Gastric cancer screening in conjunction with colorectal cancer screening in Europe (GACSE)

Gastric cancer continues to carry a major health care burden in Europe. Guidelines for gastric cancer screening in Europe are missing. On the other hand, screening colonoscopy for colorectal cancer is recommended in several European countries in the asymptomatic population starting at age 50-55. Colorectal cancer screening begins to be increasingly accepted in the general population. The European H. pylori study group proposes in the Maastricht/Florence IV consensus report a screening method for gastric cancer based on the serum pepsinogens for identifying patients at risk for gastric cancer development. The pepsinogen method with the determination of serum pepsinogens I and II (sPGI and sPGII), gastrin-17 (G-17) and anti-H.pylori antibodies (IgG-Hp) allows to identify patients with severe atrophic gastritis, who are at an increased risk for gastric cancer and would benefit from a diagnostic gastroscopy. Primary aim of the study is the identification of patients with preneoplastic conditions of the gastric mucosa that undergo screening colonoscopy by the use of the pepsinogens based serological method. In a second step, patients with abnormally low pepsinogen (pepsinogen I/II ratio) are offered to undergo an upper gastrointestinal endoscopy with biopsies for histological confirmation and assessment of the severity of chronic atrophic gastritis. Patients found to be H. pylori positive will be offered H. pylori eradication therapy.

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a.) Study design:

- sPGI I and II, G-17 and IgG-Hp will be analyzed in patients older than 50 years of age who undergo screening colonoscopy.

- Patients with a pathological profile in the “serological biopsy” were invited for gastroscopy.

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Screening colonoscopy in pts. age >50 yrs.

Pathological "serological biopsy"

H.p. positive/normal pepsinogen

H.p. eradication

H.p. positive/negative pepsinogen low

Gastroscopy (H. pylori eradication therapy if positive and follow up in 2 years interval)
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