

JANUARY 30 – FEBRUARY 1, 2026

2026 ACG'S IBD SCHOOL & ACG BOARD OF GOVERNORS / ASGE BEST PRACTICES COURSE

ACG ASGE | **LAS VEGAS** |




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2026 ACG'S ENDOSCOPY SCHOOL & ACG / LGS REGIONAL POSTGRADUATE COURSE

MARCH 6-8, 2026 | HILTON NEW ORLEANS RIVERSIDE
NEW ORLEANS, LOUISIANA


ACG LGS | Register online: meetings.gi.org



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ACG Virtual Grand Rounds universe.gi.org

Participating in the Webinar




Moderators:
Juan E. Corral, MD, MPH

All attendees will be muted and will remain in "Listen Only Mode"

Type your questions here so that the moderator can see them.
Not all questions will be answered but we will get to as many as possible.

A handout with the slides and room to take notes can be downloaded from your control panel.



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ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!

In observance of the winter holidays, ACG Virtual Grand Rounds will take a brief holiday break and return on Thursday, January 8th, 2026.






Week 02 – Thursday, January 8, 2026
 GI Nutrition Care Series: Nutrition in Specific Patients- Dysmotility/Disorders of Gut Brain Axis
 Faculty: Kate Scarlata, MPH, RDN, LDN
 Moderator: Iris Wang, MD
At Noon and 8pm Eastern

Visit gi.org/ACGVGR to Register


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GUIDE TO THE GUIDELINES

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Disclosures



Douglas R. Morgan, MD, MPH, FACG:
 American Molecular Labs: Grant/Research Support; Freenome Inc.: Grant/Research Support; National Cancer Institute: Grant/Research Support; Panbela Therapeutics: Grant/Research Support; Thorne Research: Grant/Research Support




Juan E. Corral, MD, MPH:
 No relevant financial relationships with ineligible companies.

*All of the relevant financial relationships listed for these individuals have been mitigated



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ACG Guideline: Diagnosis and Management of Gastric Premalignant Conditions



Doug R. Morgan, MD, MPH, FACP
Professor of Medicine and Epidemiology
UAB Gastroenterology and Hepatology

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Objectives

- **Introduction: Gastric cancer epidemiology**
- U.S. gastric cancer disparities
- ACG Guideline: GPMC Diagnosis/Management
- **The Diagnosis of GPMC**
- Quality Endoscopy and pathology
- ASGE/ACG Endoscopy Quality Indicators
- **The Management of GPMC**
- Indications for GPMC surveillance
- Adjunct measures
- **Closing Considerations**
 - GC, gastric adenocarcinoma
 - GPMC, gastric premalignant conditions

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Gastric cancer: Epidemiology Summary 2025

- The fourth leading** cause of cancer mortality
 - Annual incidence over one million (8% of all cancers)
- H. pylori*** is a WHO Class I Carcinogen
 - Leader of infection-associated cancer mortality
- All-cause mortality worldwide:** ~14th
 - Will rise to **10th**, given growing & aging populations
 - Consistent **2:1** male to female ratio
- Striking geographic variability** offers the opportunity for scientific discovery & focused prevention
 - High incidence regions include:
 - Latin America, Eastern Asia, Eastern Europe
- Marked 5-year survival range**, 10-70% (U.S. 35%)

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Important trends in Gastric Cancer in 2025

- Gastric cancer represents a **major U.S. cancer disparity**
 - Intentional prevention programs are indicated.
- **Guidelines** for gastric premalignant conditions (GPMC)
 - Surveillance endoscopy at 3 years for high-risk subsets
 - Two additional synergistic Guidelines (*H.pylori*, EGD QI)
- **Technology advances:** diagnostics & therapeutics
 - Image-enhanced Endoscopy (IEE) and AI, liquid biopsy
 - Dissemination of expertise endoscopic therapy (ESD)
- **Oncology:** Surge of targeted GC treatments (TCGA)
- Advances in the biology of *H. pylori* & gastric cancer
 - Genetics and Tumor immune microenvironment (TIME)

Norwood, GCNA 2022

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**Global surveillance of trends in cancer survival 2000-14
(CONCORD-3): analysis of individual records for
37 513 025 patients diagnosed with one of 18 cancers from
322 population-based registries in 71 countries**

Michel P Coleman, CONCORD Working Group Lancet 2018; 391: 1023-75*

Gastric Cancer as an outlier in global survival indices

What's behind the stomach cancer success in of Asia?

Countries like South Korea, Japan and Taiwan have historically had high rates of stomach and esophageal cancer. Local governments and companies have set up annual screenings. "They are very skilled diagnosing very early, and at very aggressive surgical techniques." [MC Coleman, NPR].

Global gastric cancer 5-year survival rates

- Overall -- 30% (Range ~10-70%)
- Eastern Asia -- 60-69%
- North America, Northern Europe, China -- 30-40% (USA 33%)
- Southern Europe, Turkey – 20-30%
- Latin America, Southern Asia, India -- <10-30%

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**Global surveillance of trends in cancer survival 2000-14
(CONCORD-3): analysis of individual records for
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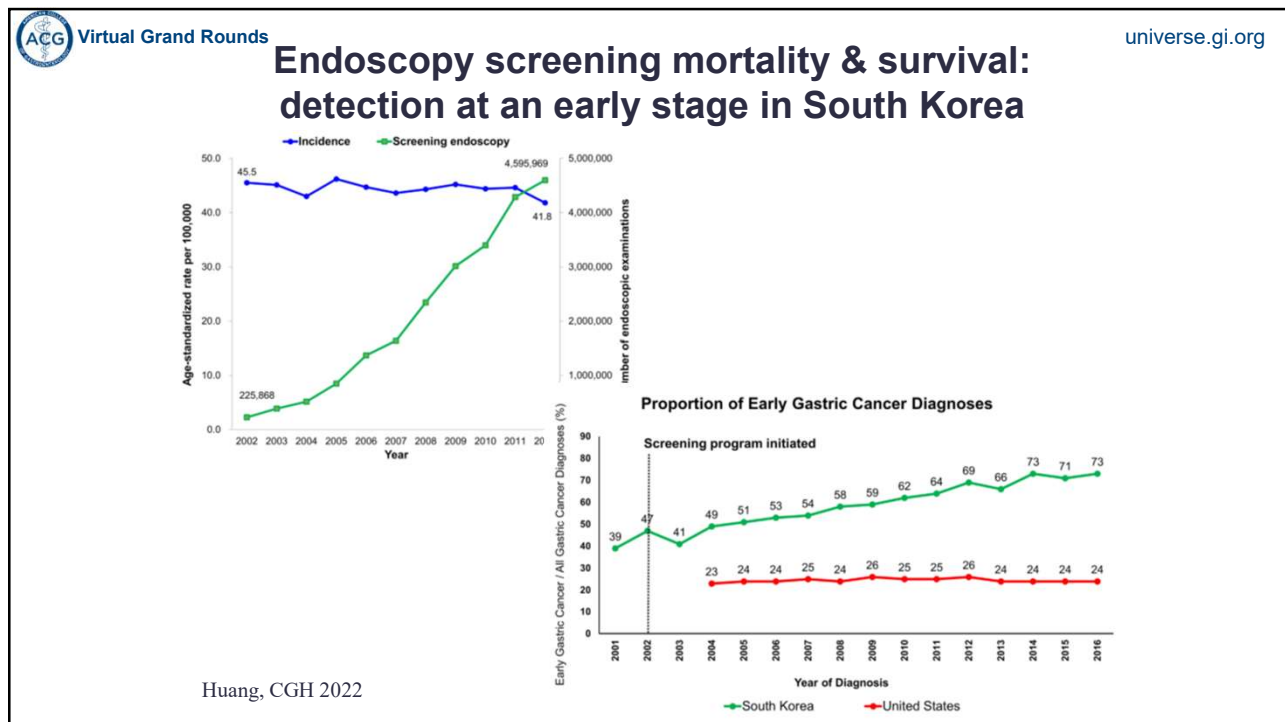
**Is a U.S. gastric cancer 5-year survival
goal of 40-45% feasible in the near term?**

- Surveillance endoscopy for high-risk conditions
- Precision oncology treatments

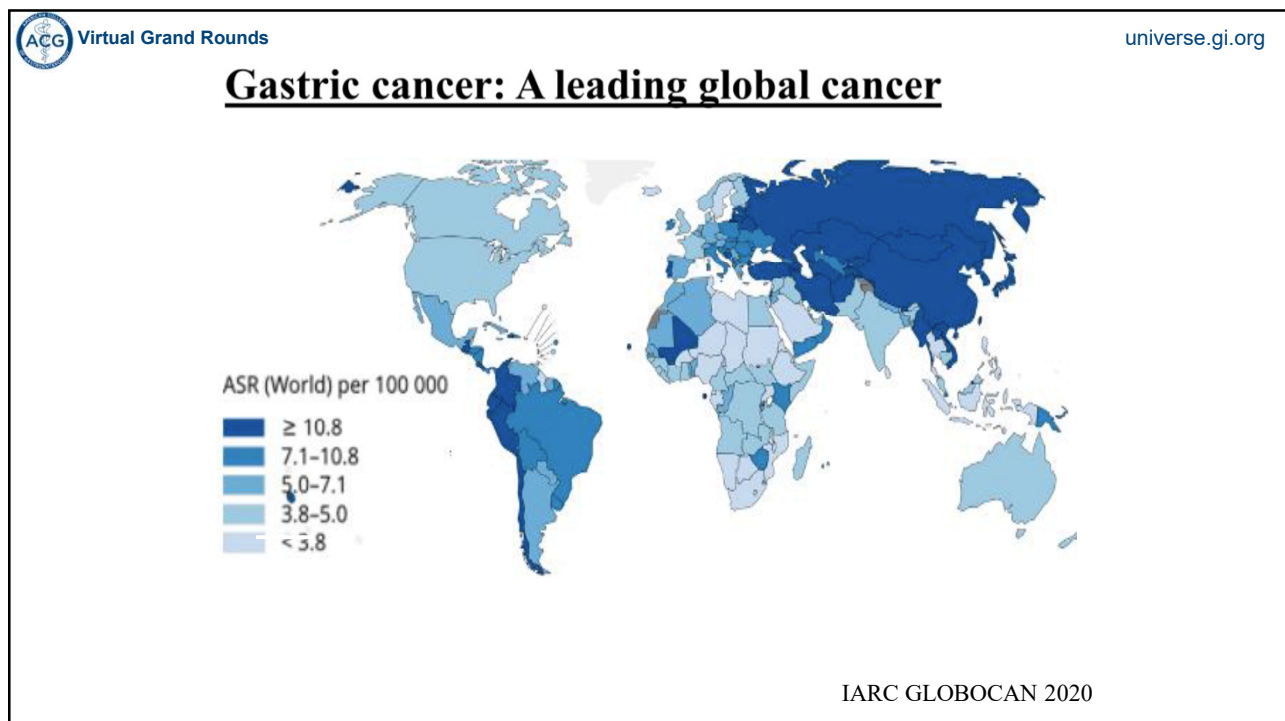
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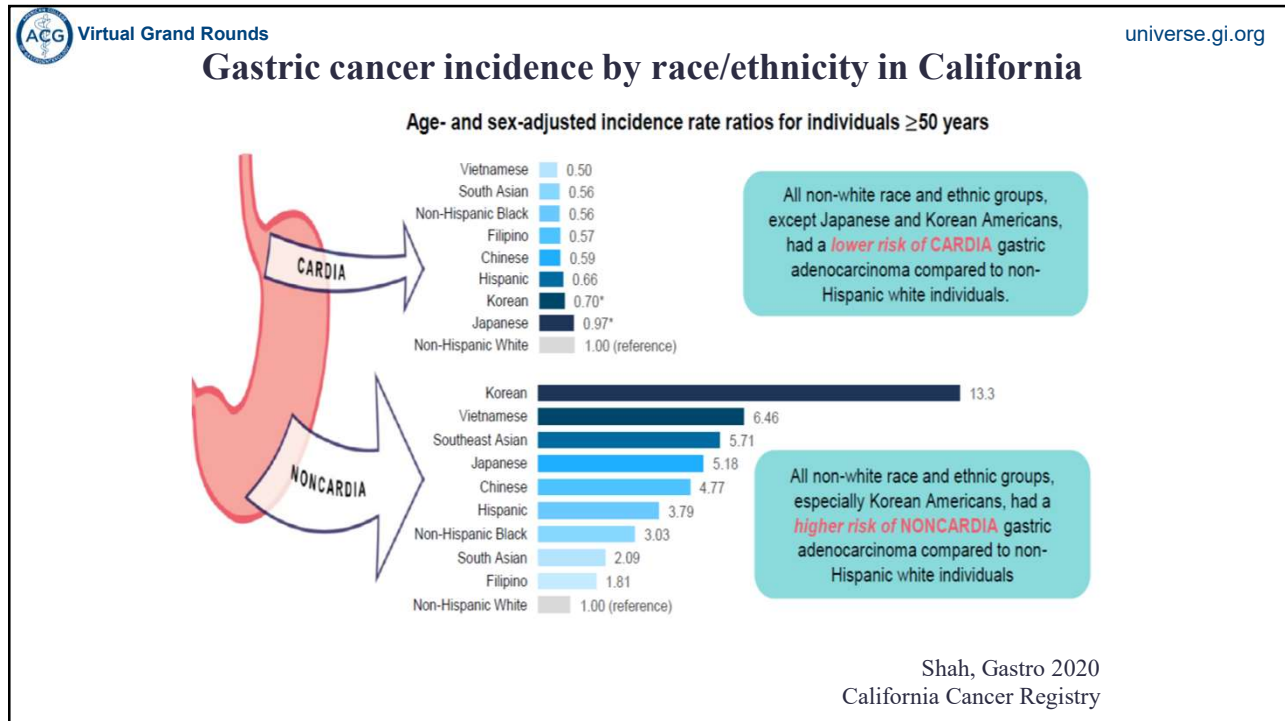
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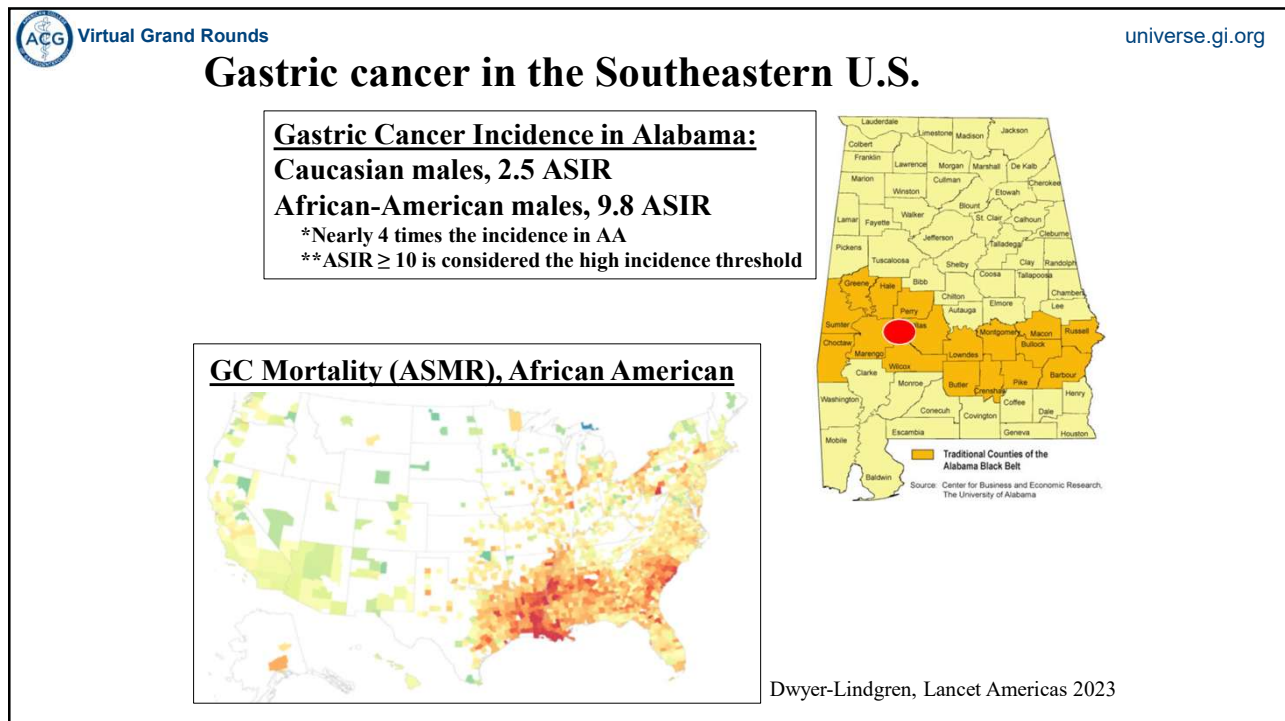
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Annals of Internal Medicine MEDICINE AND PUBLIC ISSUES

The Ethics of Cancer Screening Based on Race and Ethnicity

Duco T. Mulder, MSc; James F. O'Mahony, PhD; Chyke A. Doubeni, MD, MPH; Iris Lansdorp-Vogelaar, PhD; and Maartje H.N. Schermer, MD, PhD 2024

Figure. Incidence of gastric cancer and esophageal adenocarcinoma by race in the United States.

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Helicobacter pylori infection in the United States beyond NHANES: a scoping review of seroprevalence estimates by racial and ethnic groups

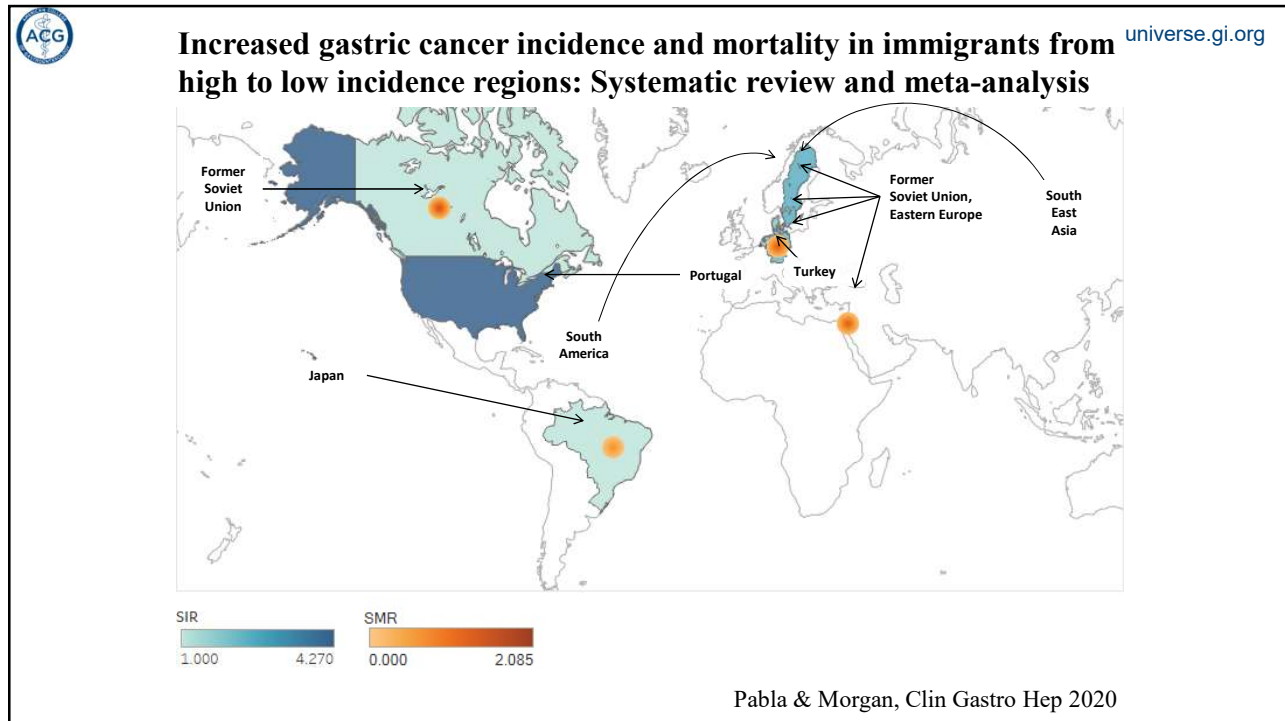
Yeh, Lancet Americas 2024

***H. pylori* Prevalence versus Age Cohort**

— 50% prevalence

Hispanic in yellow
 White in green
 Black in teal
 API in navy blue
 AI/AN in purple

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U.S. Immigrants from high GC incidence regions

Region	Nation	Gastric cancer ASR (male and female)	US foreign-born immigrant population
Total US immigrant population		—	43.29 M
Total high-risk immigrant population		—	12.73 M
% of US immigrant population at high risk		—	29.4
Mesoamerica (total = 6.25 M)			1,352,357
			927,593
			599,030
			256,171
			103,625
			90,109
East Asia (total = 5.51 M)			(2,923,200)
			2,676,697
			1,300,515
			1,060,019
Andean (total = 1.68 M)			335,767
			137,567
			699,399
			445,921
			441,257
Eastern Europe (total = 1.23 M)			95,104
			386,529
			345,620
	Romania	10.4	159,546

~30% of foreign-born immigrants (53M) are at increased risk for gastric cancer

Four high incidence regions with large U.S. immigrant populations

- Mesoamerica
- Andes, South America
- Eastern Asia
- Eastern Europe and Russia

Pabla & Morgan, Clin Gastro Hep 2020
Li & Morgan, Am J Gastro 2025

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Case Presentation

47yo male is referred with 3 months of epigastric pain. Recently, the episodes are more frequent, 5x per week, and now with nausea and occasional emesis. Antacids provide transient relief. Occasional NSAID use for right knee discomfort. Denies alcohol, drugs, tobacco. His PMH is unremarkable. His physical exam is unremarkable, only with mild epigastric tenderness. CBC and other labs are WNL. RUQ U/S normal. He is referred for upper endoscopy.

- EGD reveals a duodenal bulb ulcer (8mm) and erythematous gastropathy. Biopsies confirm *H. pylori* infection and also gastric intestinal metaplasia.

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U.S. 2024-25 Guidelines: Gastric Cancer & GPMC

ACG Clinical Guideline: Diagnosis and Management of Gastric Premalignant Conditions

Douglas R. Morgan, MD, MPH, FACP¹, Juan E. Corral, MD, MPH², Dan Li, MD³⁻⁴, Elizabeth A. Montgomery, MD⁵, Arnoldo Riquelme, MD⁶, John J. Kim, MD, FACP⁷, Bryan Sauer, MD, MSc, FACP⁸ and Shailja C. Shah, MD, MPH⁹⁻¹⁰

Am J Gastro 2025

Quality Indicators for Upper GI Endoscopy

Rena Yadlapati, MD, MSHS, FACP¹, Dayna Early, MD, FACP², Prasad G. Iyer, MD, MSc, FACP³, Douglas R. Morgan, MD, MPH, FACP⁴, Neil Sengupta, MD, MPH, FACP⁵, Prateek Sharma, MD, FACP⁶ and Nicholas J. Shaheen, MD, MPH, MACG⁷

KEYWORDS: EGD; endoscopy; quality; upper GI

GIE, 2025
Am J Gastro 2025

ACG Clinical Guideline: Treatment of *Helicobacter pylori* Infection

William D. Chey, MD, FACP¹, Colin W. Howden, MD, FACP², Steven F. Moss, MD, FACP³, Douglas R. Morgan, MD, MPH, FACP⁴, Katarina B. Greer, MD, MSEpi⁵, Shilpa Grover, MD, MPH⁶ and Shailja C. Shah, MD, MPH⁷

Am J Gastro 2024

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Additional 2024-25 Guidelines: Gastric Cancer & GPMC

Management of epithelial precancerous conditions and early neoplasia of the stomach (MAPS III): European Society of Gastrointestinal Endoscopy (ESGE), European Helicobacter and Microbiota Study Group (EHMSG) and European Society of Pathology (ESP) Guideline update 2025

Mário Dinis-Ribeiro^{1,2}, Diogo Libanio^{1,2}, Hugo Uchima^{3,4}, Manon C.W. Spaander⁵, Jan Bornschein^{6,7}, Tamara Matysiak-Budnik^{8,9}, Georgios Tziatzios¹⁰, João Santos-Antunes^{11,12,13}, Miguel Areia^{14,15}, Nicolas Chapelle^{8,9}, Gianluca Esposito¹⁶, Gloria Fernandez-Esparrach^{17,18,19,20}, Lumir Kunovsky^{21,22,23}, Mónica Garrido², Ilja Tachečej²⁴, Alexander Link²⁵, Pedro Marcos^{26,27}, Ricardo Marcos-Pinto^{15,28,29}, Leticia Moreira^{17,20}, Ana Carina Pereira¹, Pedro Pimentel-Nunes^{15,30,31}, Marcin Romanczyk^{32,33}, Filipa Fontes^{1,34}, Cesare Hassan^{35,36}, Raf Bisschops^{37,38}, Roger Feakins^{39,40}, Christian Schulz⁴¹, Konstantinos Triantafyllou⁴², Fatima Carneiro^{43,44,45}, Ernst J. Kuipers⁴⁶

Endoscopy 2025

AGA Clinical Practice Update on Screening and Surveillance in Individuals at Increased Risk for Gastric Cancer in the United States: Expert Review

Shailja C. Shah,^{1,2} Andrew Y. Wang,³ Michael B. Wallace,⁴ and Joo Ha Hwang⁵

Gastroenterology 2025

Gastric Cancer Screening in the United States: A Review of Current Evidence, Challenges, and Future Perspectives

Dan Li, MD^{1,2}, Douglas R. Morgan, MD, MPH, FACC³, Juan E. Corral, MD⁴, Elizabeth A. Montgomery, MD⁵, Arnoldo Riquelme, MD⁶, Shailja C. Shah, MD, MPH^{1,6}


Am J Gastro 2025

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Gastric Cancer Triangle and the Correa Cascade


MICROBES
Helicobacter pylori,
EBV, Microbiome




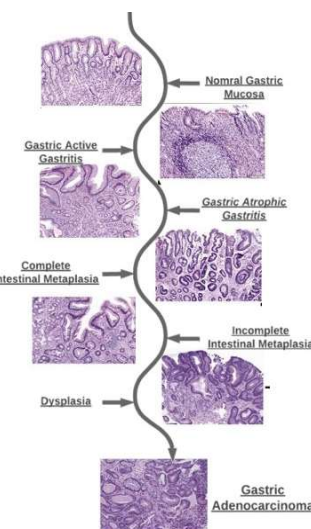
ENVIROMENT
Alcohol, Tobacco,
Salt, Meat,
(Estrogen, Antioxidants)



HOST
Germline Mutations,
Host Responses







Norwood, GCNA 2022

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Gastric Cancer “Correa” Cascade

- - - - -
Premalignant lesions

Piazuolo MB, Gastroenterology 2020
 Polk DB, Nature Rev Cancer 2010;
 Correa P, Gastroenterology 2007
 Correa P, Cancer Res 1992

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Gastric Cancer Etiologic Model

Diet

Environment

- Alcohol
- Tobacco
- Salt
- Meat
- +Estrogen
- +Antioxidants

Cancer

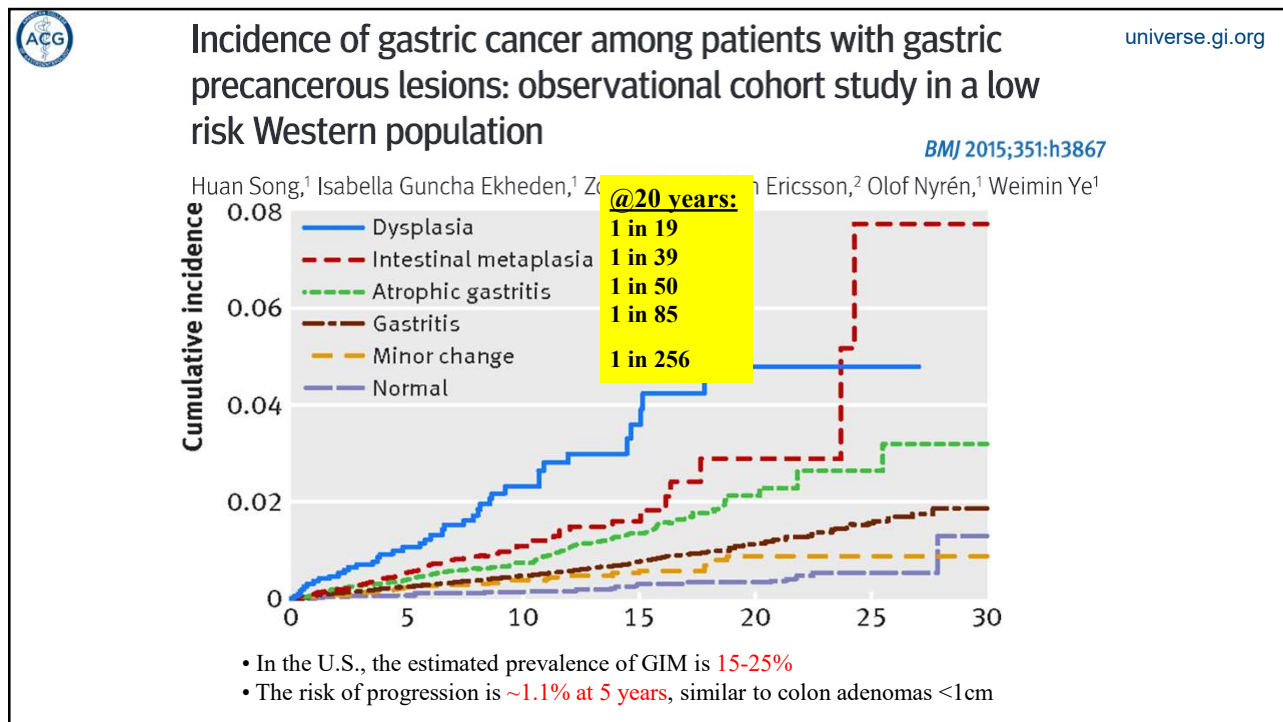
Infection

H. pylori (cagA)
EBV
Microbiome

Host

Germline mutations
Host responses

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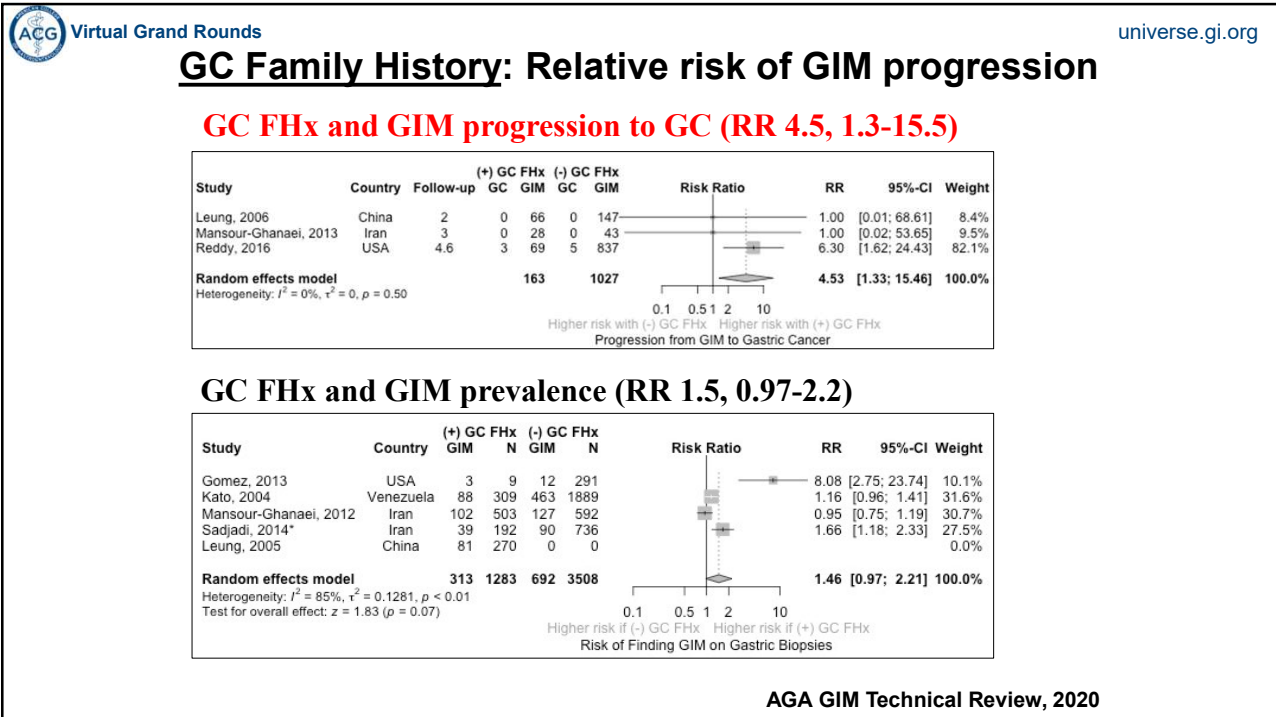
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1. GPMC Management: Risk Stratification

- Age, gender
- Race / ethnicity / indigenous populations
- Immigration from high incidence regions
- **Family history of gastric cancer**
- **Hereditary syndromes and germline genetics**
- Behavioral/environmental factors: **Tobacco**, alcohol, diet
- Autoimmune gastritis

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Hereditary gastric cancer syndromes

Familial gastric cancer syndromes:

- **Hereditary diffuse gastric cancer (HDGC)**
 - *CDH1* germline mutations (E-Cadherin)
- Familial intestinal gastric cancer (FIGC)
 - Criteria*: 3 relatives, 1 first degree, 2 generations, 1 age <50
- GC and proximal polyposis of the stomach (GAPPS)

Hereditary cancer syndromes with gastric cancer risk:

- **Cancer and polyposis syndromes with gastric cancer risk**
 - GI cancer syndromes (FAPS, PJS, JPS, Cowden)
 - Cancer syndromes with GC risk (Lynch, LFS, HBOCS)
 - “**BRCA**”, homologous recombination (DNA repair) genes [Usui, NEJM 2023]
 - Principal genes: BRCA1/2, PALB2, ATM

Common gene variants with gastric cancer risk:

- **GWAS studies:** Asia, Europe (Latin America)
- Gene variants and *H. pylori*-environmental interactions
 - Inflammatory response genotypes (eg, *IL1B*)

Usui, NEJM 2023
Kupfer, Gastro 2017
Forman, AmJEpi, 2011
Lott, Lancet Gastro Hep, 2019

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2. GPMC Management : Systematic Endoscopy

- **Quality gastric endoscopic examination:**
 - Mucosal cleansing and insufflation
 - Photodocumentation and visual 'stations'
 - Exam duration (eg, >7 minutes)
 - Metaplasia Detection Rate, MDR (~ADR)?
- **Image Enhanced Endoscopy (IEE) with High Definition**
 - IEE modality is country dependent (eg, NBI, Near-focus)
 - IEE and AI are expected to evolve rapidly
- **Gastric biopsy mapping**, high-risk and surveillance
 - Sydney protocol (Europe: OLGA-OLGIM)
 - Delineation of GPMC extent and subtypes
- ***H. pylori* precision eradication (and confirmation)**

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Endoscopy Cleansing and Insufflation

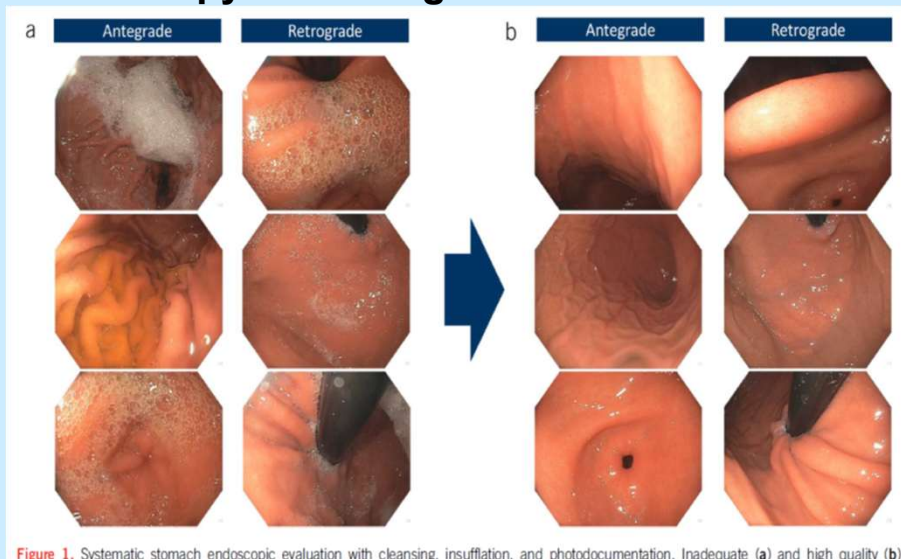





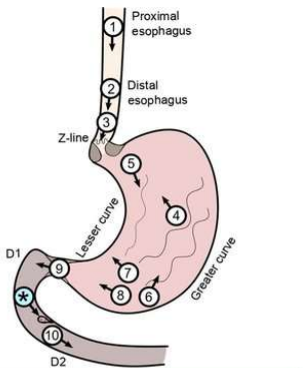




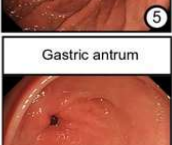
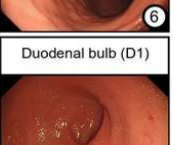
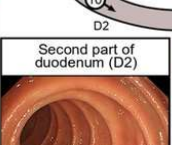

Figure 1. Systematic stomach endoscopic evaluation with cleansing, insufflation, and photodocumentation. Inadequate (a) and high quality (b)

Nagula, Gastro 2024
ACG GPMC Guidelines 2025

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Endoscopy Photodocumentation

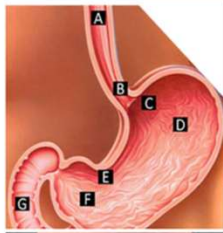


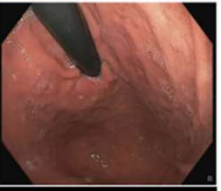

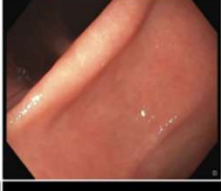
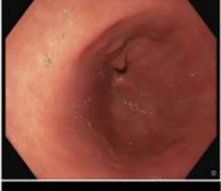
Proximal esophagus 	Distal esophagus 	Z-line and diaphragm indentation 					
Cardia and fundus in inversion 	Corpus in forward view including lesser curve 	Corpus in retroflexion including greater curve 					
Angulus in partial retroflexion 	Gastric antrum 	Duodenal bulb (D1) 				Second part of duodenum (D2) 	Major papilla 

Banks, Gut 2019
ACG GPMC Guidelines 2025

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Endoscopy Photodocumentation

	 a Esophagus	 b Gastroesophageal junction	 c Gastric cardia/fundus
	 d Corpus	 e Incisura	 f Antrum/Pylorus

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ACG-ASGE Quality Indicators 2025

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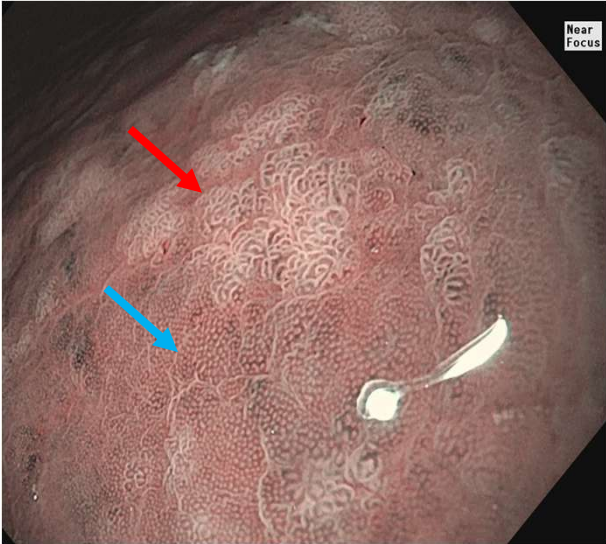


Image Enhanced Endoscopy: Patchy gastric intestinal metaplasia: NBI with Near-Focus imaging


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- Patchy multifocal GIM.
- Inferior, normal glandular structures are arranged in a regular honeycomb pattern.
- Center, tubular white glandular structures of GIM observed. The light blue crest (LBC) is a thin white or blue line located at the borders of the tubular glands, specific for GIM.
- The NBI-NF exam facilitates targeted biopsies within the framework of the Sydney biopsy protocol.

ACG-ASGE Quality Indicators 2025

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Correa Cascade: Endoscopy HDWLE and NBI

Normal	Atrophic gastritis	Intestinal metaplasia	Dysplasia	Early adenocarcinoma
Round pit patterns in the corpus and elongated pit patterns in the antrum	Pallor, loss of folds, prominence of submucosal venules and atrophic border (AB, white line)	Tubulovillous mucosal pattern, elevation with whitish patches and light blue crest	Irregular vessel patterns with loss of architecture	

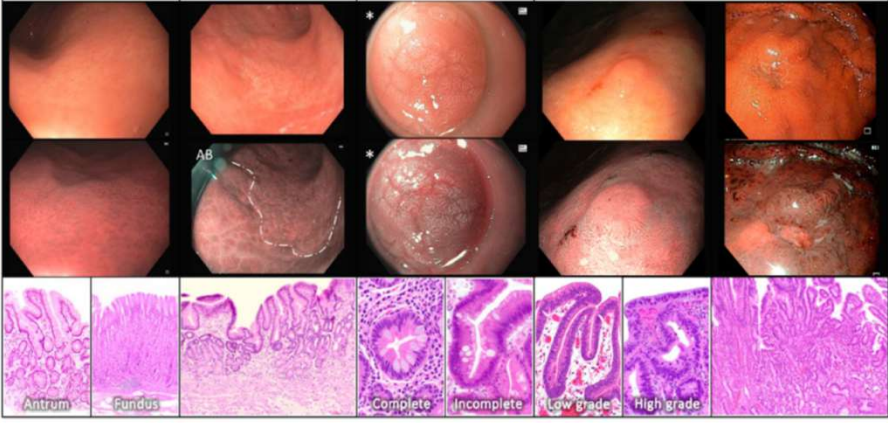


Figure 2. The Correa cascade: endoscopy (HDWLE, NBI) and histology correlation. HDWLE, high definition white light endoscopy; NBI, narrow band imaging.

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Gastric biopsy mapping: Sydney protocol

A. Cardia
Pylorus
Greater curvature

B. Greater curvature

Banks, Gut 2019
Yadlapati, GIE 2025
ACG GPMC Guidelines 2025

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CLINICAL GUIDELINE

ACG Clinical Guideline: Diagnosis and Management of Gastric Premalignant Conditions

Douglas R. Morgan, MD, MPH, FACP¹, Juan E. Corral, MD, MPH², Dan Li, MD^{3,4}, Elizabeth A. Montgomery, MD⁵, Arnoldo Riquelme, MD⁶, John J. Kim, MD, FACP⁷, Bryan Sauer, MD, MSc, FACP⁸ and Shailja C. Shah, MD, MPH^{9,10}

Endoscopic surveillance: 3-year interval for high-risk GIM (3+3)

- High-risk GIM histology:
 - Incomplete GIM histological subtype, versus complete subtype
 - Corpus-extension, GIM of corpus and antrum/incisura
 - *Severe* gastric atrophy/GIM in antrum (or corpus)
- Any GIM histology with one of the following high-risk factors:
 - Family history of gastric cancer in a first-degree relative
 - Foreign-born, with emigration from a high incidence nation.
 - High-risk race or ethnicity

Endoscopic screening for gastric cancer and GPMC (age 45)?

- Individuals with a Family History (first-degree) of gastric cancer
- Populations with a high incidence of gastric cancer
 - Immigrants from high incidence nations

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Non-Dysplastic GPMC Management

Gastric Intestinal Metaplasia

Low-risk*

No further Surveillance

*In patients with low-risk AG/GIM who did not have systematic biopsies at index EGD, consider repeat exam at 3 years with shared decision making

High-risk

Repeat exam in 3 years to reassess risk*

Low-risk

No further Surveillance

Surveillance in 3 years; shorter interval if multiple risk factors

Non-Metaplastic Atrophic Gastritis

Low-risk*

No further Surveillance

High-risk

Surveillance in 3 years

Individuals at higher risk for GPMC progression & gastric cancer

High-risk GIM histology:

- Incomplete GIM histological subtype
- Corpus-extension (e.g., antral GIM extending into corpus)

Any GIM histology with 1+ of following risk factors for GC:

- Family history of GC in 1st degree relative
- Foreign-born/emigration from high incidence nation
- High risk race or ethnicity (East Asian, Latino/a, Black & AIAN)

Severe GIM or AG in biopsies of the antrum/incisura or corpus

H. pylori eradication in those with GPMC (AG, GIM, dysplasia) and resected early gastric cancer reduces the risk of gastric cancer & metachronous gastric cancer

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Dysplastic GPMC Management

Low-grade Dysplasia (LGD)

High-grade Dysplasia (HGD)

Confirmed by 2nd pathologist with GI expertise

Referral to an experienced endoscopist at a high-volume center

Visible

Endoscopic resection

Complete Resection, R0

Surveillance <12 months then every 3 yrs if AG/GIM in remaining mucosa

Non-visible

Surveillance by an expert every 6-12 months with systematic biopsies

Incomplete Resection

Repeat EGD <6 months; if 2nd incomplete resection, consider repeat endoscopic resection vs. surveillance vs. surgery in refractory cases

Visible

ESD or surgical resection

Complete Resection, R0

Surveillance every 3-6 months for 1-2 yrs then every 3 yrs if AG/GIM in remaining mucosa

Non-visible

Surveillance by an expert every 3 months with systematic biopsies

Incomplete Resection

Repeat EGD <3 months; if 2nd incomplete resection, consider surgical resection

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ACG GUIDELINE *Highlights*

Diagnosis and Management of Gastric Premalignant Conditions (GPMC)

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PEARLS OF ENDOSCOPY & HISTOLOGY

Endoscopic & Histologic Assessment

Gastric Premalignant Conditions Management

Correa Cascade

Non-Dysplastic GPMC Management

Dysplastic GPMC Management

Low-grade Dysplasia (LGD)

High-grade Dysplasia (HGD)

ACG The American Journal of GASTROENTEROLOGY

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Highlight & Guideline:
[bitly/acg-GPMC-2025](https://bitly.acg-GPMC-2025)

CLINICAL GUIDELINES **AJG** The American Journal of GASTROENTEROLOGY

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ACG Clinical Guideline: Treatment of *Helicobacter pylori* Infection

William D. Chey, MD, FACP¹, Colin W. Howden, MD, FACP², Steven F. Moss, MD, FACP³, Douglas R. Morgan, MD, MPH, FACP⁴, Katarina B. Greer, MD, MSEpi⁵, Shilpa Grover, MD, MPH⁶ and Shailja C. Shah, MD, MPH⁷

Primary and secondary prevention of gastric adenocarcinoma

- Current or history of gastric premalignant conditions (GPMC)
- History of early gastric cancer resection or gastric adenocarcinoma
- Patients with gastric adenomas or hyperplastic polyps
- Persons with a first degree relative with gastric cancer
- Hereditary cancer syndromes associated with increased risk
- Individuals at increased risk for gastric cancer including:
 - Immigrants from high gastric cancer incidence regions/nations, and specific racial/ethnic groups
- Patients with autoimmune gastritis (and *H. pylori* infection)

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H. pylori eradication and GC incidence/mortality

- Meta-analysis of 8 RCTs (n= 58,628) and 11 cohort studies (n=89,774)
- Gastric cancer incidence: **36%** decrease
 - In cohort studies, a 44% reduction
- Gastric cancer mortality: **22%** decrease

Ford AC, Gastro 2025

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Effect of *Helicobacter pylori* Eradication on Gastric Cancer Prevention: Updated Report From a Randomized Controlled Trial With 26.5 Years of Follow-up

Lingjun Yan,^{1,2,*} Ying Chen,^{3,4,*} Fa Chen,^{1,2} Tao Tao,^{1,2} Zhijian Hu,^{1,2} Junzhuo Wang,^{1,2} Jianwang You,⁴ Benjamin C. Y. Wong,⁵ Jianshun Chen,^{3,4} and Weimin Ye^{1,2,6}

H. pylori eradication impact: Gastritis vs GPMC stages

Long-term effect of *H. pylori* eradication against gastric cancer risk

H. pylori eradication RCT, 26.5 follow-up years, n= 1630

- Overall, gastric cancer incidence: **43%** decrease
- Gastritis patients: **63%** decrease

Gastroenterology

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Case Presentation

47yo male with 3 months of epigastric pain.

- EGD reveals a duodenal bulb ulcer (8mm) and erythematous gastropathy. Biopsies confirm *H. pylori* infection and also gastric intestinal metaplasia.
- He was treated with clarithromycin-based triple therapy (failed) and re-treated with BQT (success).
- Duodenal ulcer, immediate f/u EGD is not indicated.

Scenarios: Is 3-year surveillance endoscopy indicated?

- Mother was diagnosed w/ gastric cancer (age 66).
- Immigration from El Salvador 12 years ago.
- African-American from the rural Southeast.
- The GIM in the antrum is the complete sub-type.
- Atrophy/GIM in 70% of glands in antrum biopsies

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2025 ACG / ASGE **MULTISOCIETY JOINT PUBLICATION**

Quality Indicators for Upper GI Endoscopy

Rena Yadlapati, MD, MSHS, FACP¹, Dayna Early, MD, FACP², Prasad G. Iyer, MD, MSc, FACP³, Douglas R. Morgan, MD, MPH, FACP⁴, Neil Sengupta, MD, MPH, FACP⁵, Prateek Sharma, MD, FACP⁶ and Nicholas J. Shaheen, MD, MPH, MACG⁷


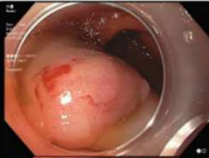

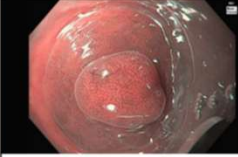

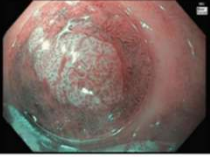
Upper GI Endoscopy Quality Indicators: Gastric Cancer Prevention (8)

- *Frequency of UGI photodocumentation
- Frequency of HDWLE/IEE for GPMC (*known/suspected)
- *Frequency of systematic biopsy sampling for GPMC (*known/suspected)
- Frequency of gastric ulcer margin biopsies, performed/planned (2015)
- Frequency with which gastric polyps >10mm are biopsied or resected
- **Frequency that GPMC surveillance plan is documented**
- **Frequency of documentation(2): *H. pylori* infection testing & eradication**
 - * Priority quality indicator (29 total QIs, with 9 priority indicators)
 - * Patients with: 1) known GPMC; 2) at high-risk for gastric cancer; or 3) endoscopic appearance concerning for GPMC
 - * GPMC, gastric premalignant conditions

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Gastric Epithelial Polyps

Fundic gland polyp	Hyperplastic polyp	Adenomatous polyp
Typically small, hyperemic , sessile, with a smooth surface contour	Smooth, red buttered, with white exudates	Velvety, pink, lobulated appearance
		
		

ACG GPMC Guidelines 2025
ACG-ASGE Quality Indicators 2025

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U.S. GPMC Guidelines: Implementation

U.S. Guidelines for GC & GPMC in 2025

- Management of gastric premalignant conditions (ACG)
- Quality Indicators for Upper Endoscopy (ASGE/ACG)
- *H. pylori* infection management guideline (ACG)

2025 Paradigm Shift: Aspirational-Practical Goals

- Implement the ACG Guidelines for GPMC
 - Quality Indicators: EHR, GIQuIC, Health systems
 - Endoscopy quality: photodocumentation, IEE
- Coordination with Pathology: Sydney, GIM risk subsets
- Provider education and training initiatives

Research Agenda

- Implementation science: GPMC management
- Biomarker development for GPMC progression risk
- Pilot initiatives of GC screening in high-risk populations

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Thank You!!

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Questions

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Douglas R. Morgan, MD, MPH, FACC



Juan E. Corral, MD, MPH

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and the Crohn's & Colitis Foundation

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