

#194 - DIAGNOSIS OF GASTRIC PREMALIGNANT CONDITIONS ACCORDING TO AGE AND SYMPTOMS: RESULTS FROM A CHILEAN COHORT STUDY

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Background: Gastric adenocarcinoma(GA) is preceded by premalignant conditions(PMC) such as chronic atrophic gastritis(CAG) and intestinal metaplasia(IM). Chilean guidelines recommend performing esophagogastroduodenoscopy(EGD) for gastric cancer screening in symptomatic patients over 40 years. There is limited data regarding age and symptoms distribution of gastric PMC.

Aim: To describe the distribution of gastric PMC based on age and gastrointestinal symptoms in patients presenting for EGD at a Chilean university hospital.

Methods: Cross-sectional analysis of patients enrolled in the ECHOS cohort, which includes adult patients who underwent EGD with mapping gastric biopsies following Sydney protocol at UC-Christus healthcare system between 2015-2021. Patients with prior gastric malignancies or gastrectomy were excluded. Logistic and multinomial regressions were performed to analyze frequency of CAG by OLGA(Operative Link for Gastritis Assessment) score, IM and dysplasia/GA, according to age intervals, adjusted for age and symptoms.

Results: 7,701 patients were included (63% female, mean age 54.2 years, Hp 33.5%), 51.3%(n=3,953) had gastrointestinal symptoms (i.e. dyspepsia, gastroesophageal reflux symptoms, anemia) and 48.7%(n=3,748) presented without symptoms for a true screening EGD. Overall, OLGAIII/IV was found in 8.35%(n=636), IM 27.1%(n=2,088), incomplete-type IM 15.4%(n=1,189) and dysplasia/GA 0.9%(n=67). Frequency of gastric PMC by age and symptoms are detailed in Figure 1. No significant differences were observed in frequency of *H. pylori* infection(p=0.14), PMC(p=0.68) and OLGA stage(p=0.47) between symptomatic vs. asymptomatic patients. A significant and progressive increase in OLGAIII/IV and IM diagnosis was observed after 40 years-old(p<0.001) and dysplasia/GA after 50 years-old(p<0.001) (Figure 1).

Conclusion: Initiating gastric cancer screening in the Chilean population from the age of 40 appears to be a suitable approach. However, selecting patients based on gastrointestinal symptoms is not an appropriate risk stratification method based on the results presented here.

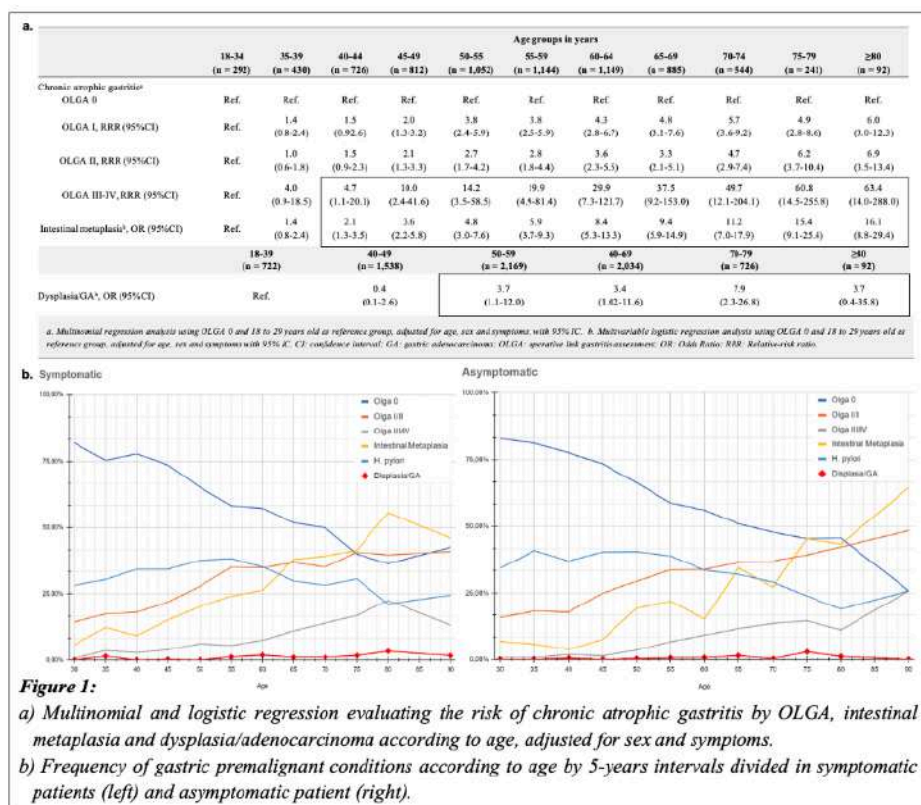


Figure 1:
 a) Multinomial and logistic regression evaluating the risk of chronic atrophic gastritis by OLGA, intestinal metaplasia and dysplasia/adenocarcinoma according to age, adjusted for sex and symptoms.
 b) Frequency of gastric premalignant conditions according to age by 5-year intervals divided in symptomatic patients (left) and asymptomatic patient (right).