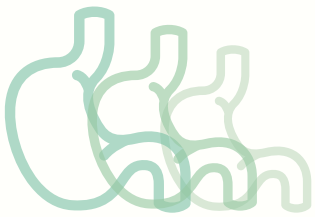
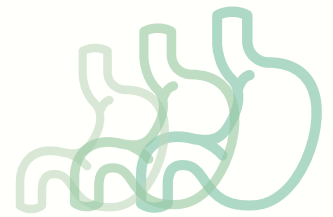




Gastric Intestinal Metaplasia



AGA Clinical Guidelines



Background

- Gastric cancer is the 3rd leading cause of cancer death worldwide
- Majority are non-cardia gastric cancers
- Chronic infection with H. pylori is the primary risk factor for non-cardia gastric cancer
- In low incidence countries (USA), population-wide screening has not been endorsed

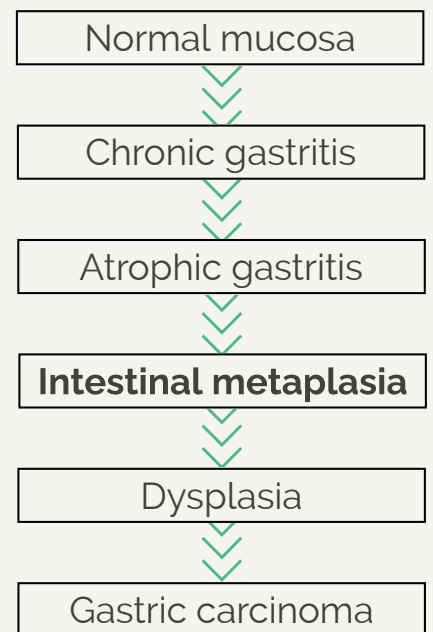


80%

At least 80% of global gastric cancer has been attributable to H. pylori

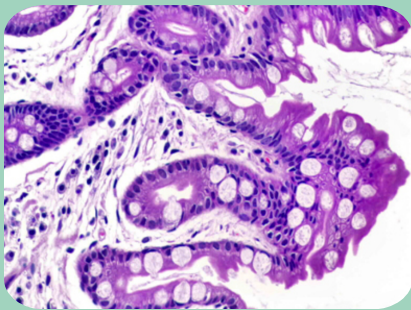
- Prevalence of GIM in USA: 4.8%

- 10-year pooled cumulative rate of incident gastric cancer among GIM was 1.6%



Complete

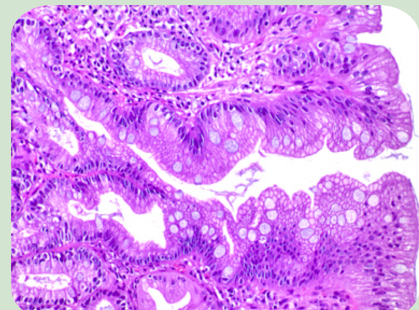
Presence of small intestinal-type mucosa with goblet cells, a brush border, and eosinophilic enterocytes



Histologic Subtype

Incomplete

Presence of colonic-type epithelium with multiple, irregular mucin droplets, and absence of a brush border



Topographic Extent

Extensive

Involves body and either antrum and/or incisura. GIM of the body alone is a surrogate for extensive GIM, as antral metaplasia is usually also present, but may be missed on Bx given patchy distribution

Limited

Involves the antrum or incisura



High Risk Characteristic

Incomplete histology

Extensive topography

Family hx of gastric cancer



Racial & ethnic minorities

Immigrants from high incidence regions

Management

- Test for H. pylori followed by eradication testing

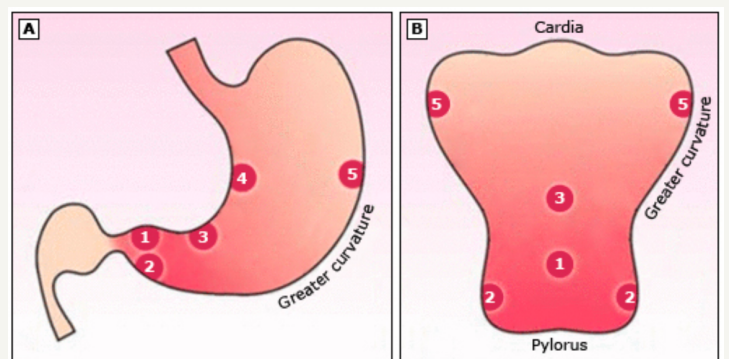


- In patients with GIM, recommend against routine surveillance

- In patients with high risk GIM, repeat endoscopy every 3-5 years with careful mucosal visualization and gastric biopsies

- In patients with GIM, recommend against routine short-interval repeat endoscopy for the purpose of risk stratification

Sydney Protocol



- In patients with GIM and high-risk stigmata, concerns about completeness of baseline EGD, or increased risk of gastric cancer, consider repeat EGD in 1 year for risk stratification



@EmoryGastroHep



By Amneet Hans MD, Anudeep Neelam MD

Gupta S, Li D, El Serag HB, Davitkov P, Altayar O, Sultan S, Falck-Ytter Y, Mustafa RA. AGA Clinical Practice Guidelines on Management of Gastric Intestinal Metaplasia. Gastroenterology. 2020 Feb;158(3):693-702. doi: 10.1053/j.gastro.2019.12.003. Epub 2019 Dec 6. PMID: 31816298; PMCID: PMC7340330.

Sampling Protocol from Nieuwenburg SA, Waddingham WW, Graham D. Accuracy of endoscopic staging and targeted biopsies for routine gastric intestinal metaplasia and gastric atrophy evaluation study protocol of a prospective, cohort study: the estimate study. BMJ Open 2019; 9:e032013.

Histology images from Morgan D. Gastric intestinal metaplasia. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA.