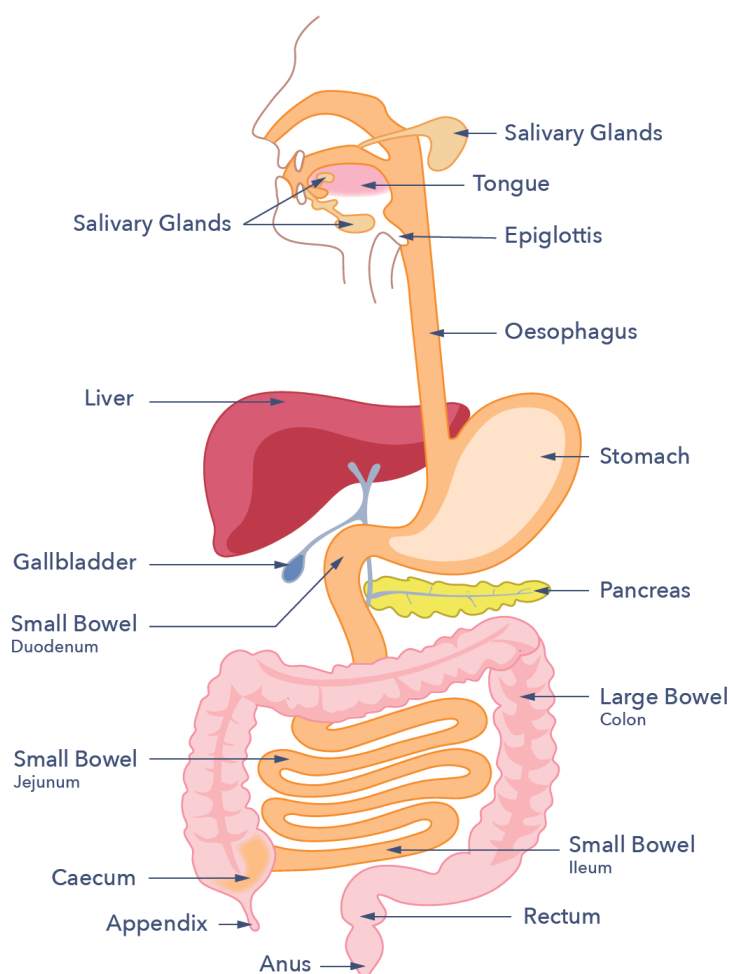


# Understanding endoscopic surveillance for people with gastric atrophy and gastric intestinal metaplasia.



Guts UK is the charity for the digestive system. Funding research to fight diseases of the gut, liver and pancreas.

## THE DIGESTIVE SYSTEM



## OVERVIEW

# THIS FACTSHEET IS ABOUT UNDERSTANDING ENDOSCOPIC SURVEILLANCE FOR PEOPLE WITH GASTRIC ATROPHY (GA) AND GASTRIC INTESTINAL METAPLASIA (IM).

CONTENTS	PAGE
● OVERVIEW	1
● WHAT CAUSES GASTRIC ATROPHY AND INTESTINAL METAPLASIA?	2
● WHAT ARE THE SYMPTOMS OF GASTRIC ATROPHY AND INTESTINAL METAPLASIA?	3
● HOW IS GASTRIC ATROPHY AND INTESTINAL METAPLASIA DIAGNOSED?	3
● TREATMENT	3
● SUPPORT	4

### What is the stomach?

The stomach is a hollow, muscular organ found in the upper part of the belly (abdomen). Its main purpose is to act as a container for the food and drink that we consume. It also produces acid and enzymes to help digestion.

Cells lining the stomach are constantly replaced. New cells replace the old ones as they wear out. For most people this process happens with no problems. But, in a few people, the cell replacement process goes out of control. Abnormal cells are then made. These abnormal cells sometimes turn into cancer.

### What is stomach cancer?

Every year about 6,700 people in the UK have stomach cancer diagnosed. This is a rate of approximately 1 person in every 10,000 people. This is like 1 person in a small town being diagnosed. It is a rare disease. Sadly, stomach cancer symptoms often appear late. This means it is treatable, but often not curable.

Despite being rare it is the 16th most common cause of cancer death in the UK.

The most common type of stomach cancer is adenocarcinoma. This cancer affects the cells lining the stomach. There are also other much rarer types of cancer found in the stomach. This article is about adenocarcinoma only.

### What is endoscopic surveillance?

An upper gastrointestinal endoscopy is a test to look inside the gullet (oesophagus), stomach and first part of the small intestine (duodenum). The test uses a thin flexible camera called an endoscope. The endoscope's tip has a light and a tiny camera. This lets the operator see inside the gut and take photos. The endoscope also has a side channel which is used to place instruments. The operator can use the instruments to take small samples, called biopsies. This procedure is sometimes called a gastroscopy.

Endoscopic surveillance means offering regular endoscopies. They are to check on an abnormal area. This is offered so that doctors can detect further changes early. This way, the widest range of treatments are available.

This is key for stomach cancer. Sadly, it is often diagnosed late. By then, the cancer is advanced and little treatment can cure it. Endoscopic surveillance is offered to people who are at increased risk of stomach cancer because of gastric atrophy or gastric intestinal metaplasia.

## CAUSES

Some people have abnormalities in the cells lining the stomach. These are linked to a higher risk of developing stomach cancer. Doctors usually find these abnormalities on biopsies. They take the biopsies during an upper endoscopy of the stomach.

Some conditions raise the risk of stomach cancer. One is a thinning of the stomach cells (also called gastric atrophy or GA). Another is changes to stomach cells. They are changed to look more like cells that line the intestine instead of the stomach. This is called intestinal metaplasia or IM. The risk of stomach cancer depends on how much of the stomach is affected.

The cause of these conditions is not always known but they can be linked to an autoimmune condition. This condition is called pernicious anaemia. They may also be related to infection with a bacteria called *Helicobacter Pylori*. If it is present, it can be treated with antibiotics.

## SYMPTOMS

Symptoms of gastric atrophy or intestinal metaplasia may include gastro-oesophageal reflux, feeling sick, indigestion and upper belly (abdominal) pain.

For any person being offered endoscopic surveillance it is important to remember to check for any new symptoms. These might be unintentional weight loss, increases in belly pain or recurrent feeling sick or being sick. This would require them to seek urgent medical attention and not wait for their next upper gastrointestinal endoscopy appointment.

## DIAGNOSIS

A diagnosis of IM or GA is usually given after an upper digestive system endoscopy. During the procedure, a small biopsy is taken. It is then reviewed under a microscope. The microscopist will look for types of cell changes. They will also look for any cancer cells.

## TREATMENT

Over time there may be further changes to the stomach cells and IM or GA can turn into cancer. A repeat endoscopy is usually offered after three years. The aim of endoscopic surveillance is to detect changes early. This allows more treatment options to be available.

However, some people should not have endoscopic surveillance. This is due to their other medical conditions. For some, an upper gastrointestinal endoscopy can be unpleasant. There are options for how this procedure is done. Including sedation or having an endoscopy through the nose, not the mouth. These

include using sedation. It is important to discuss any concerns about an upper gastrointestinal endoscopy with your doctor.

## SUPPORT

Being diagnosed with a higher risk of gastric cancer can be a worrying time. But remember, there are also lifestyle adjustments you can make. They will help to reduce your risk of stomach cancer. These include:

- Avoiding smoking.
- Keep a healthy weight.
- Drink alcohol as the national guidance advises. You should drink no more than 14 units per week.

Some of these changes might be hard to achieve. People can often be more successful with help. Talk to your GP about what services might be available to help you. More information is available here: [Alcohol & The Digestive System - Guts UK \(gutscharity.org.uk\)](https://gutscharity.org.uk).

## WHAT TO ASK YOUR DOCTOR.

- What changes might help me to reduce my risk of developing cancer?
- Who should I contact if I don't hear anything about my next appointment?
- Have I got H Pylori and will I be tested to ensure that the treatment has worked?
- Can I be referred to local stop smoking or alcohol liaison services?

Should you have any further questions or concerns then please discuss this with your doctor.

## RESEARCH

Stomach cancer is one of the deadliest if it's found at a late stage. Currently very little research spending goes into identifying it early. Guts UK is delighted to be [funding a brand-new project led by Dr Marnix Jansen](#) and his team at University College Hospital London, who have been awarded £49,560 for research into the condition.

Dr Jansen and his team will explore how current methods of taking biopsies to diagnose stomach cancer can be improved. This research could save lives by diagnosing [stomach cancer](#) earlier.