



FORM 3: ABSTRACT TEMPLATE

Presentation Title:

Precancerous Lesions and Early Diagnosis

Abstract (in 500 words): Describe the problems, issues, study results, literature reviews or techniques you propose to present. Include the major points the audience will take away from your presentation and why these points are significant to conference attendees.

Recognition of precancerous lesions such as atrophy and intestinal metaplasia in the stomach is quite important in early detection of gastric cancer, as the majority of gastric cancer develops in the stomach with such precancerous changes. The risk factors leading to the development of such precursor lesions include *H. pylori* infection (with cagA (+) strains, in particular), aging, male gender, family history of gastric cancer, ethnicity. These risk factors can be collected before endoscopic examination by taking precise history and by serological examination for *H. pylori* antibody and pepsinogen I and II. When the patients have multiple risk factors, special attention should be paid for delicate mucosal surface changes in terms of shape and colour. For facilitating detection of such subtle mucosal abnormalities, removal mucus with pronase before endoscopy is routinely done in Japan. The use of high-resolution endoscopy capable of magnification and image-enhanced examination (MG-IEE) is highly desirable, since higher diagnostic yields with such endoscopic examination as compared with conventional endoscopic examinations were documented. Several image-enhanced modalities such as narrow-band imaging (NBI), flexible intelligent colour enhancement (FICE), blue laser imaging (BLI), and linked colour imaging (LCI) have been introduced into clinical use. With these technologies, discrimination between normal and chronic gastritis/intestinal metaplasia can be facilitated. More importantly, MG-IEE that enables delineation of microsurface (pit) and microvessel patterns is critically important in the diagnosis of early gastric cancer. Proper trainings for systematic sequence to examine entire stomach and for interpretation of mucosal changes with MG-IEE together with group readings on recorded images are also important (1). However, in terms of reducing the progression of precancerous lesions to cancer, eradication of *H. pylori* should be offered at early time point when such precancerous lesions develop unless competing conflicts exist. In addition, follow-up endoscopic examination should be recommended for those already harbouring such precancerous lesions in the stomach are at risk of developing gastric cancer even after eradication of *H. pylori*.

Reference

1. Sugano K. Detection and management of early gastric cancer. *Curr Treat Options Gastroenterol* 2015 (E-pub ahead of print).