RISK OF GASTRIC CANCER IN PATIENTS WITH GASTRIC INTESTINAL METAPLASIA AT 5-YEAR FOLLOW-UP

R. Pittayanon\textsuperscript{1}, R. Rerknimit\textsuperscript{2}, N. Klaikaew\textsuperscript{2}, A. Sanpavat\textsuperscript{2}, P. Kullavanijaya\textsuperscript{2}, A.N. Barkun\textsuperscript{1}

\textsuperscript{1}McGill University, The Montreal General Hospital, GI Division, Montreal, QC, Canada; \textsuperscript{2}King Chulalongkorn Memorial Hospital AND Chulalongkorn University, Bangkok, Thailand

\textbf{Background:} Gastric intestinal metaplasia (GIM) is a premalignant condition of intestinal-type gastric cancer. However, its management is not well-established.

\textbf{Aims:} The objective of this study was to determine the risk factors for gastric cancer in a population of patients with GIM in order to propose appropriate clinical recommendations in a setting of low prevalence area of gastric cancer.

\textbf{Methods:} Ninety-one patients with previously diagnosed GIM between 2004 and 2014 were recruited for surveillance EGD every 6 to 12 months until a diagnosis of gastric cancer or completion of the planned 5-year follow-up duration. Possible risk factors for gastric cancer that were assessed included sex, age, smoking, alcohol, salty and preservative food ingestion, \textit{H. pylori} infection, family history of gastric cancer, staging of Operative Link on Gastritis Assessment (OLGA) and Operative Link on Gastric Intestinal Metaplasia Assessment (OLGIM), type of GIM, serum pepsinogen I, pepsinogen II, IL-1RN and IL-1B, as well as histological appearance (mature versus immature GIM and the presence of dysplasia).

\textbf{Results:} The mean follow-up period was 4.05±2.5 years. At initial presentation, 81 of the 91 patients (89\%) had mature GIM (mGIM), whereas the remaining 11\% had a study entry diagnosis of immature GIM (iGIM). No cancer developed amongst patients with mGIM. In contrast, 5 of the 10 patients exhibiting iGIM (50\%) progressed to HGD (n=2) or cancer (n=3). Male gender (p=0.027), iGIM (p=0.001) were associated with high risk histology (dysplasia or cancer, diagnosed in 6 patients) by study end. A trend suggested a possible association with smoking as well (P=0.08)

\textbf{Conclusions:} Male patients and those with iGIM are at greatest risk of developing dysplasia or early gastric cancer. Six-monthly interval surveillance with EGD in elderly male patient with iGIM is justified for early detection of possible progression, so that curative treatment may be offered.

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