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Gastritis staging in gastric cancer prediction: A long-term follow-up study of 7,436 dyspeptic patients/ gastritis staging predicts gastric cancer development

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Background & aims: Gastritis OLGA-staging ranks the risk for gastric cancer (GC) in progressive stages (0-IV). To support gastritis-staging as critical variable in GC secondary prevention, this study quantifies the GC risk associated with each gastritis-stage.

Methods: Consecutive patients (7,436) undergone esophagogastroscopy (T-0), with mapped gastric biopsies, OLGA-staging, and H.pylori-status assessment, have been followed-up (T-1) by combining different sources of clinical/pathological information (Regional Registries of: [i] esophagogastroduodenoscopies; [ii] pathology reports; [iii] cancer, [iv] mortality). Endpoint was histologically proved development of gastric epithelial neoplasia.

Results: At T-0, the patients' distribution by OLGA-stage was: Stage-0=80.8%; Stage-I= 12.6%; Stage-II=4.3%; Stage-III=2.0%; Stage-IV=0.3%; H.pylori infection was detected in 74.1% (5,510/7,436) patients. At the end of the follow-up (mean/median= 6.3/6.6 years), 28 incident neoplasia were documented (overall prevalence=0.60 per 1o3/person-years; Low-grade-Intraepithelial Neoplasia [IEN]=17/28; High-grade-IEN=4/28; GC=7/28). By OLGA-stage at the enrollment, the rate of incident neoplasia was: Stage-0= 1 case; rate/1o3 person-years= 0.03; 95%CI: 0.004-0.19; Stage-I= 2 cases; rate/1o3person-years= 0.34; 95%CI: 0.09-1.36; Stage-II= 3 cases; rate/1o3 person-years= 1.48; 95%CI: 0.48-4.58; Stage-III= 17 cases; rate/1o3 person-years= 19.1; 95%CI: 11.9-30.7; Stage-IV= 5 cases; rate/1o3 person-years= 41.2; 95%CI: 17.2-99.3. Multivariate analysis including gender, age, *H. pylori*-status and OLGA-stage at enrollment only disclosed OLGA-stage as predictor of neoplastic progression (OLGA-stage III: HR= 712.4, 95% CI= 92.543-5,484.5; OLGA-stage IV: HR= 1,450.7, 95% CI= 166.7-12,626.0).

Conclusions: Among 7,436 gastritis patients, OLGA-stages at the enrollment correlated significantly with different risk for gastric neoplasia. These results prompt to consider gastritis staging as critical in endoscopy follow-up protocols aimed to GC secondary prevention.

Biography

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