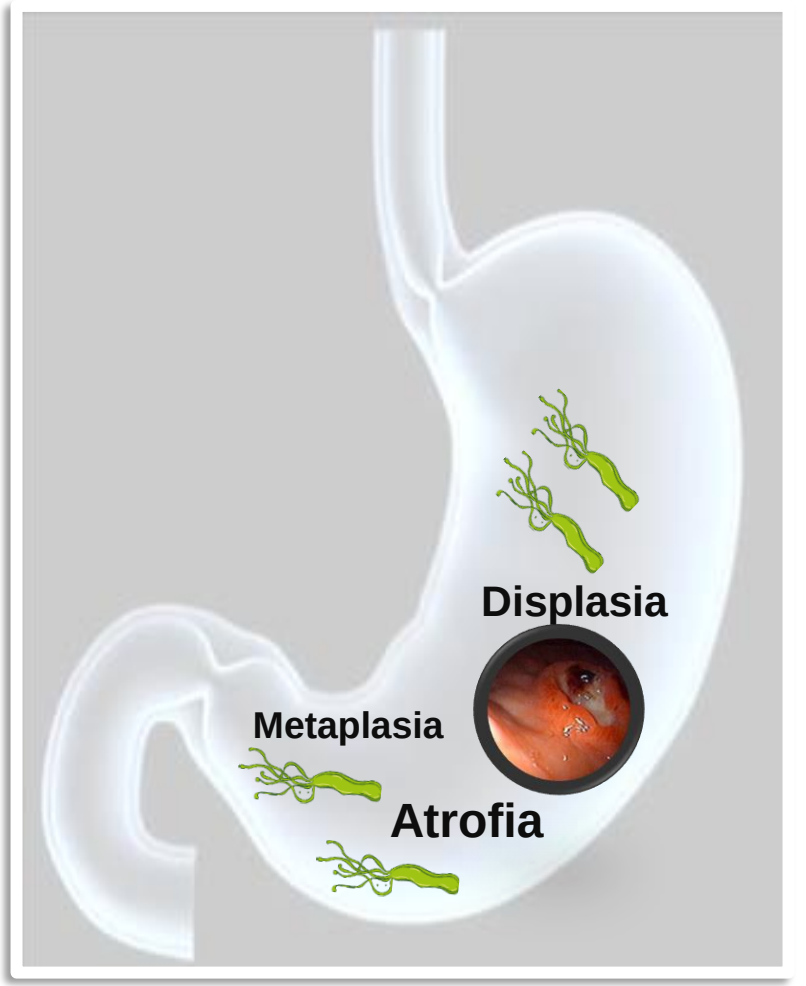
Sociedad Venezolana de gastroenterología, Sección de Educación
Febrero 3, 2023

Cáncer Gástrico y *Helicobacter pylori:* ¿Cuál es el impacto práctico de esta relación?

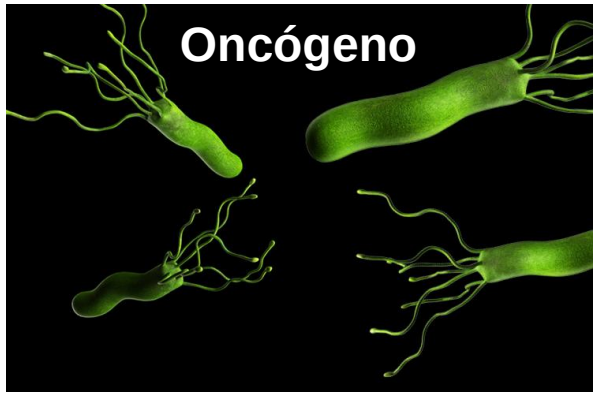
William Otero MD, FAGA, FASGE, FACP
Profesor Titular de Medicina
Unidad de Gastroenterología
Universidad Nacional de Colombia
Hospital Universitario Nacional de Colombia



Cáncer Gástrico

5º cáncer más común
3ª causa muerte por cáncer
Llegan avanzados

Globocan. Available from: https://gco.iarc.fr/. 2018



H.pylori
OMS IARC1994/2009
Carcinógeno tipo I

60% mundo
Tiene *H.pylori*

1.220.000 casos
2017
800.000 muertes

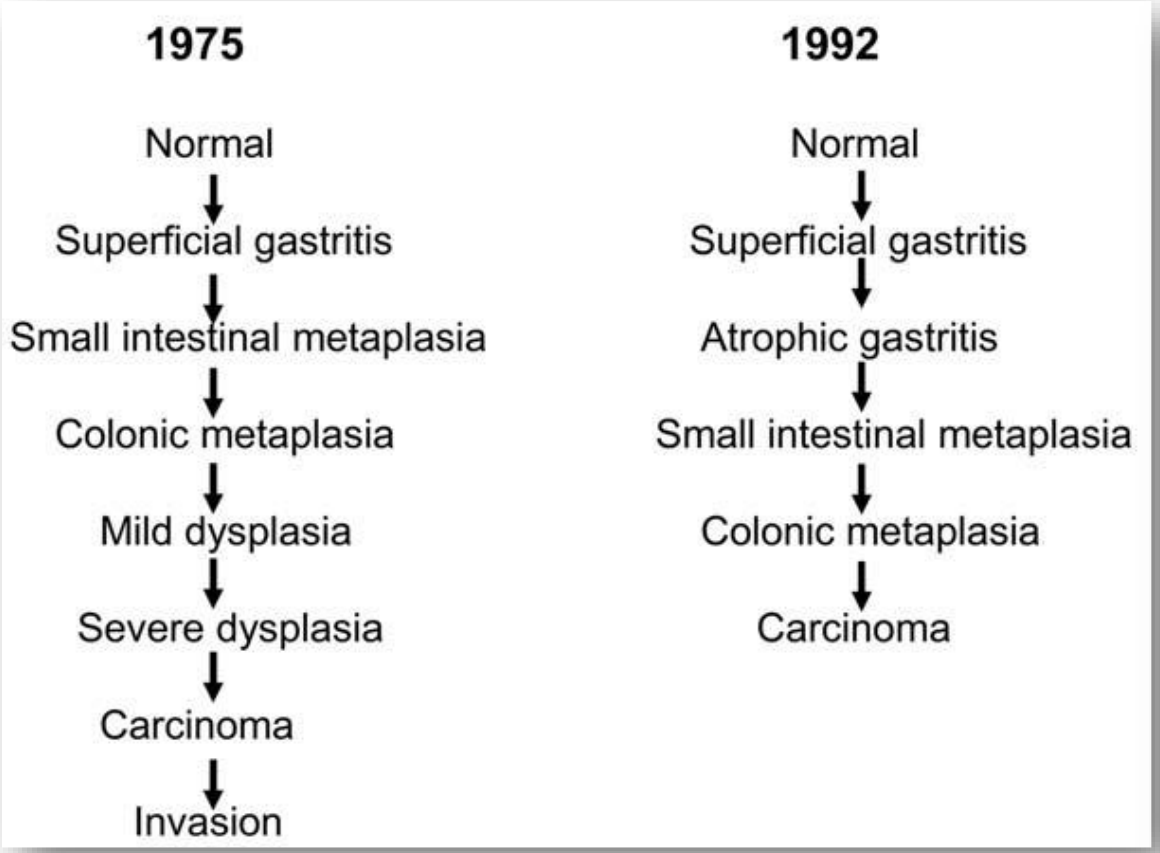
1-3%

Riesgo atribuible
Global 85-90%
Japón Korea 90-95%

Graham DY, Gastroenterology 2015;148:719-31
Tsuda M, Helicobacter 2017;e12415

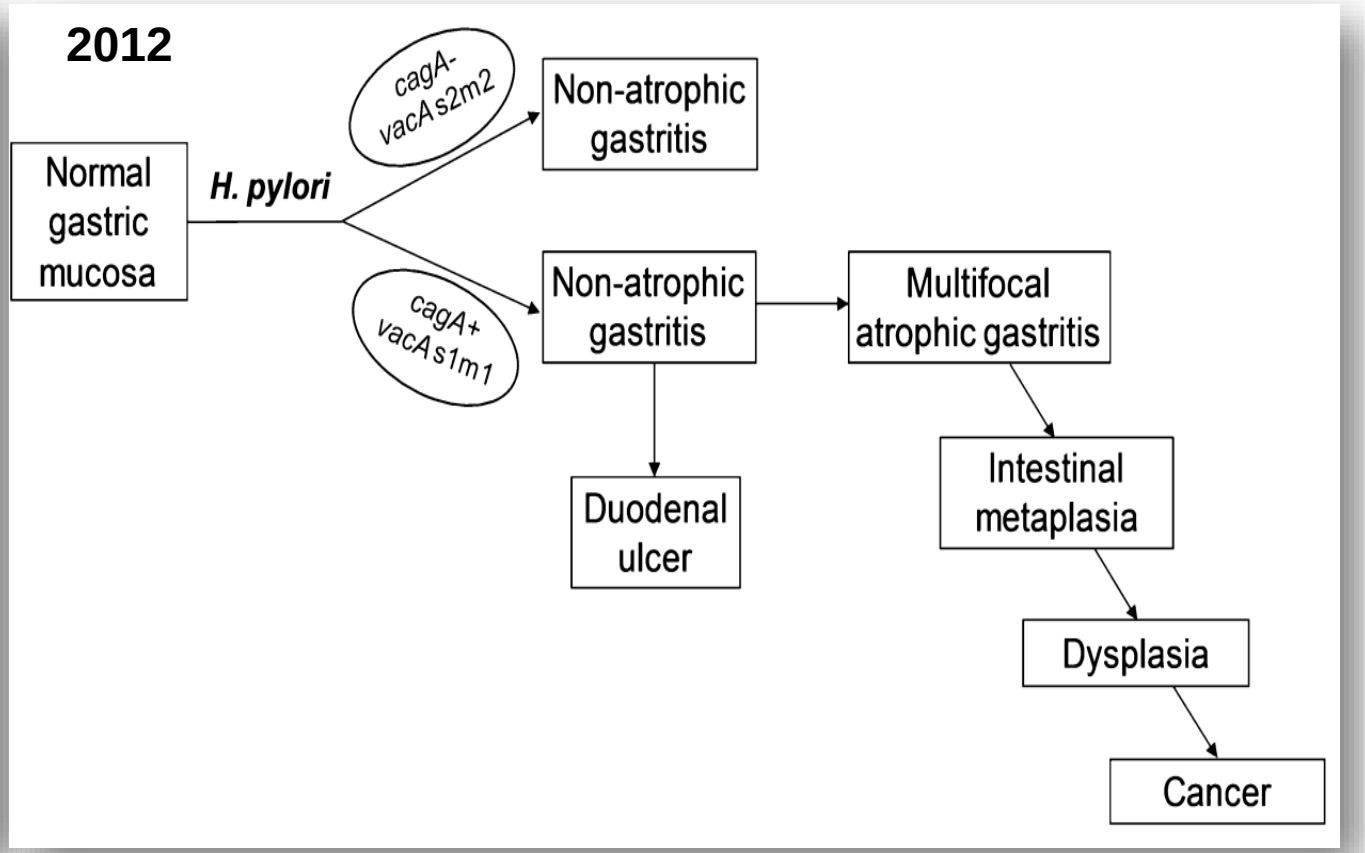
Lancet Gastroenterol Hepatol 2020;5:42-54
Global Burden Disease. JAMA Oncol 2017;3:524-41

Cascadas de Correa 1975-2012



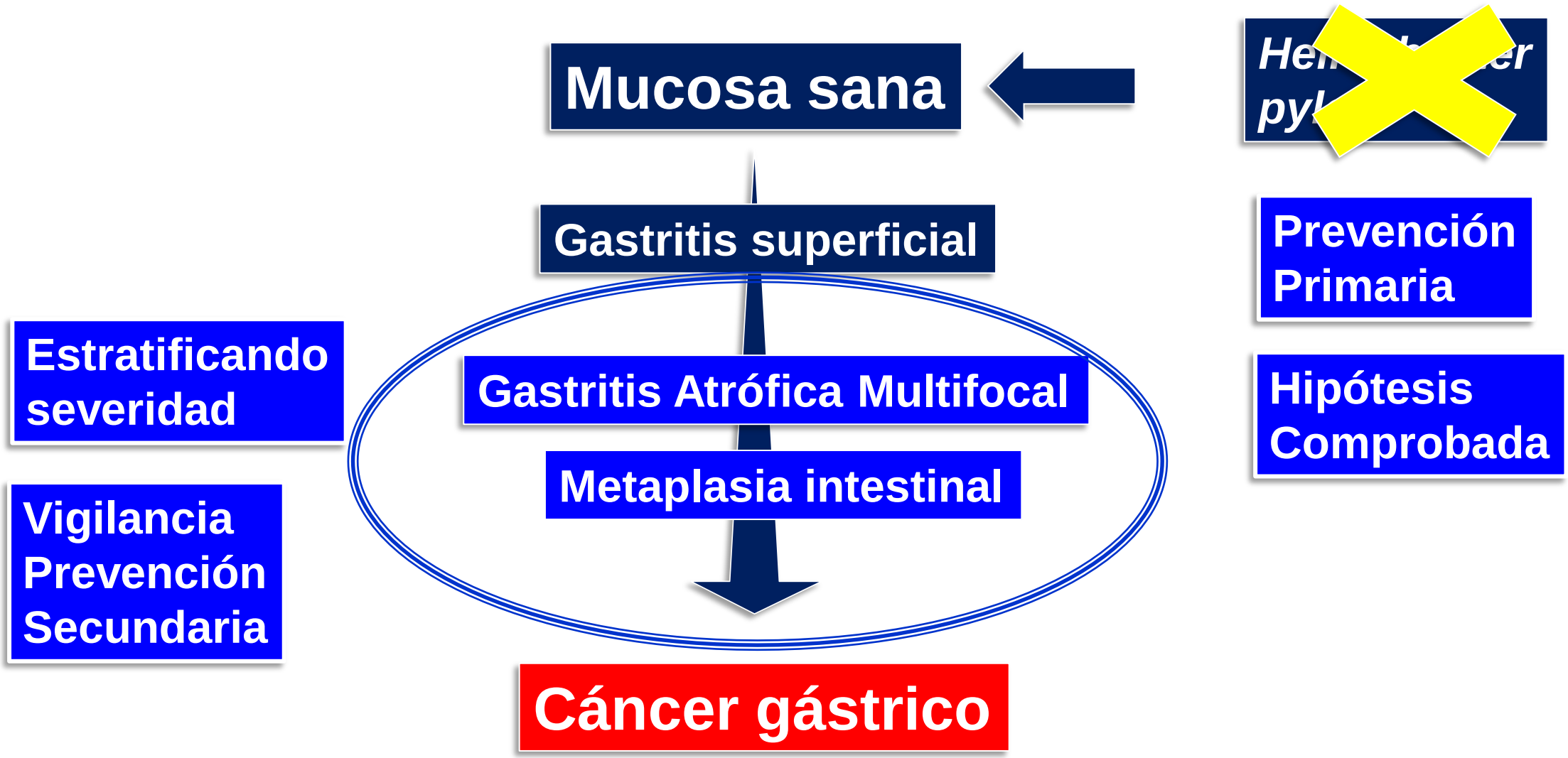
Correa P,
Lancet 1975; 2:58–60.

Correa P.
Cancer Res 1992; 52:6735–6740.



Correa P, J Dig Dis 2012;13: 2–9

Cáncer Gástrico modelo Pelayo Correa



Correa P. J Dig Dis 2012;13:2-9
Chen HN, Gastric Cancer 2016;19:166-7

Erradicación *H.pylori*
Prevención primaria

↓

↓ *cáncer gástrico*

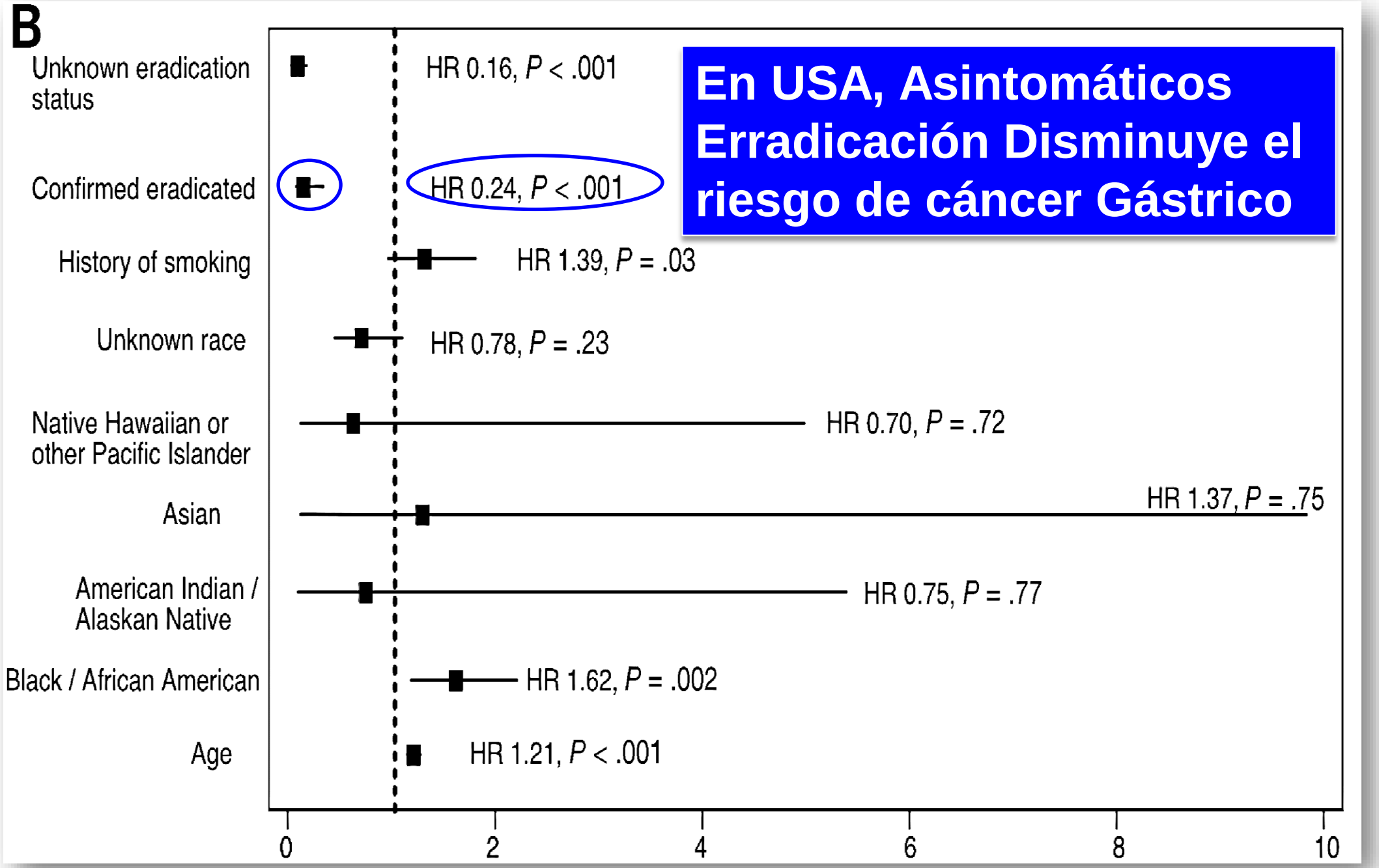
Evidencias 2023
CC Cohorte ECC MA

Gastroenterology 2020;158:527–536

Risk Factors and Incidence of Gastric Cancer After Detection of *Helicobacter pylori* Infection: A Large Cohort Study

Shria Kumar,[1] David C. Metz,[1] Susan Ellenberg,[2] David E. Kaplan,[1,3] and David S. Goldberg[2,4]

Cohorte retrospectiva, Hospital Veteranos > 370.000

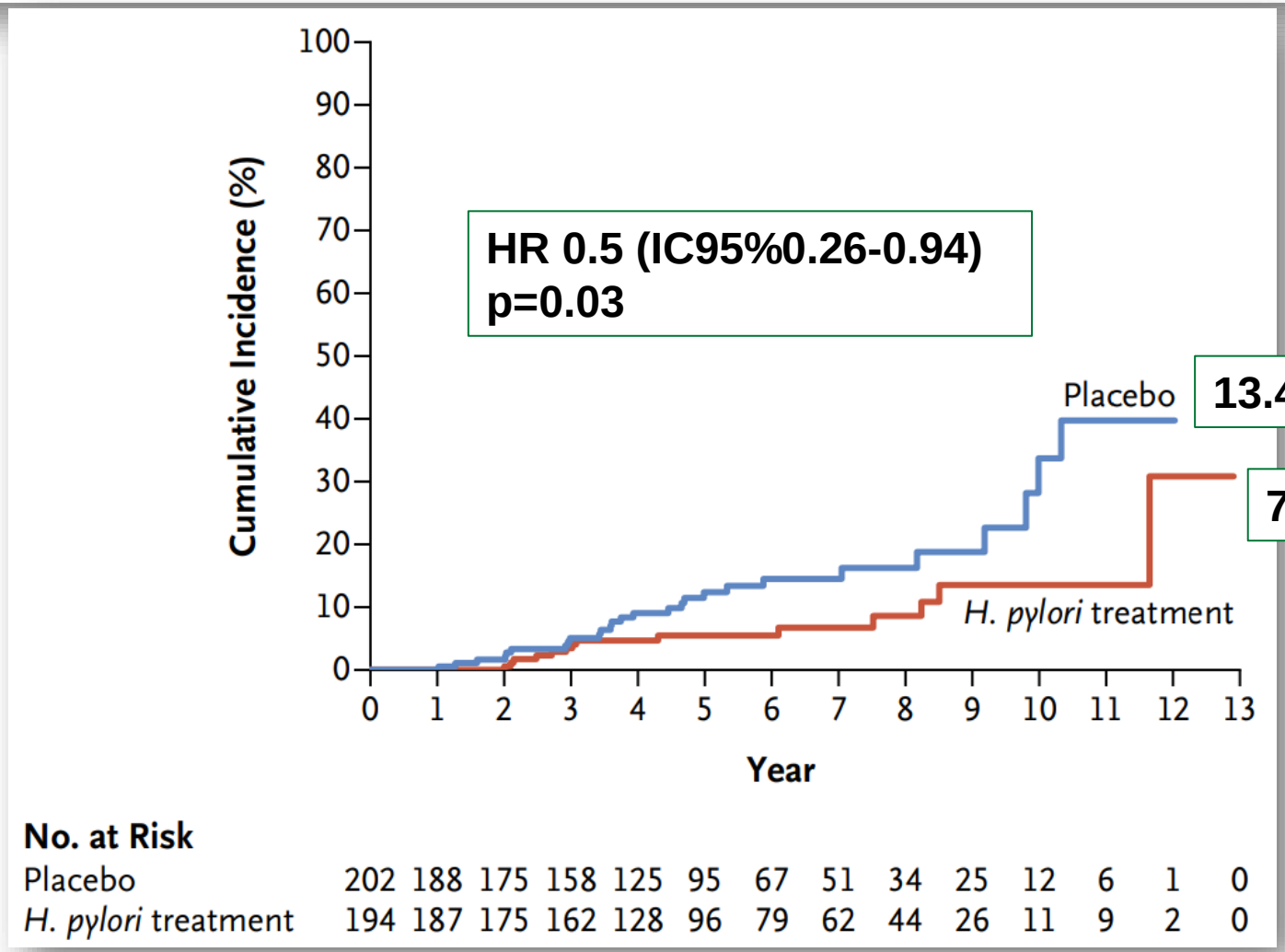


En USA, Asintomáticos Erradicación Disminuye el riesgo de cáncer Gástrico

Kumar s, Gastroenterology 2020 158:527-536.

Helicobacter pylori Therapy for the Prevention of Metachronous Gastric Cancer

Il Ju Choi, M.D., Ph.D., Myeong-Cherl Kook, M.D., Ph.D., Young-Il Kim, M.D., Soo-Jeong Cho, M.D., Ph.D., Jong Yeul Lee, M.D., Chan Gyoo Kim, M.D., Ph.D., Boram Park, M.S., and Byung-Ho Nam, Ph.D.



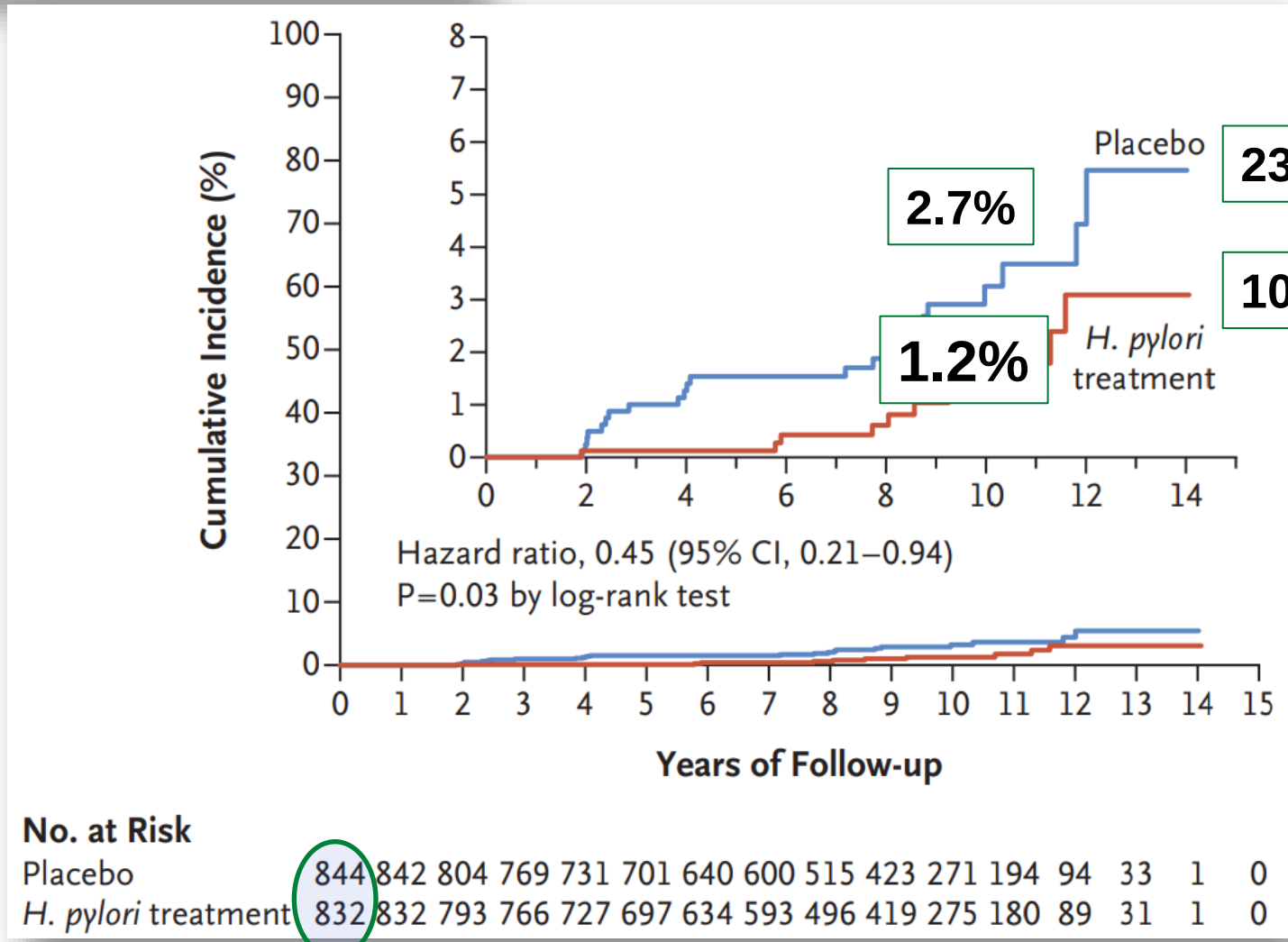
William Otero

Choi IJ, N Engl J Med 2018;378:1085-95

Family History of Gastric Cancer and *Helicobacter pylori* Treatment

Il Ju Choi, M.D., Ph.D., Chan Gyoo Kim, M.D., Ph.D., Jong Yeul Lee, M.D., Young-Il Kim, M.D., Myeong-Cherl Kook, M.D., Ph.D., Boram Park, Ph.D., and Jungnam Joo, Ph.D.

HR 0.45 (IC95% 0.21-0.94)
P=0.03



23 pacientes

10 pacientes

Choi IJ, N Engl J Med 2020;382:427-36

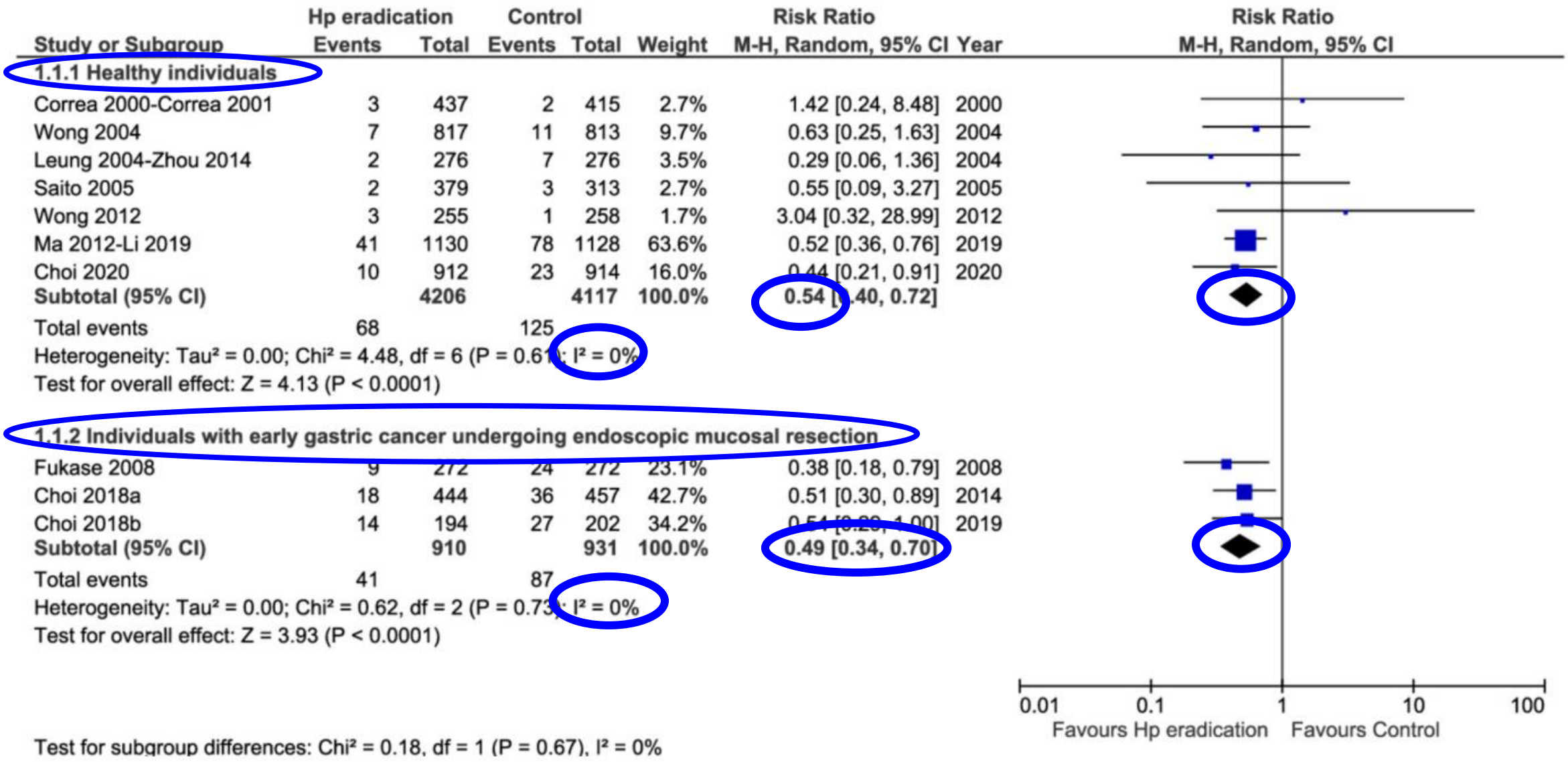
Helicobacter pylori eradication therapy to prevent gastric cancer: systematic review and meta-analysis

Alexander Charles Ford ,[1,2] Yuhong Yuan,[3] Paul Moayyedi[3]

10 ensayos clínicos
8323 individuos sanos
1841 pacientes Ca gástrico

Ford AC, Gut 2020;69:2113–21.

Cáncer gástrico erradicación



Ford AC, Gut 2020;69:2113–21.

Helicobacter pylori eradication therapy to prevent gastric cancer: systematic review and meta-analysis

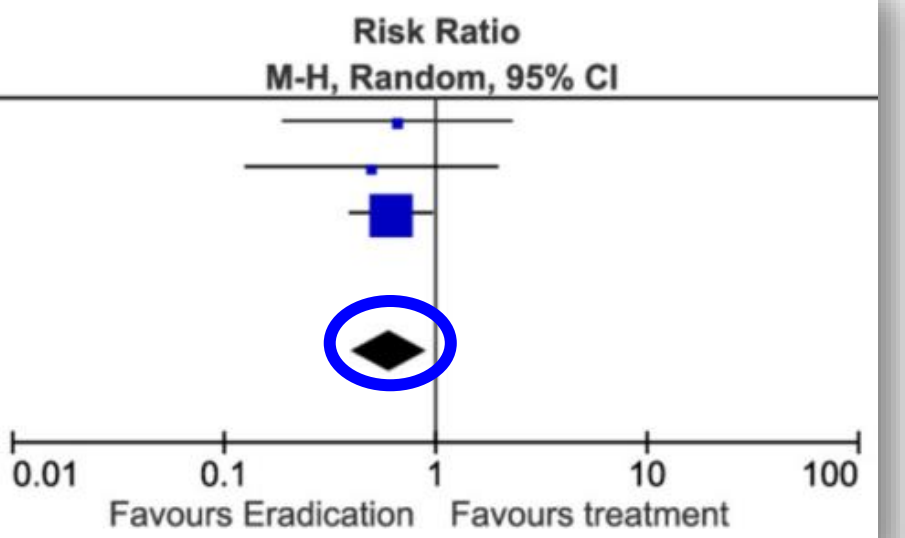
Alexander Charles Ford [1,2] Yuhong Yuan,[3] Paul Moayyedi[3]

Mortalidad por Cáncer Gástrico

Study or Subgroup	Hp eradication Events	Total	Control Events	Total	Weight	Risk Ratio M-H, Random, 95% CI	Year
Leung 2004-Zhou 2014	4	295	6	292	10.6%	0.66 [0.19, 2.31]	2004
Wong 2004	3	817	6	813	8.7%	0.50 [0.12, 1.98]	2004
Ma 2012-Li 2019	29	1130	47	1128	80.6%	0.62 [0.39, 0.97]	2019
Choi 2020	0	912	0	914		Not estimable	2020
Total (95% CI)		**3154**		**3147**	**100.0%**	**0.61 [0.40, 0.92]**	
Total events	36		59				

Heterogeneity: Tau² = 0.00; Chi² = 0.10, df = 2 (P = 0.95); I² = 0%

Test for overall effect: Z = 2.38 (P = 0.02)



Ford AC, Gut 2020;69:2113–21.

Mass eradication of *Helicobacter pylori* to reduce gastric cancer incidence and mortality: a long-term cohort study on Matsu Islands

Tsung-Hsien Chiang,[1,2,3] Wei-Jung Chang,[4] Sam Li-Sheng Chen,[5] Amy Ming-Fang Yen ,[5] Jean Ching-Yuan Fann,[6] Sherry Yueh-Hsia Chiu ,[7,8] Yi-Ru Chen,[9] Shu-Ling Chuang,[4,10] Chun-Fu Shieh,[11] Cheng-Ying Liu,[12] Han-Mo Chiu ,[1,4] Hung Chiang,[13] Chia-Tung Shun,[14,15] Ming-Wei Lin,[16] Ming-Shiang Wu ,[1] Jaw-Town Lin ,[1,17] Chang-Chuan Chan,[18,19] David Y Graham ,[20] Hsiu-Hsi Chen ,[4,19] Yi-Chia Lee [1,4,10,19]

Erradicación en masa
Población alto riesgo
≥ 30 años
2004-2018

Prevención primaria

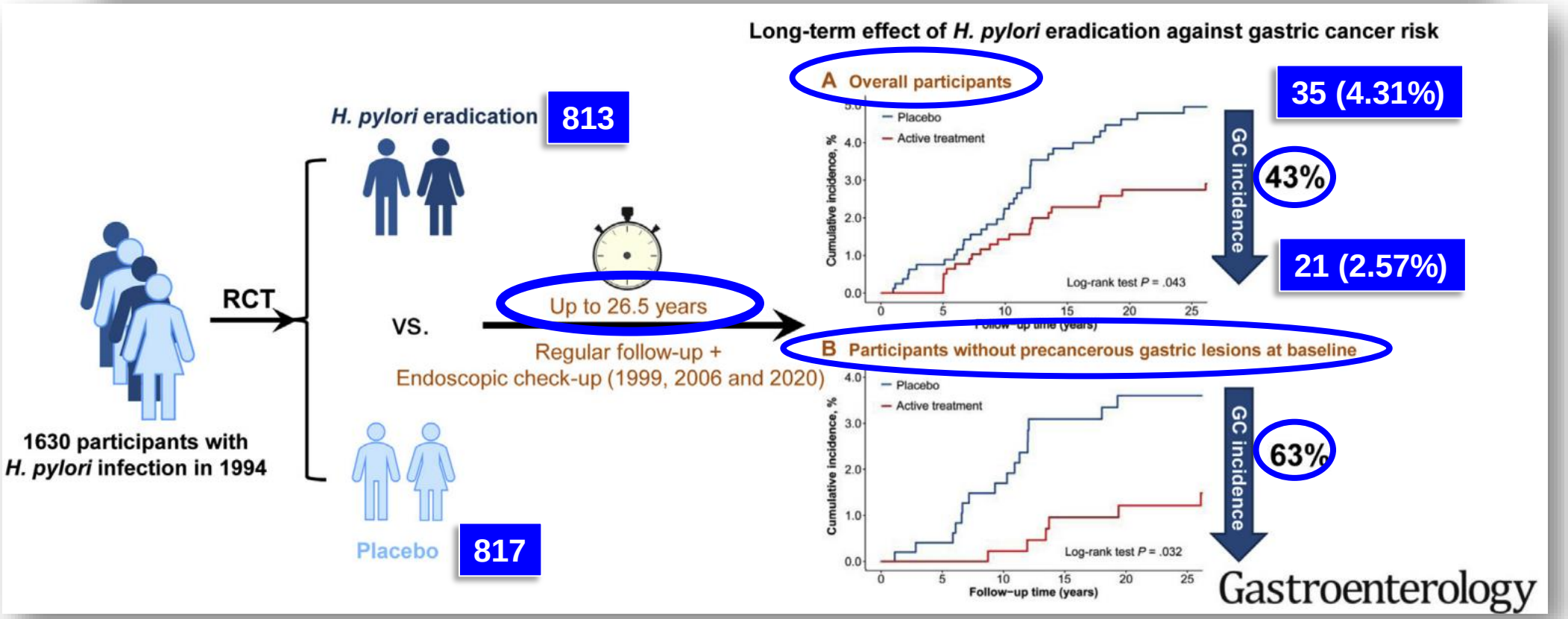
Incidencia	**<< 50%**
Mortalidad	**<< 25%**
Cáncer esófago	***No cambió***
Cancer de colon	***NO cambió***

Chiang TH, et al. Gut 2021;70:243-50

China

Effect of *Helicobacter pylori* Eradication on Gastric Cancer Prevention: Updated Report From a Randomized Controlled Trial With 26.5 Years of Follow-up

Lingjun Yan,[1,2,*] **Ying Chen**,[3,4,*] Fa Chen,[1,2] Tao Tao,[1,2] Zhijian Hu,[1,2] Junzhuo Wang,[1,2] Jianwang You,[4] Benjamin C. Y. Wong,[5] Jianshun Chen,[3,4] and Weimin Ye[1,2,6]



Yan L, Gastroenterology 2022;163:154-62

ORIGINAL ARTICLE

WILEY Helicobacter

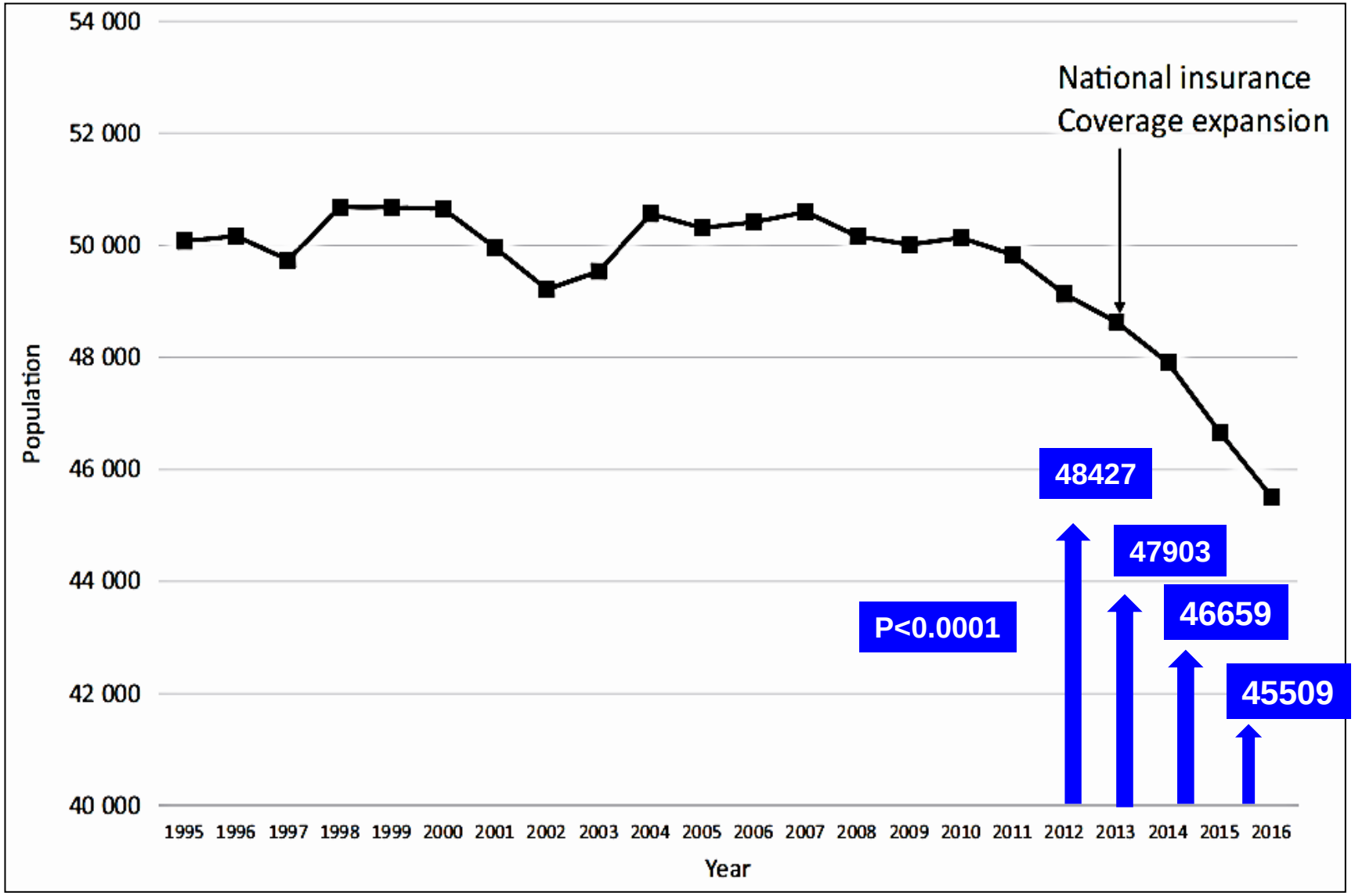
Effect on *Helicobacter pylori* eradication therapy against gastric cancer in Japan

Momoko Tsuda[1] | Masahiro Asaka[2] | Mototsugu Kato[3] | Rumiko Matsushima[1] | Kenji Fujimori[4] | Kozo Akino[2] | Shogo Kikuchi[5] | Yingsong Lin[5] | Naoya Sakamoto[1]

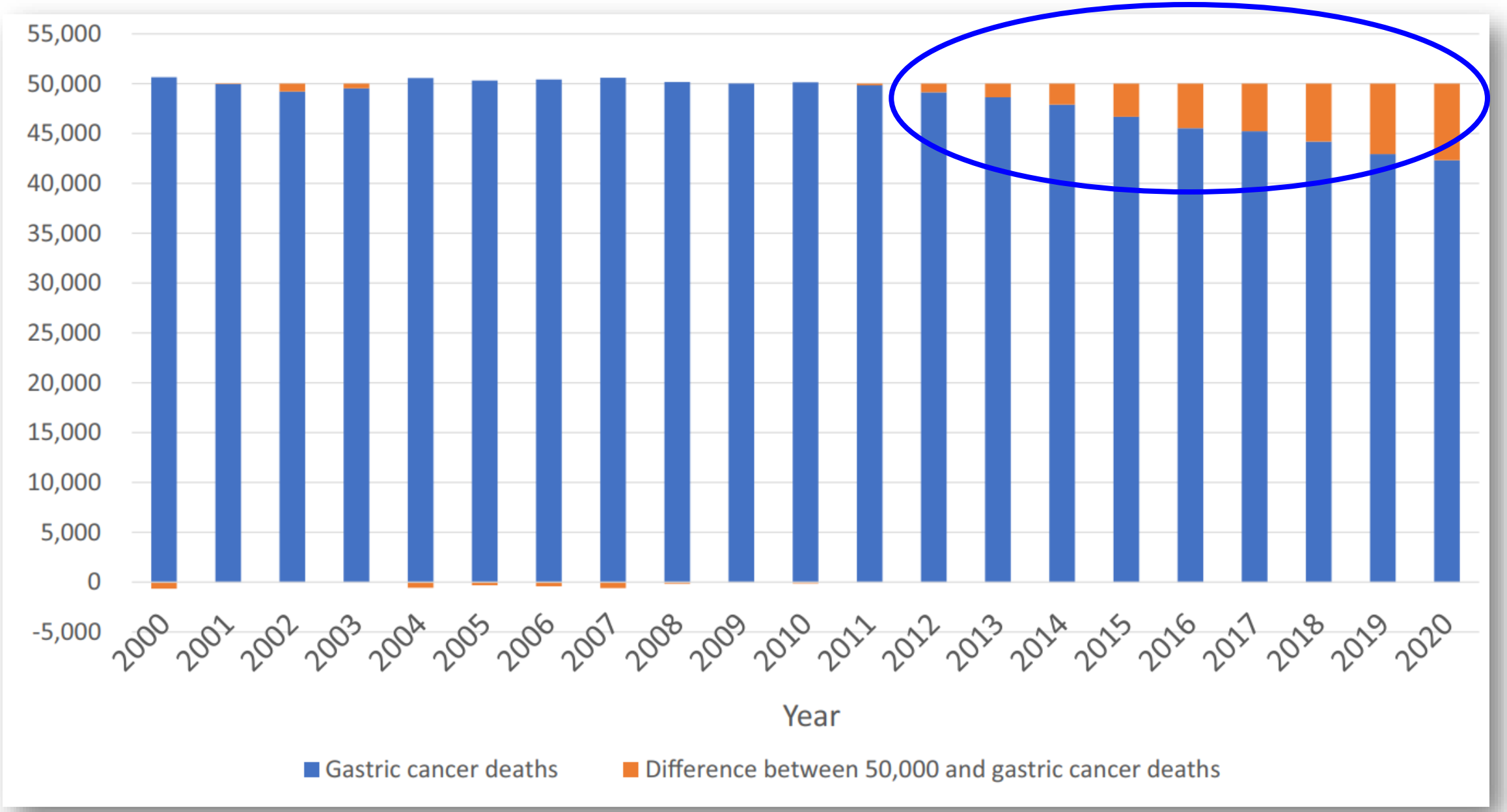
Durante décadas: prevención secundaria (Rx)
50.000 muertes/año, últimos 40 años (ningún cambio)

Tsuda M,Helicobacter. 2017;22:e12415

Erradicación de *Helicobacter* y cáncer en Japón



Helicobacter. 2017;22:e12415



Kowada A, Helicobacter. 2021 Jul 18:e12837.

Refrigerar

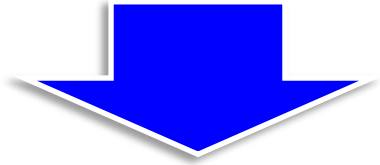
Prevención
Primaria
Cáncer Gástrico

Licor

Erradicar
H.pylori

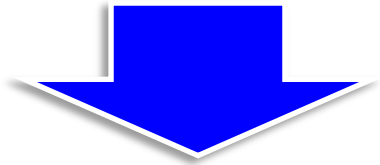
OMS 2020
Yang L, Chin J Cancer Res 2020;32:695-704

Prevención secundaria



Vigilar Gastritis crónica avanzada
Tamización endoscópica
Serología

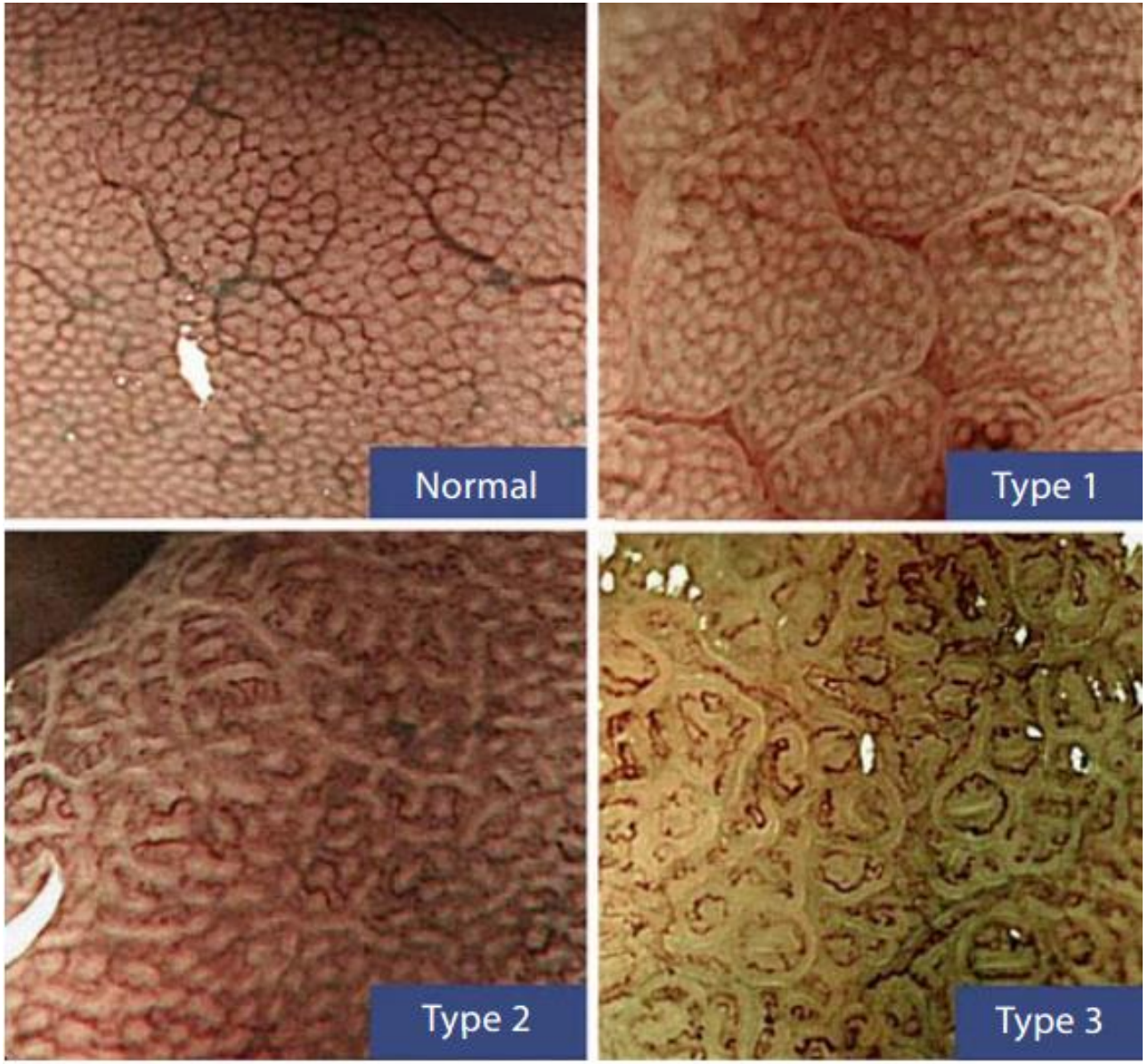
Prevención secundaria



Vigilar Gastritis crónica avanzada

Endoscopios avanzados

William Otero



“Gastritis Crónica leve”

“Gastritis Crónica severa con Atrofia y metaplasia intestinal”

“Gastritis Crónica moderada”

Hirata I, Digestion 2012;85:74–79

Endoscopic grading of gastric intestinal metaplasia on risk assessment for early gastric neoplasia: can we replace histology assessment also in the West?

Pedro Marcos ,[1,2] Gisela Brito-Gonçalves,[3] Diogo Libânio,[1,4] Inês Pita,[1] Rui Castro,[1] Inês Sá ,[1] Mário Dinis-Ribeiro,[1,4] Pedro Pimentel-Nunes[1,4,5]

OLGIM, OLGA
EGGIM: Graduación endoscópica Metaplasia intestinal
Antro C>, C<, Cuerpo C>, C<, Incisura: estaciones de Sídney
Cada sitio 0-2 puntos
0=no MI, 1: MI(focal) <30%, 2: MI Extensa ≥ 30%

Marcos P, et al. Gut. 2020;69:1762-1768.

Management of *Helicobacter pylori* infection: the Maastricht VI/Florence consensus report

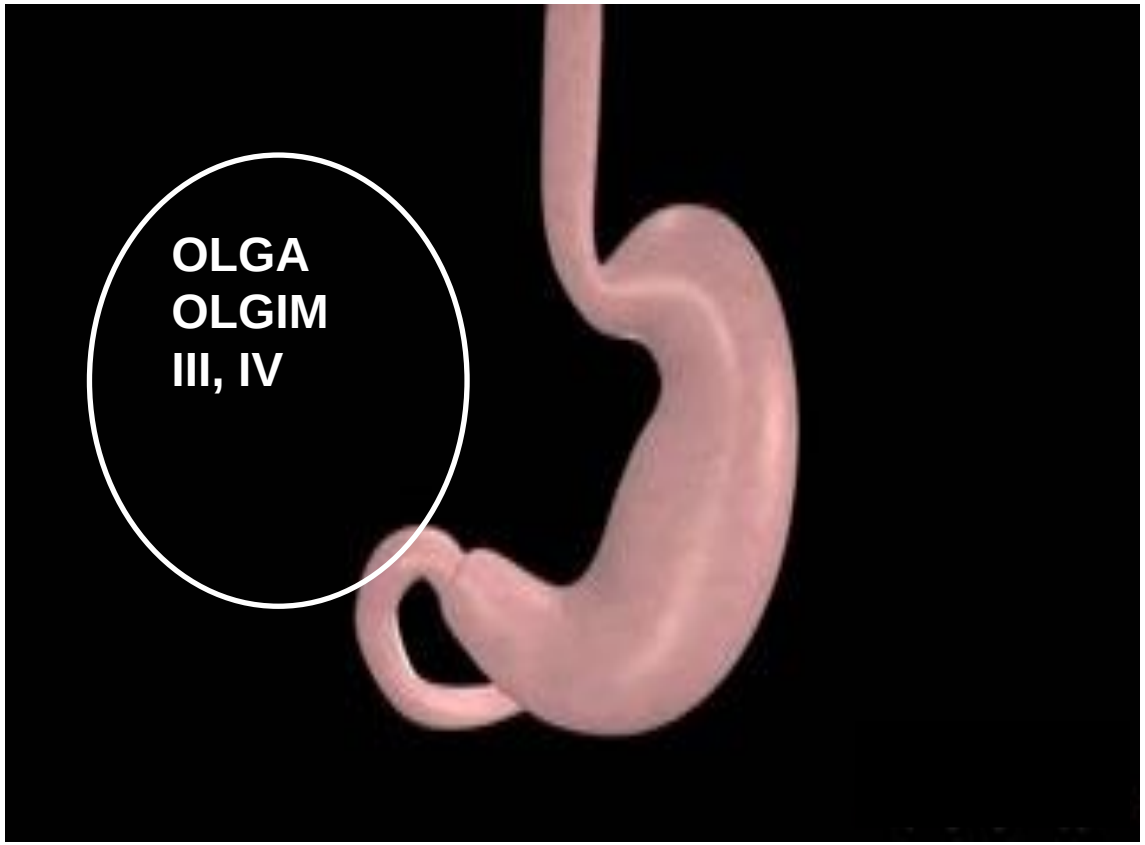
Peter Malfertheiner [1,2] Francis Megraud [3] Theodore Rokkas [4,5] Javier P Gisbert [6,7] Jyh-Ming Liou [8] Christian Schulz [1,9] Antonio Gasbarrini,[10] Richard H Hunt,[11,12] Marcis Leja [13,14] Colm O'Morain,[15] Massimo Rugge [16,17] Sebastian Suerbaum,[9,18] Herbert Tilg [19] Kentaro Sugano [20] Emad M El-Omar [21,22] On behalf of the European Helicobacter and Microbiota Study group

***Statement 3*: When endoscopy is indicated it should: (1) apply the best available technologies; (2) include biopsy sampling. Biopsy samples, as obtained in accordance with validated protocols, should result in both aetiological diagnosis and gastritis staging. Any focal lesions should be additionally sampled.**

Agreement 100% **Grade A2**

Malfertheiner P, Gut 2022 Online agosto 15

Estratificación de la atrofia o MI Biopsias Identificar el “Estómago premaligno”



Sugano K, Gut 2015;64:1353-67
Take S, J Gastroenterol 2020;55:281-8
Malfertheiner P, Maastricht VI. Gut 2022 Online agosto 15

The significance of OLGA and OLGIM staging systems in the risk assessment of gastric cancer: a systematic review and meta-analysis

Hu Yue[1,2] · Liu Shan[1] · Lv Bin[1,2]

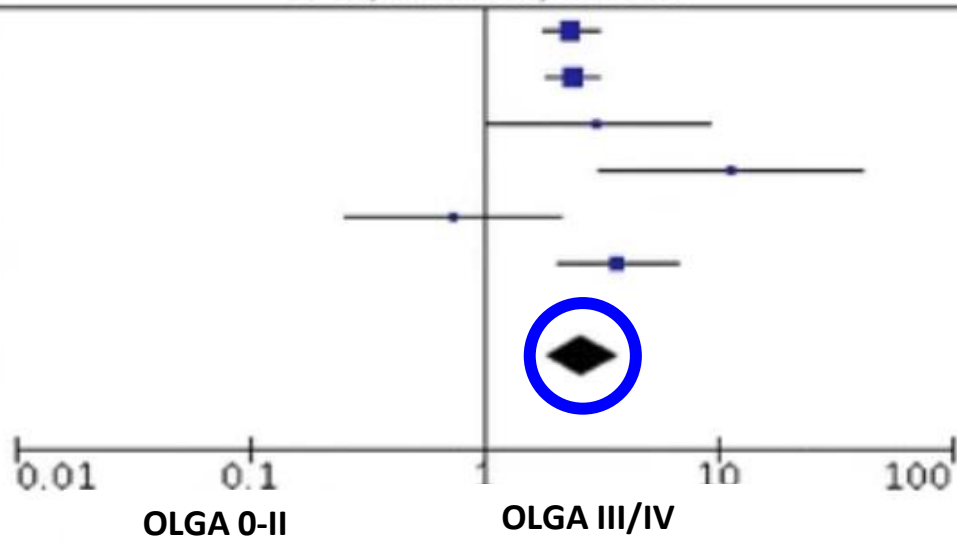
OLGA III/IV Casos y controles

Cáncer gástrico

Study or Subgroup	Experimental Events	Total	Control Events	Total	Weight	Odds Ratio M-H, Random, 95% CI
Cho 2013	219	474	126	474	29.4%	2.37 [1.81, 3.11]
Choi 2012	223	483	127	483	29.5%	2.40 [1.83, 3.15]
Kodama 2013	8	21	11	66	8.3%	3.08 [1.03, 9.18]
Satoh 2008	15	18	44	145	6.4%	11.48 [3.16, 41.66]
Tsai 2013	7	43	10	48	8.6%	0.74 [0.25, 2.15]
Zhou 2016	37	71	35	156	17.9%	3.76 [2.07, 6.85]
Total (95% CI)		**1110**		**1372**	**100.0%**	**2.64 [1.84, 3.79]**
Total events	509		353			

Heterogeneity: $Tau^2 = 0.10$; $Chi^2 = 12.53$, df = 5 (P = 0.03); $I^2 = 60\%$

Test for overall effect: Z = 5.30 (P < 0.00001)



Yue H, et al. Gastric Cancer 2018;21: 579–87

The significance of OLGA and OLGIM staging systems in the risk assessment of gastric cancer: a systematic review and meta-analysis

Hu Yue[1,2] · Liu Shan[1] · Lv Bin[1,2]

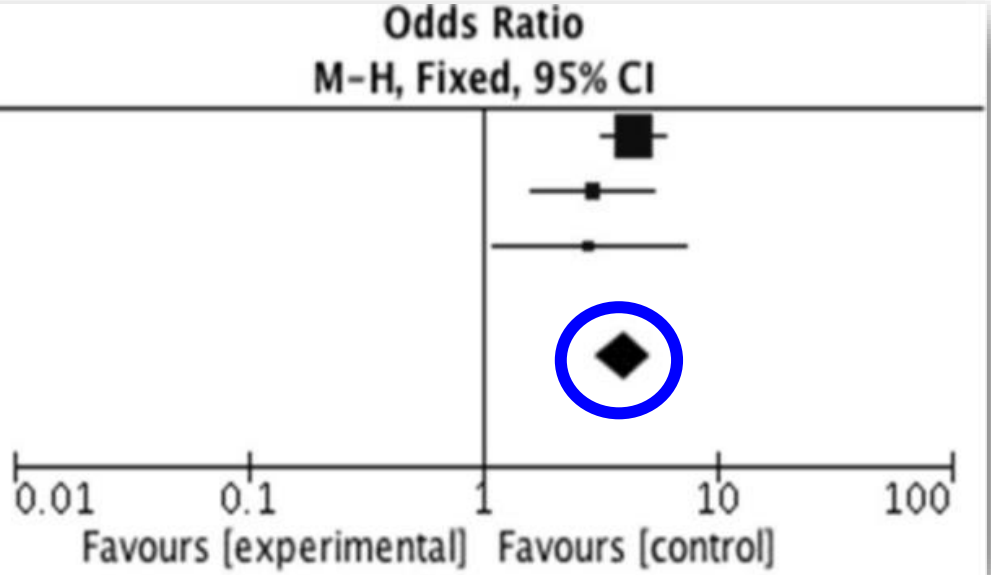
OLGIM III/IV, Casos y controles

Cáncer gástrico

Study or Subgroup	Experimental Events	Total	Control Events	Total	Weight	Odds Ratio M-H, Fixed, 95% CI
Cho 2013	204	474	69	474	70.6%	4.43 [3.24, 6.07]
Tsai 2013	30	71	31	156	20.1%	2.95 [1.60, 5.45]
Zhou 2016	17	43	9	48	9.2%	2.83 [1.10, 7.31]
Total (95% CI)		**588**		**678**	**100.0%**	**3.99 [3.05, 5.21]**
Total events	251		109			

Heterogeneity: $Chi^2 = 1.87$, $df = 2$ ($P = 0.39$); $I^2 = 0\%$

Test for overall effect: $Z = 10.17$ ($P < 0.00001$)



Yue H, et al. Gastric Cancer 2018;21: 579–87

Management of epithelial precancerous conditions and lesions in the stomach (
Endoscopy (ES
Group (EHMS
Sociedade Por
update 2019

Study

ideline

65-88

ESGE

Authors
Pedro Pimentel-Nunes[1]
Gianluca Esposito[7], Mon
Jean-Marc Dumonceau[1
Ernst J. Kuipers[16], Mario

Annibale[7],
Hooft[15],

OLGA
OLGIM

British Society of Gastroenterology guidelines on the diagnosis and management of patients at risk of gastric adenocarcinoma

Matthew Banks,[1,2] David Graham,[1,3] Marnix Jansen,[4] Takuji Gotoda,[5] Sergio Coda,[6] Massimiliano di Pietro,[7,8] Noriya Uedo,[9] Pradeep Bhandari,[10] D Mark Pritchard,[11] Ernst J Kuipers,[12] Manuel Rodriguez-Justo,[4] Marco R Novelli,[4] Krish Ragunath,[13] Neil Shepherd,[14] Mario Dinis-Ribeiro[15]

Banks M, et al. Gut 2019;68:1545-75

Kyoto global consensus report on *Helicobacter pylori* gastritis

Sugano K, et al. Gut 2015;64:1353–1367

Kentaro Sugano,[1] Jan Tack,[2] Ernst J Kuipers,[3] David Y Graham,[4] Emad M El-Omar,[5] Soichiro Miura,[6] Ken Haruma,[7] Masahiro Asaka,[8] Naomi Uemura,[9] Peter Malfertheiner,[10] on behalf of faculty members of Kyoto Global Consensus

Guidelines

Chronic atrophic gastritis: Natural history, diagnosis and therapeutic management. A position paper by the Italian Society of Hospital Gastroenterologists and Digestive Endoscopists [AIGO], the Italian Society of Digestive Endoscopy [SIED], the Italian Society of Gastroenterology [SIGE], and the Italian Society of Internal Medicine [SIMI]

Edith Lahner[a,*], Rocco Maurizio Zagari[b], Angelo Zullo[c], Antonio Di Sabatino[d], Alberto Meggio[e], Paola Cesaro[f], Marco Vincenzo Lenti[d], Bruno Annibale[a], Gino Roberto Corazza[d]

Lahner E, et al. Dig Liver Dis 2019;51:1621-32

Management of *Helicobacter pylori* infection: the Maastricht VI/Florence consensus report

Peter Malfertheiner ,[1,2] Francis Megraud ,[3] Theodore Rokkas ,[4,5] Javier P Gisbert ,[6,7] Jyh-Ming Liou ,[8] Christian Schulz ,[1,9] Antonio Gasbarrini,[10] Richard H Hunt,[11,12] Marcis Leja ,[13,14] Colm O'Morain,[15] Massimo Rugge ,[16,17] Sebastian Suerbaum,[9,18] Herbert Tilg ,[19] Kentaro Sugano ,[20] Emad M El-Omar ,[21,22] On behalf of the European Helicobacter and Microbiota Study group

Malfertheiner P, Gut 2022 Online agosto 15

British Society of Gastroenterology guidelines on the diagnosis and management of patients at risk of gastric adenocarcinoma

Matthew Banks,[1,2] David Graham,[1,3] Marnix Jansen,[4] Takuji Gotoda,[5] Sergio Coda,[6] Massimiliano di Pietro,[7,8] Noriya Uedo,[9] Pradeep Bhandari,[10] D Mark Pritchard,[11] Ernst J Kuipers,[12] Manuel Rodriguez-Justo,[4] Marco R Novelli,[4] Krish Ragunath,[13] Neil Shepherd,[14] Mario Dinis-Ribeiro[15]

13. *We recommend endoscopic surveillance every 3 years should be offered to patients diagnosed with extensive GA or GIM, defined as that affecting the antrum and body* (evidence level: low quality; grade of recommendation: strong; level of agreement: 100%).

Banks M, et al. Gut 2019;68:1545-75

Management of epithelial precancerous conditions and lesions in the stomach (MAPS II): European Society of Gastrointestinal Endoscopy (ESGE), European *Helicobacter* and Microbiota Study Group (EHMSG), European Society of Pathology (ESP), and Sociedade Portuguesa de Endoscopia Digestiva (SPED) guideline update 2019

Authors
Pedro Pimentel-Nunes[1,2,3], Diogo Libânio[1,2], Ricardo Marcos-Pinto[2,4], Miguel Areia[2,5], Marcis Leja[6], Gianluca Esposito[7], Monica Garrido[4], Ilze Kikuste[6], Francis Megraud[8], Tamara Matysiak-Budnik[9], Bruno Annibale[7], Jean-Marc Dumonceau[10], Rita Barros[11,12], Jean-François Fléjou[13], Fátima Carneiro[11,12,14], Jeanin E. van Hooft[15], Ernst J. Kuipers[16], Mario Dinis-Ribeiro[1,2]

17 Patients with advanced stages of atrophic gastritis (severe atrophic changes or intestinal metaplasia in both antrum and corpus, OLGA/OLGIM III/IV) should be followed up with a high quality endoscopy every 3 years (low quality evidence, strong recommendation)

Pimentel-Nunes P, Endoscopy 2019; 51: 365-88

Management of *Helicobacter pylori* infection: the Maastricht VI/Florence consensus report

Peter Malfertheiner [1,2] Francis Megraud [3] Theodore Rokkas [4,5] Javier P Gisbert [6,7] Jyh-Ming Liou [8] Christian Schulz [1,9] Antonio Gasbarrini,[10] Richard H Hunt,[11,12] Marcis Leja [13,14] Colm O'Morain,[15] Massimo Rugge [16,17] Sebastian Suerbaum,[9,18] Herbert Tilg [19] Kentaro Sugano [20] Emad M El-Omar [21,22] On behalf of the European Helicobacter and Microbiota Study group

***Statement 20*: Follow-up at regular intervals, and by use of endoscopic biopsy protocols, is mandatory in patients with severe atrophic gastritis (OLGA III/IV or OLGIM III/IV).**

Agreement 97%

Grade B1

Malfertheiner P, Gut 2022 Online agosto 15

Vigilancia de Gastritis Crònica
5 Biopsias: cuerpo (2), Antro (2), Incisura (1)

OLGA 0-II

Observar

Historia Familiar CG

Vigilar cada 3 años

Vigilar para detectar Cáncer Gástrico temprano

Tratamiento Endoscópico

OLGA III/IV

Vigilancia

Historia Familiar CG

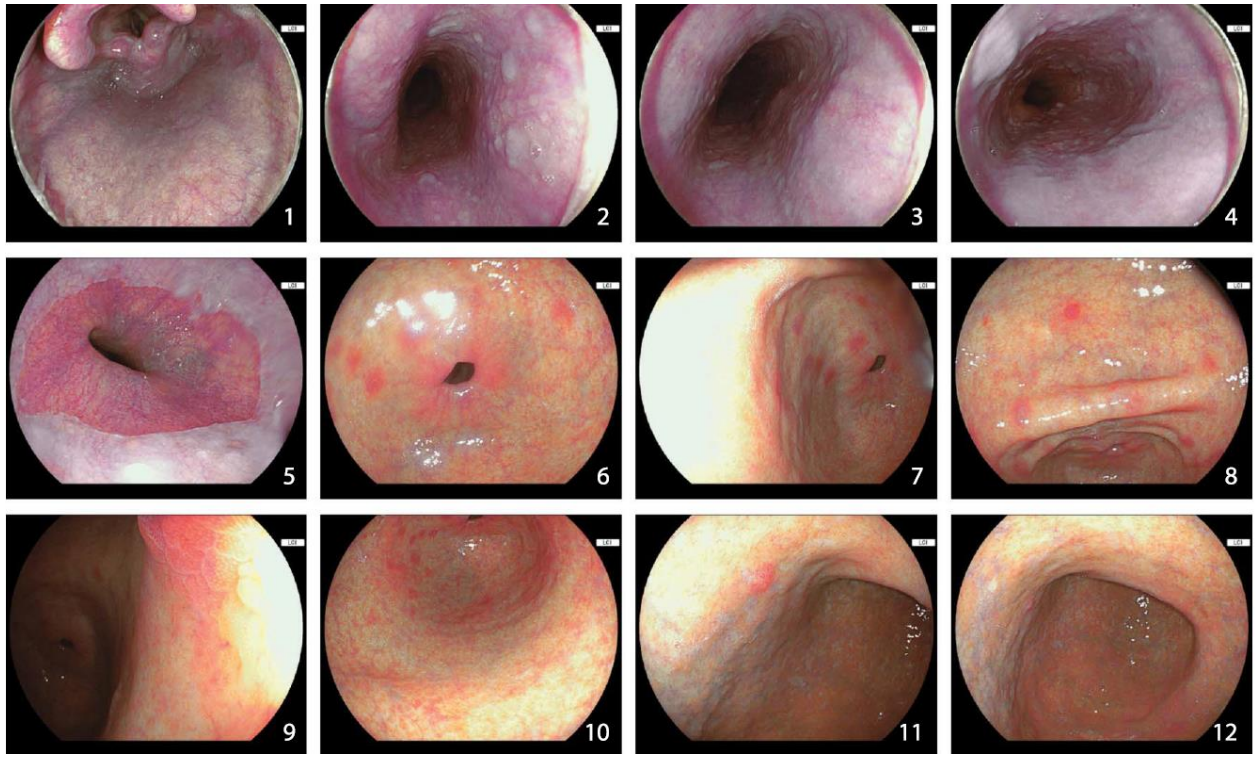
Cada 1-2 a

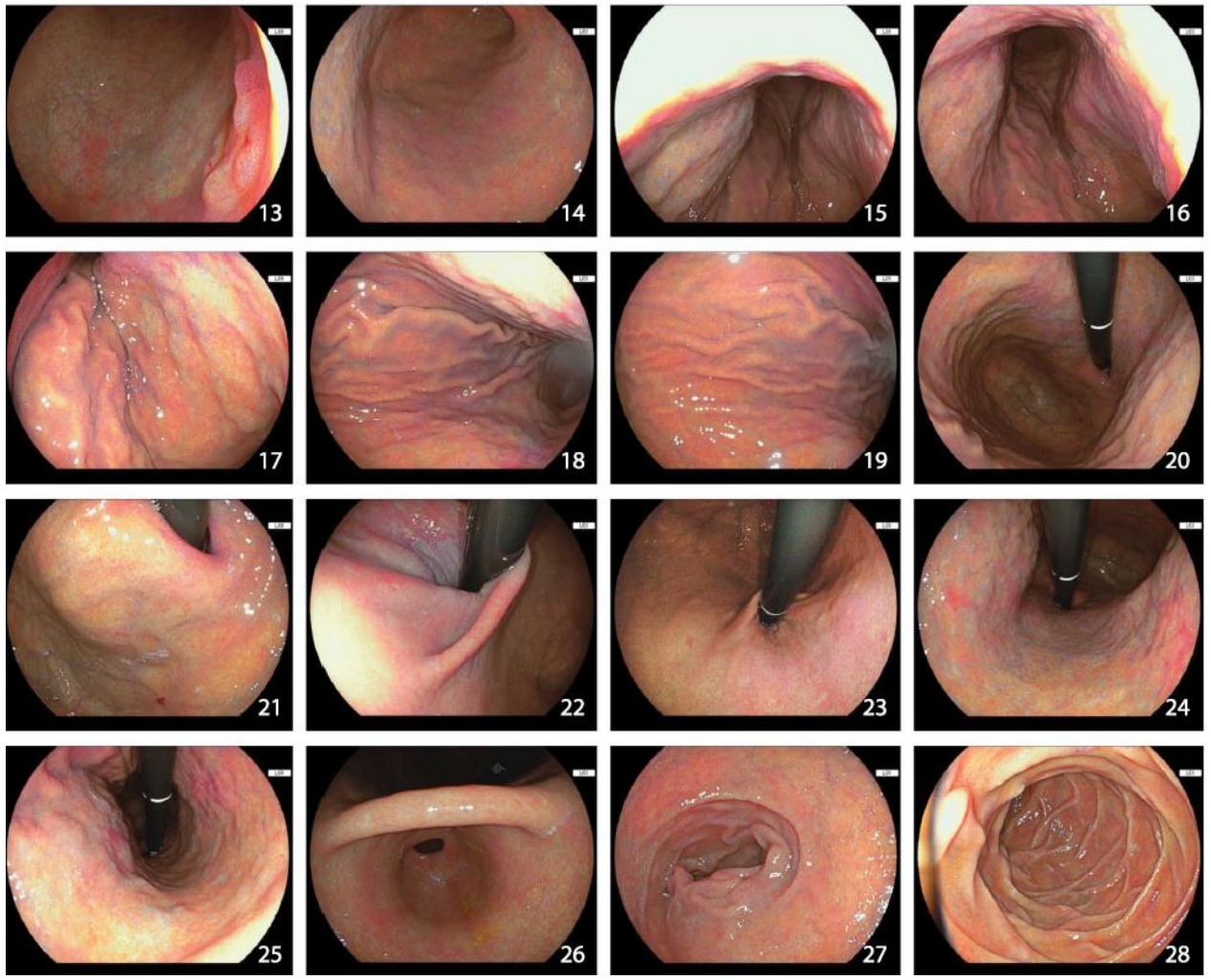
Cada 3 años

Sugano K, Kyoto Consensus. Gut 2015; 64:1353-67
Zagari RM, Dig Liver Dis 2015;903-12
Rollán A, Rev Med Chile 2014;142:1181-92
Yue H, Gastric Cancer 2018;21:579-87
Shah SC Gastroenterolofy 2021;161:1325-32
Pimentel-Nunes P, Endoscopy 2019;51:365-88

Mujer 52 años, OLGA IV 2 años de seguimiento

Endoscopia sistemática codificada alfa numérica 28 estaciones



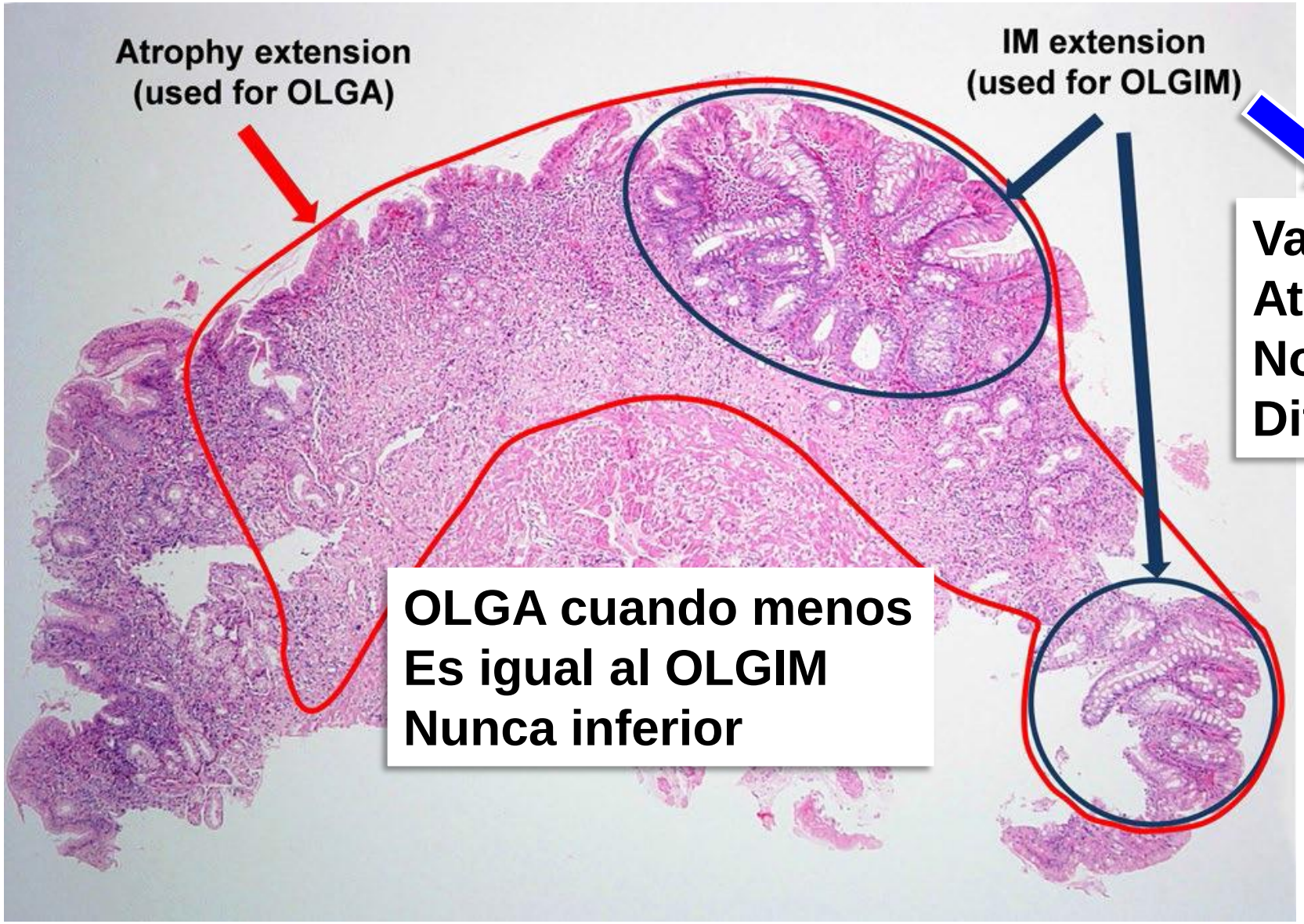


Endoscopia de alta calidad

Emura F, Am J Gastroenterol 2019;114:841-45.

OLGA identifica todos Los tipos de atrofia

Malfertheiner P, Gut 2022 Online agosto 15



Variante de
Atrofia
No entidad
Diferente

Matysiak-Budnik T, Dig Dis Sci 2020, abril 20
Rugge M, Gastrointest Endosc. 2011;73:411–2.

Management of *Helicobacter pylori* infection: the Maastricht VI/Florence consensus report

Peter Malfertheiner [1,2] Francis Megraud [3] Theodore Rokkas [4,5] Javier P Gisbert [6,7] Jyh-Ming Liou [8] Christian Schulz [1,9] Antonio Gasbarrini,[10] Richard H Hunt,[11,12] Marcis Leja [13,14] Colm O'Morain,[15] Massimo Rugge [16,17] Sebastian Suerbaum,[9,18] Herbert Tilg [19] Kentaro Sugano [20] Emad M El-Omar [21,22] On behalf of the European Helicobacter and Microbiota Study group

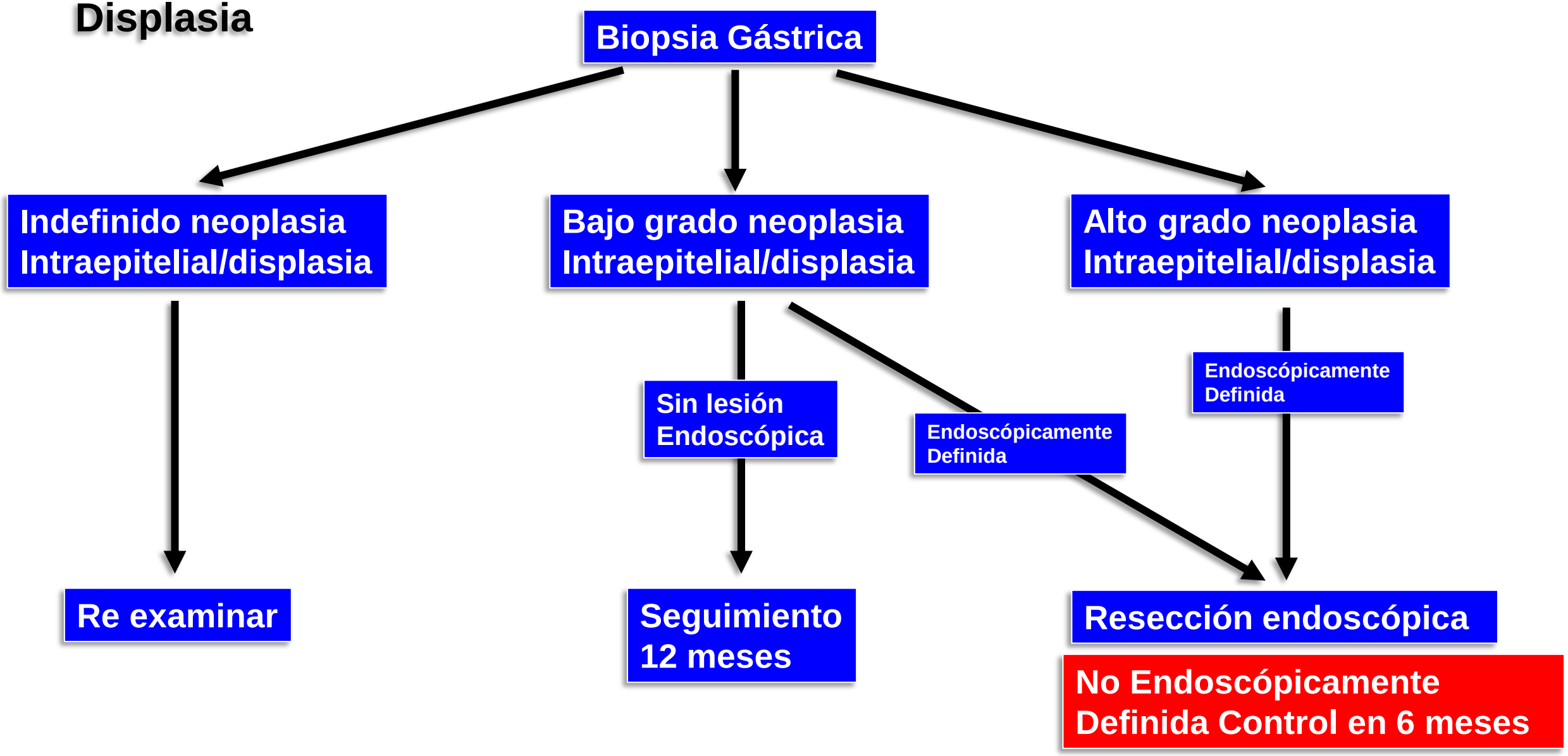
***Statement 13*: The histological assessment of atrophy should result in a conclusive gastritis staging (OLGA/OLGIM), which consistently ranks the patient-specific cancer risk. Histological staging makes IM subtyping clinically redundant.**

Agreement 97% **Grade A1**

OLGA identifica todos los tipos de atrofia

Malfertheiner P, Gut 2022 Online agosto 15

Displasia



Sung JK, Korean J Intern Med 2016;31:201-209
Pimentel-Nunes P, Endoscopy 2019; 51: 365-88

Estómago premaligno

Gastritis autoinmune

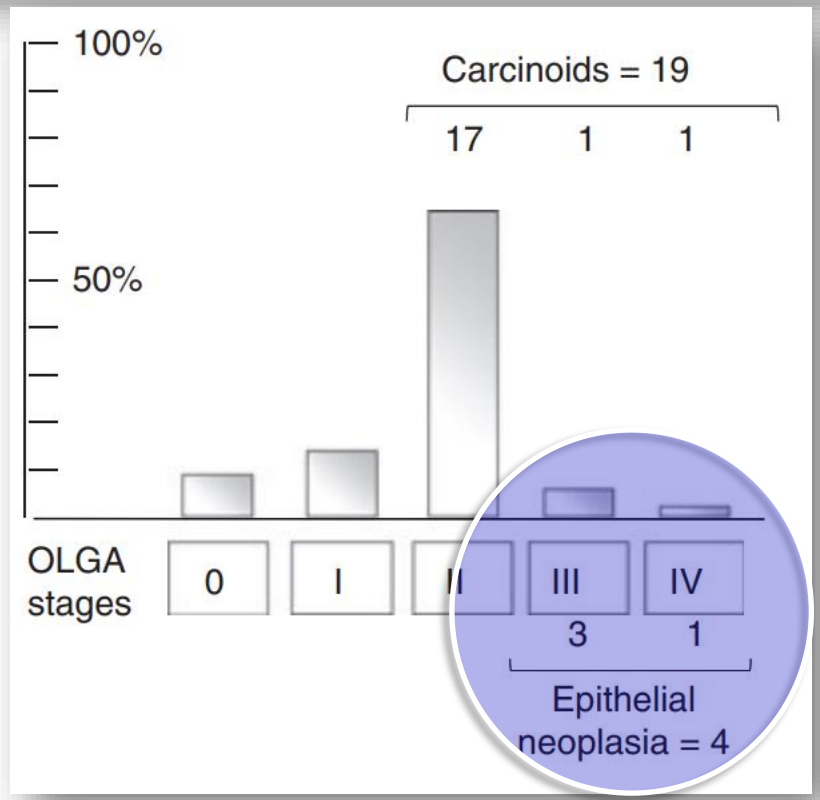
Vigilar c/3- 5años

Pimentel-Nunes P, Endoscopy 2019; 51: 365-88
Shah SC, Gastroenterology 2021;161:1325-32

AP&T Alimentary Pharmacology and Therapeutics

Autoimmune gastritis: histology phenotype and OLGA staging

M. Rugge*,†,1, M. Fassan*,‡,1, M. Pizzi‡, V. Zorzetto‡, G. Maddalo‡, S. Realdon†, M. DeBernard§, C. Betterle*, R. Cappellesso*, G. Pennelli*, M. de Boni¶ & F. Farinati‡



Rugge M, Aliment Pharmacol Ther 2012; 35:1460-66

CURRENT OPINION

Management of upper gastrointestinal symptoms in patients with autoimmune gastritis

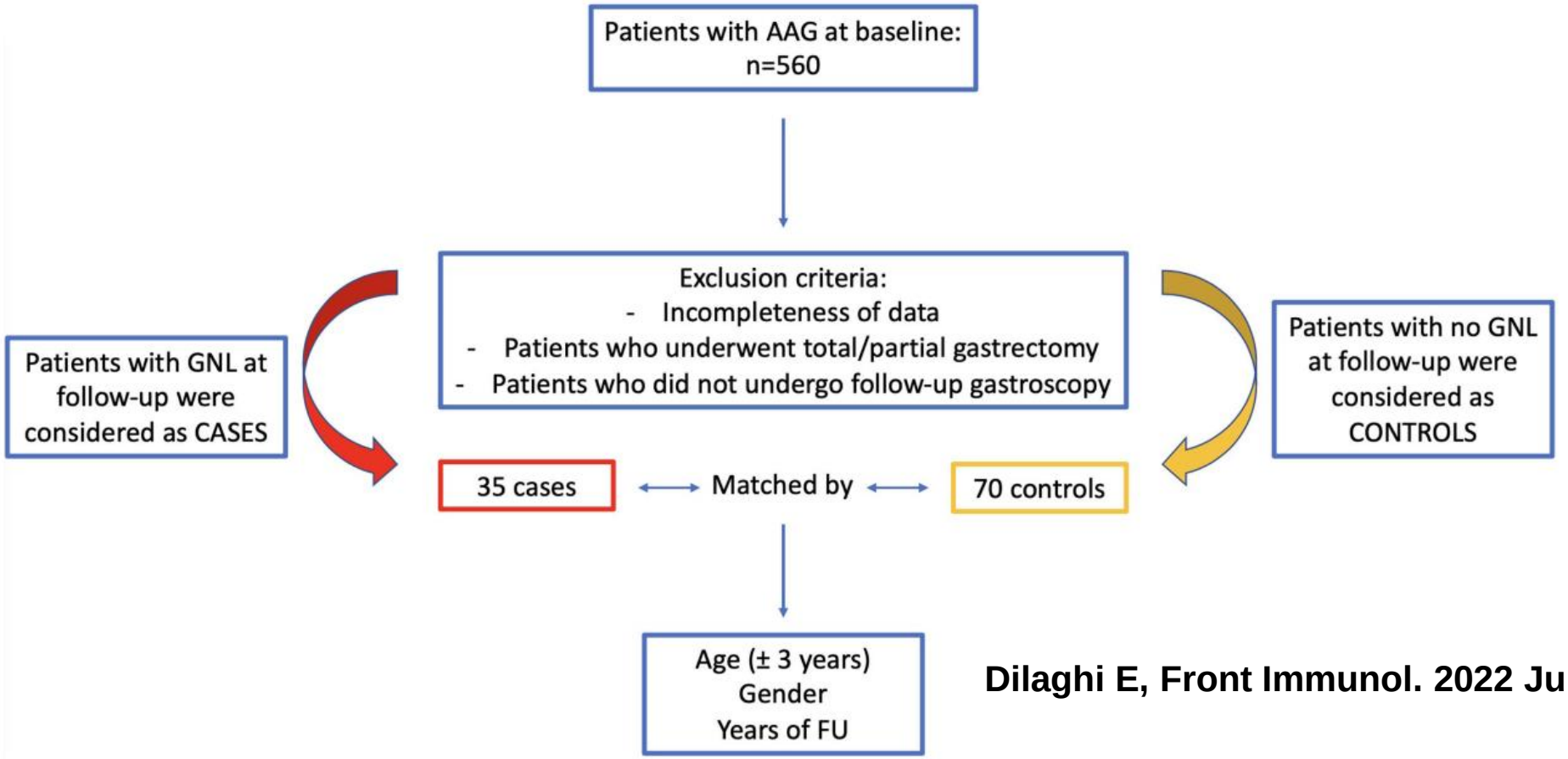
Juan D. Gomez Cifuentes[a], Jordan Sparkman[b] and David Y. Graham[c]

Tumores Neuroendocrinos Tipo I (Hipergastrinemia)

Gómez JD, Curr Opin Gastroenterol 2022;38:600-6

The Impact of Proton Pump Inhibitors on the Development of Gastric Neoplastic Lesions in Patients With Autoimmune Atrophic Gastritis

Emanuele Dilaghi[†], Mario Bellisario[†], Gianluca Esposito, Marilia Carabotti, Bruno Annibale[†] and Edith Lahner[†]*



Dilaghi E, Front Immunol. 2022 Jul 22;13:910077

	Cases n=35	Controls n=70	*p*-value
Females	20 (57.1)	42 (60.0)	NS (matched)
Median age, years, median (range)	67.6 (44–84)	67.7 (42–86)	NS (matched)
Age >50 years	32 (91.4)	65 (92.9)	NS (matched)
Prior use of PPIs	19 (54.3)	13 (18.6)	<0.001
Body mass index ≥25	17 (48.6)	26 (37.1)	0.297
Smoking habit	4 (11.4)	34 (48.6)	<0.001
First-degree family history for gastric cancer	3 (8.6)	7 (10.0)	1.000
Dyspepsia	17 (48.6)	28 (40.0)	0.412
Use of antiplatelet or anticoagulant drugs	14 (40.0)	11 (15.7)	0.008
Iron deficiency anemia	4 (11.4)	13 (18.6)	0.412
Pernicious anemia	13 (37.1)	28 (40.0)	0.834
Severe corpus atrophy	13 (37.1)	27 (38.6)	1.000
Presence of corpus intestinal metaplasia	26 (74.3)	58 (82.9)	0.312

Management of upper gastrointestinal symptoms in patients with autoimmune gastritis

Juan D. Gomez Cifuentes[a], Jordan Sparkman[b] and David Y. Graham[c]

KEY POINTS

- The most common symptoms in autoimmune gastritis (AIG) are dyspepsia and typical gastroesophageal reflux (GERD) symptoms.
- Typical GERD symptoms are caused by weakly acid and alkaline reflux, the exact mechanism behind dyspepsia is unknown.
- Acid suppressant medications should be discontinued as their physiologic targets are absent in AIG patients.
- Therapy for AIG patients should be approached based on the predominant symptoms of GERD and dyspepsia.

Gómez JD, Curr Opin Gastroenterol 2022;38:600-6

Otras estrategias de prevención secundaria

Tamización Endoscópica

William Otero

Endoscopic Screening in Asian Countries Is Associated With Reduced Gastric Cancer Mortality: A Meta-analysis and Systematic Review

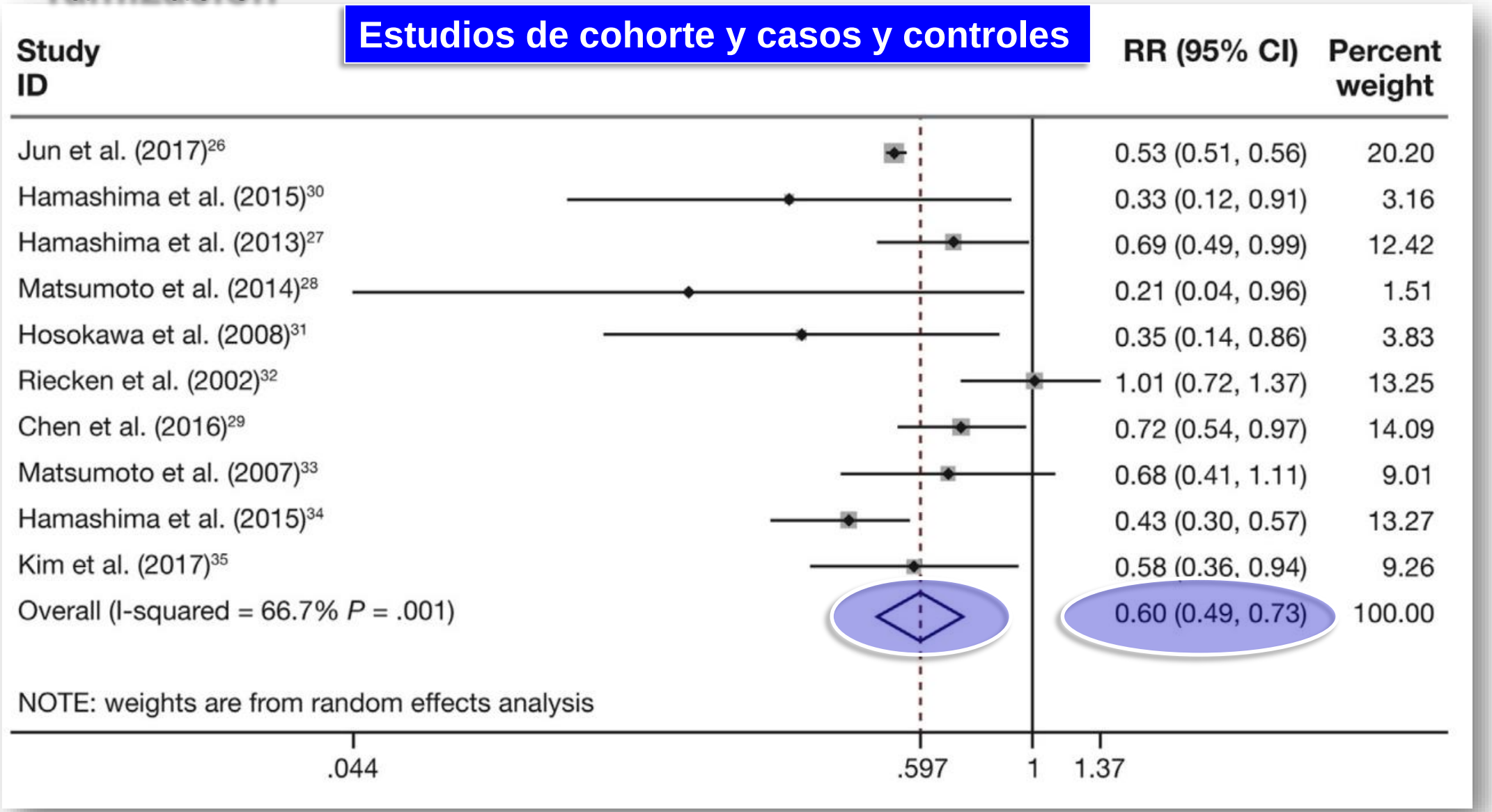
Xing Zhang,[1,2,*] **Meng Li**,[1,2,*] **Shuntai Chen**,[1,2,*] **Jiaqi Hu**,[1,2,*] **Qiujun Guo**,[1,*] Rui Liu,[1] Honggang Zheng,[1] Zhichao Jin,[1] Yuan Yuan,[1,2] Yupeng Xi,[1,2] and Baojin Hua[1]

Zhang X,et al. Gastroenterology 2018;155:347–354

Endoscopia
Tamización

Mortalidad por cáncer gástrico

Estudios de cohorte y casos y controles

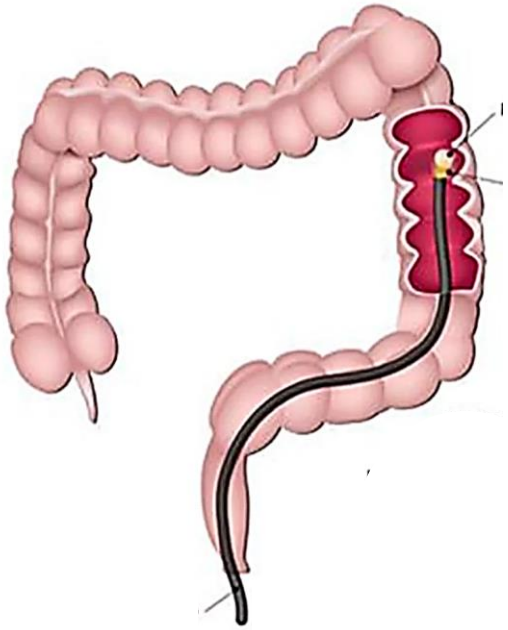


Zhang X,et al. Gastroenterology 2018;155:347–354

Statement 18: Screening modalities for gastric cancer prevention (noninvasive or endoscopic) combined with colorectal cancer screening is an opportunity

Agreement 81%

Grade C2



A los 50 años

10% *H.pylori* +

Atrofia, MI avanzada

19% Europa

Malfertheiner P, Maastricht VI, Gut 2022 Online agosto 15

Role of gastrointestinal endoscopy in the screening of digestive tract cancers in Europe: European Society of Gastrointestinal Endoscopy (ESGE) Position Statement

ESGE

Authors
Adrian Săftoiu[1,2], Cesare Hassan[3], Miguel Areia[4,5], Manoop S. Bhutani[6], Raf Bisschops[7], Erwan Bories[8], Irina M. Cazacu[1,6], Evelien Dekker[9], Pierre H. Deprez[10], Stephen P. Pereira[11], Carlo Senore[12], Riccardo Capocaccia[13], Giulio Antonelli[3], Jeanin van Hooft[9], Helmut Messmann[14], Peter D. Siersema[15], Mario Dinis-Ribeiro[5,16], Thierry Ponchon[17]

STATEMENT

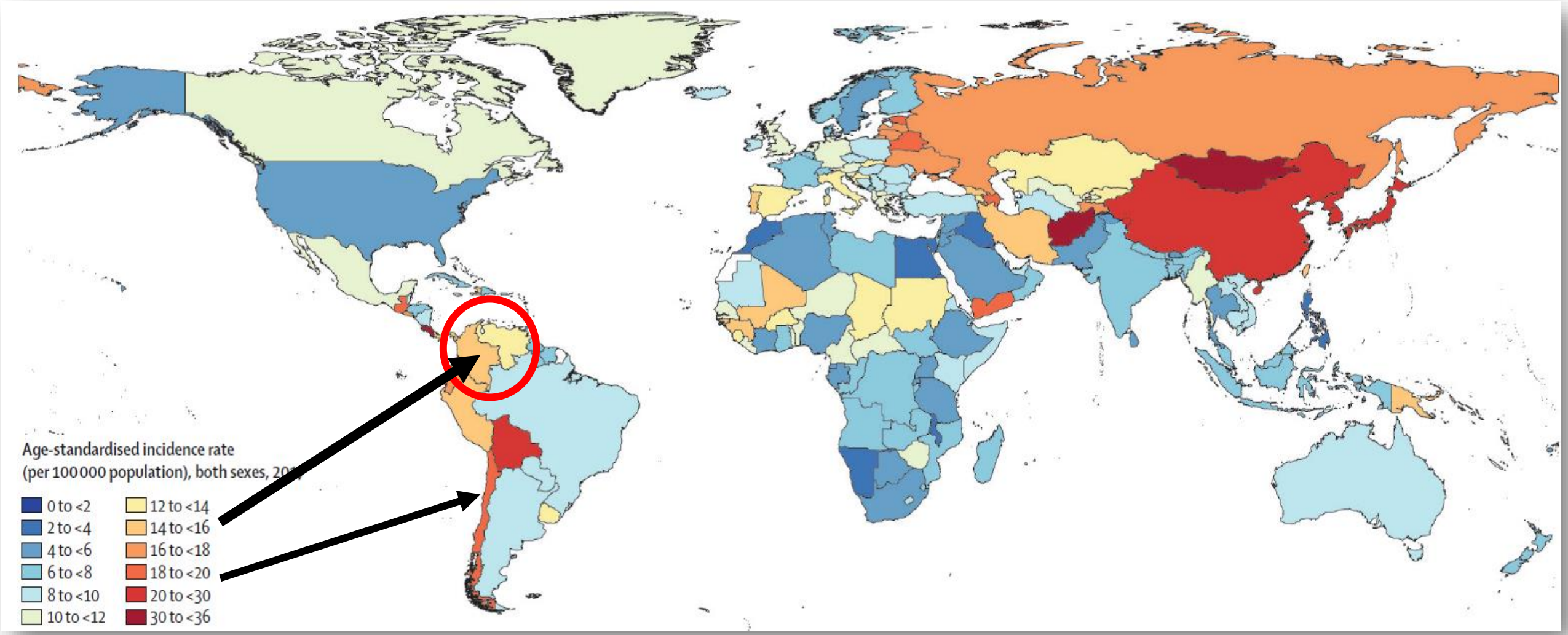
In high-risk populations, endoscopic screening **for gastric cancer** should be considered for individuals aged more than 40 years. Its use in countries/regions with intermediate risk may be considered on the basis of local settings and availability of endoscopic resources.

Alto riesgo ≥ 20/10 [5]
Cada dos años

Intermedio 10-20/10 [5]
Cada 5 años

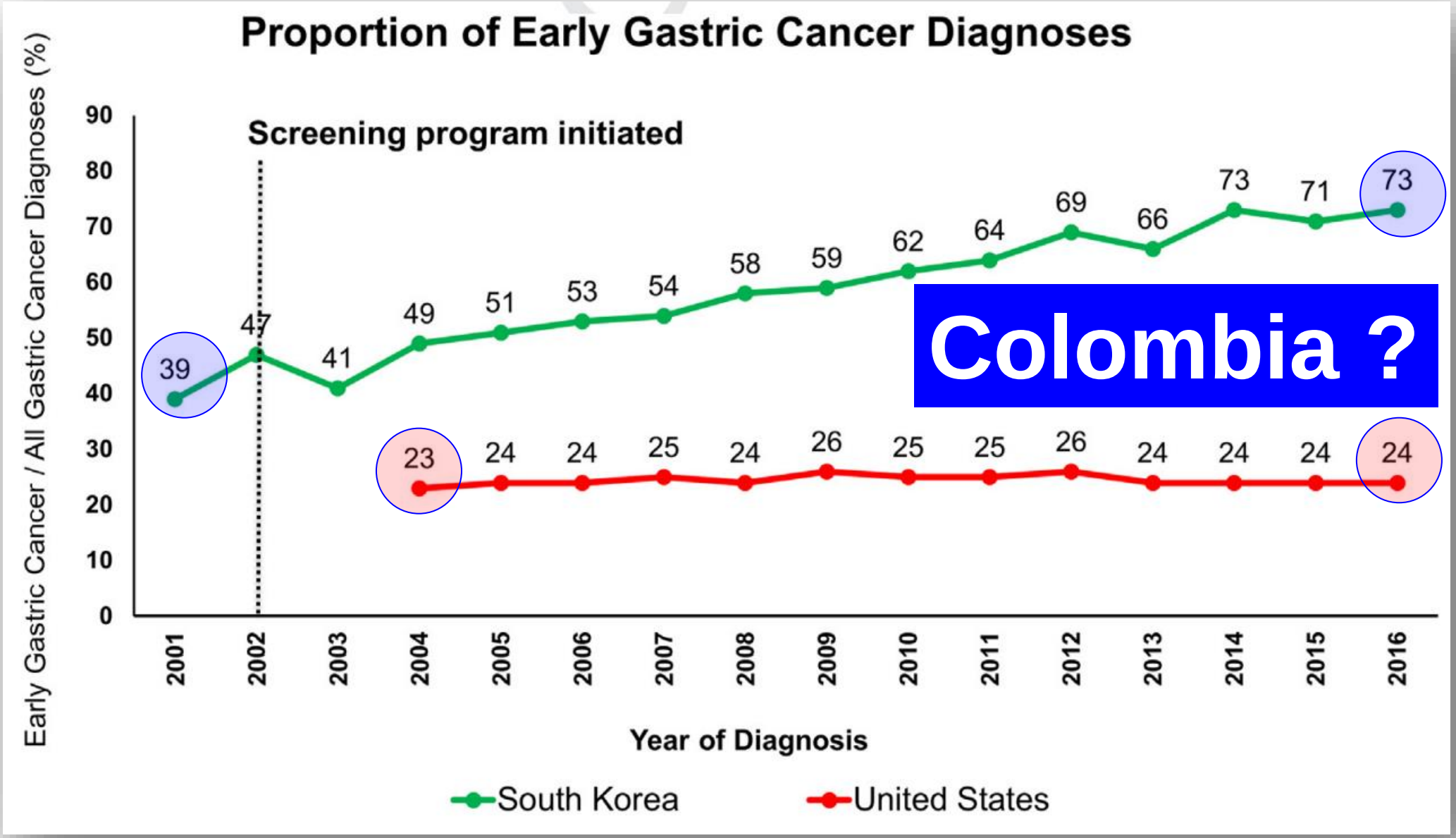
Bajo riesgo<10/10 [5]
No se recomienda

Saftoiu A, et al. Endoscopy 2020; 52: 293–304



GBD 2017 Stomach Cancer Collaborators*

***Lancet Gastroenterol Hepatol* 2020; 5: 42–54**



Huang RJ, Clin Gastroenterol Hepatol 2022;20:2218–2228

Gastritis atrófica por serología

WILEY AP&T Alimentary Pharmacology & Therapeutics

Systematic review with meta-analysis: diagnostic performance of the combination of pepsinogen, gastrin-17 and anti-*Helicobacter pylori* antibodies serum assays for the diagnosis of atrophic gastritis

R. M. Zagari[1] | S. Rabitti[1] | D. C. Greenwood[2] | L. H. Eusebi[1] | A. Vestito[3] | F. Bazzoli[1]

PG I mucosa oxíntica del cuerpo
PG II: antro duodeno,
G17:mucosa del antro
Anti *H.pylori* +

PGI/PGII <3
PG I < 3mcr/L
Atrofia corporal

Anti *H.pylori* +
G17 disminuida
Atrofia antral

Sensibilidad	**74.7% (IC95% 62-84.3)**
Especificidad	**95.6% (IC 95% 92.6-97.4)**
VPN	**91%**

Zgari RM, et al. Aliment Pharmacol Ther 2017;46:657–67.

Mensajes para la casa

Prevención Cáncer Gástrico LATAM?

Prevención primaria
Erradicar *H.pylori* a
Todos los infectados

Prevención secundaria
Vigilando Atrofia/MI avanzadas
OLGA/OLGIM
Endoscopios avanzados

Tamización endoscópica?
Estudiarlo en cada país

Muchas gracias!