OF GASTRIC INTESTINAL METAPLASIA (EGGIM): MULTICENTER OBSERVATION STUDY IN JAPAN

Yasuhiko Abe

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Poster

Oesophagus

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A multicenter Japanese prospective study of 380 subjects found significant association between the Kimura-Takemoto classification for gastric atrophy and the endoscopic grading of gastric intestinal metaplasia score, with both methods showing similar diagnostic performance for predicting gastric cancer risk and histological changes.

KEY POINTS

- The high-risk group in Kimura-Takemoto classification showed significant association with high-risk endoscopic grading of gastric intestinal metaplasia score (odds ratio 4.3, 95% CI 2.6-6.8) in 380 subjects including 115 with gastric cancer and 265 without.
- Kimura-Takemoto classification high-risk group was significantly associated with both high-risk histological atrophy (OLGA stage III/IV, odds ratio 5.5) and high-risk histological intestinal metaplasia (OLGIM stage III/IV, odds ratio 8.5).
- ROC analysis showed similar diagnostic ability for OLGA III/IV between Kimura-Takemoto (AUC 0.786) and endoscopic grading of gastric intestinal metaplasia (AUC 0.769), and for OLGIM III/IV (AUC 0.761 versus 0.734 respectively).
- Study limitations included that all endoscopists were Japanese familiar with Kimura-Takemoto classification, biopsies were random rather than NBI-guided, and diagnostic ability using endoscopic grading of gastric intestinal metaplasia was lower than previous reports.
- This comparison of Japanese and Western endoscopic risk stratification methods may inform clinicians evaluating gastric cancer risk assessment approaches across different practice settings.

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