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June 1-5, 2026

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- **Leonidas Berry Health Equity Research Award**
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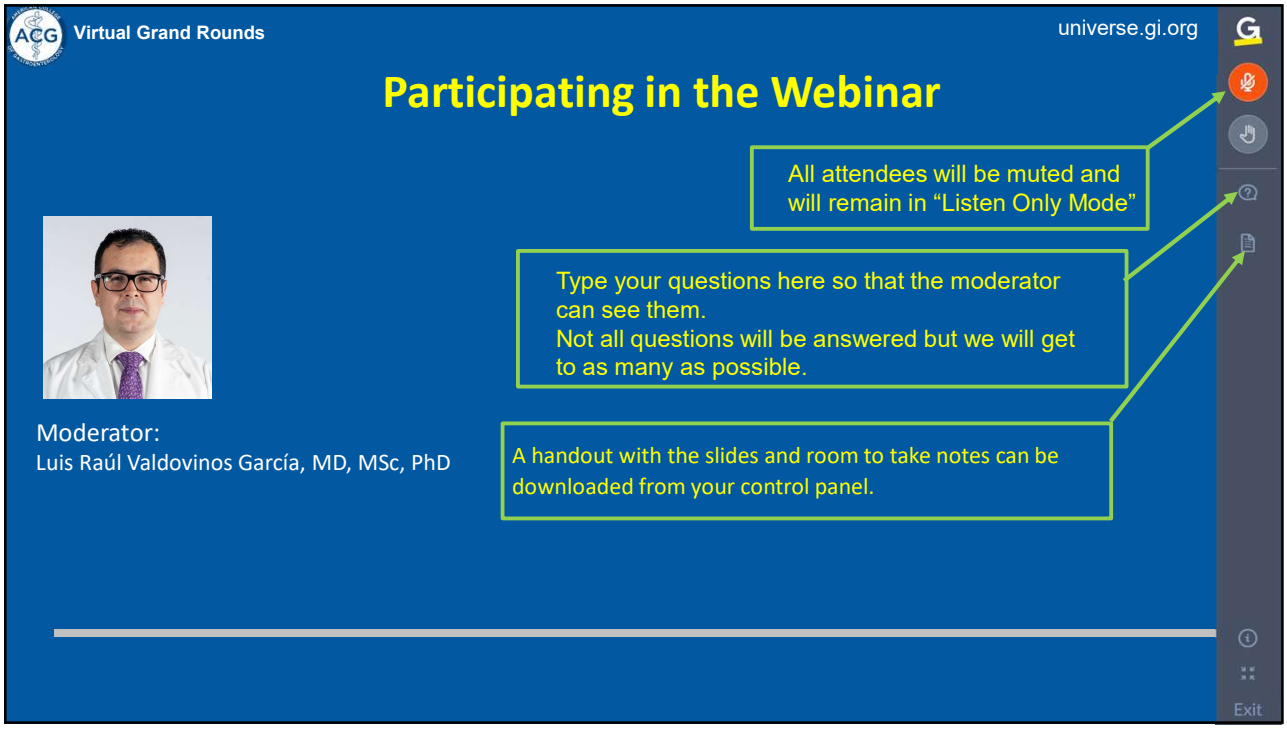
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2026
ACG'S OBESITY AND METABOLIC DISORDERS SCHOOL &
ACG/VGS/MASGNA REGIONAL POSTGRADUATE COURSE
AUGUST 28-30, 2026 | WILLIAMSBURG LODGE, WILLIAMSBURG, VA
Register online: meetings.gi.org

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Virtual Grand Rounds
universe.gi.org
Participating in the Webinar
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.
Moderator:
Luis Raúl Valdovinos García, MD, MSc, PhD
Exit

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Virtual Grand Rounds

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ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!




Week 24– Thursday, June 11, 2026
Tips and Tricks: Removing Foreign Bodies
Faculty: Mohammad Bilal, MD, FACG
Moderator: John Erikson L. Yap, MD, MBA, FACG
At Noon and 8pm Eastern




Week 25– Thursday, June 18, 2026
Implementing AI Into Clinic
Faculty: Andy Tau, MD, FACG
Moderator: David T. Dulaney, MD
At Noon and 8pm Eastern

Visit **gi.org/ACGVGR** to Register

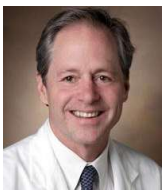
5

American College of Gastroenterology International
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Gastric Cancer Prevention Strategies in Latin America

La Prevención de Cáncer Gástrico en la Americas



Doug Morgan, MD, MPH, FACG
Professor of Medicine and Epidemiology
The University of Alabama at Birmingham (UAB)

Arnoldo Riquelme, MD, MSEd
Professor of Medicine
Pontificia Universidad Católica de Chile



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Knowledge that will change your world

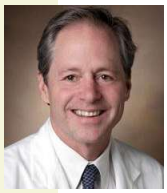
Sociedad Chilena de Gastroenterología

6

Gastric Cancer Prevention Strategies in Latin America

La Prevención de Cáncer Gástrico en la Americas

Doug Morgan, MD, MPH, FACG
Professor of Medicine and Epidemiology
UAB Gastroenterology and Hepatology



UAB MEDICINE
Knowledge that will change your world



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Seminar Objectives

Gastric cancer epidemiology in the Americas
- Diversity: populations, incidence, biology, resources

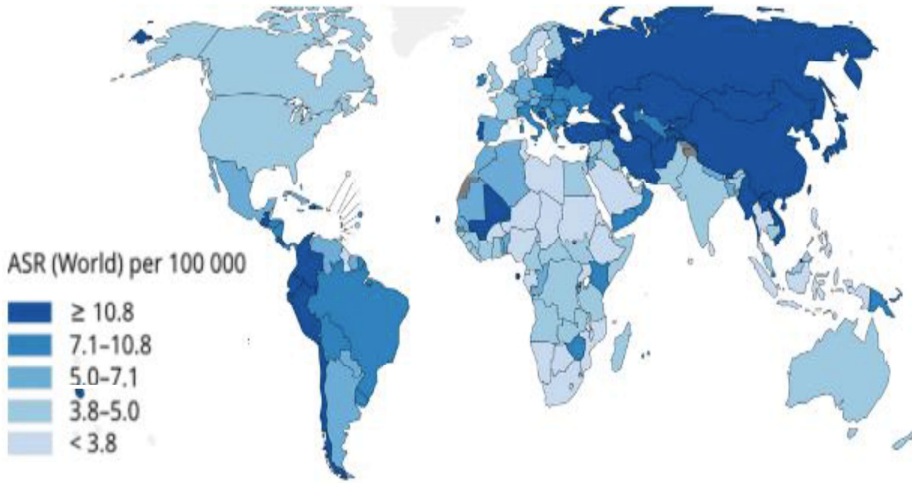
Mesoamerica and North America
- Recent U.S. gastric cancer prevention guidance
- Cancer Registries (PBCRs) in northern Central America

South America
- Chile, Innovative gastric cancer prevention programs

- **Closing Considerations**

8

Gastric cancer: A leading global cancer



IARC GLOBOCAN 2020

9

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 35%)
- Southern Europe, Turkey – 20-30%
- Latin America, Southern Asia, India -- <10-30%

10

Recommendations for gastric cancer prevention and control in the Americas

Arnoldo Riquelme;
The Lancet Regional Health - Americas
2023;27: 100608

Regional and National Policies

- **Strengthen PBCRs** (population-based cancer registries)
- Support development of standards for quality care aimed at GC prevention
- Enable training of health care workforce specialized in GC

Prevention Strategies

- Conduct research aimed of novel GC prevention
- **Establish *H. pylori* treatment registries**
- Establish a surveillance system of *H. pylori* antibiotic resistance
- Assure optimal *H. pylori* testing and treatment protocols
- **Endoscopic surveillance** of patients with high-risk GPMC / GIM
- Establish key interventions directed to GC families

Public Health Interventions

- **Establish community education programs**
- **Conduct endoscopic campaigns** in high-risk/underserved populations
- Strengthen smoking regulations
- Strengthen strategies to reduce salt (sodium) intake

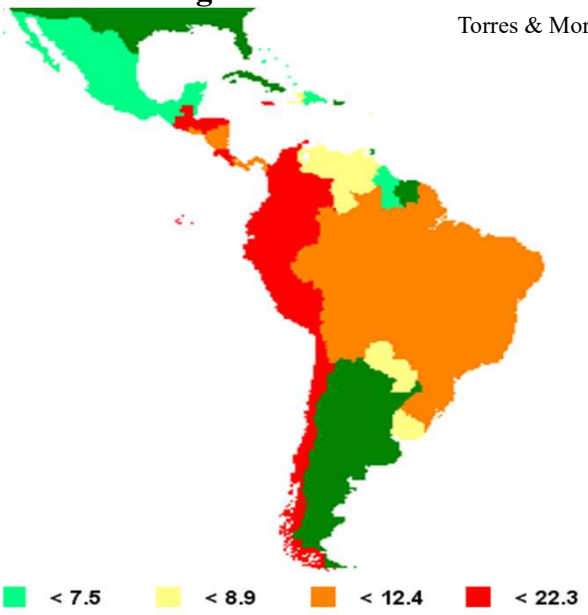
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Diversity of Geography

Altitude Enigma: Gastric Cancer Mortality in the Americas

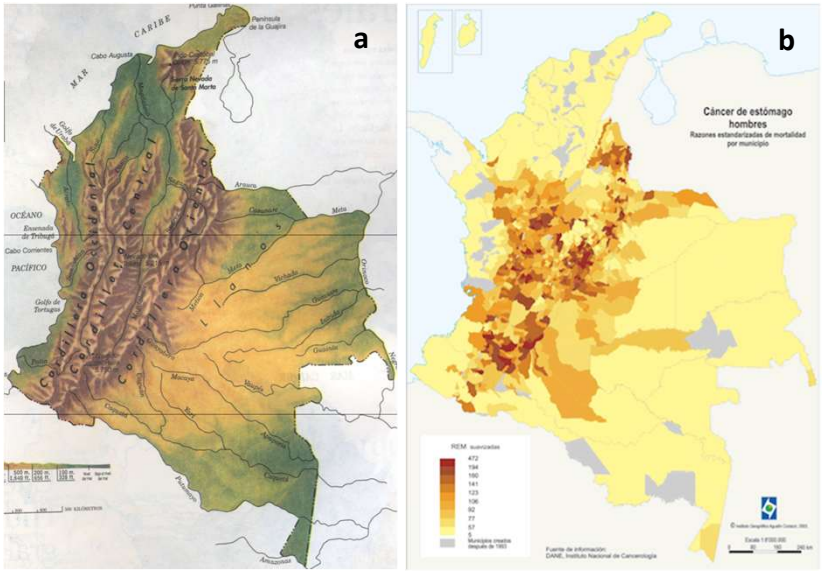
Torres & Morgan, Cancer Causes Control 2013
GLOBOCAN 2008-2018





12

Colombia: Gastric cancer mortality by municipio



Torres & Morgan, Cancer Causes Control 2013

13

Diversity of Latin America Populations



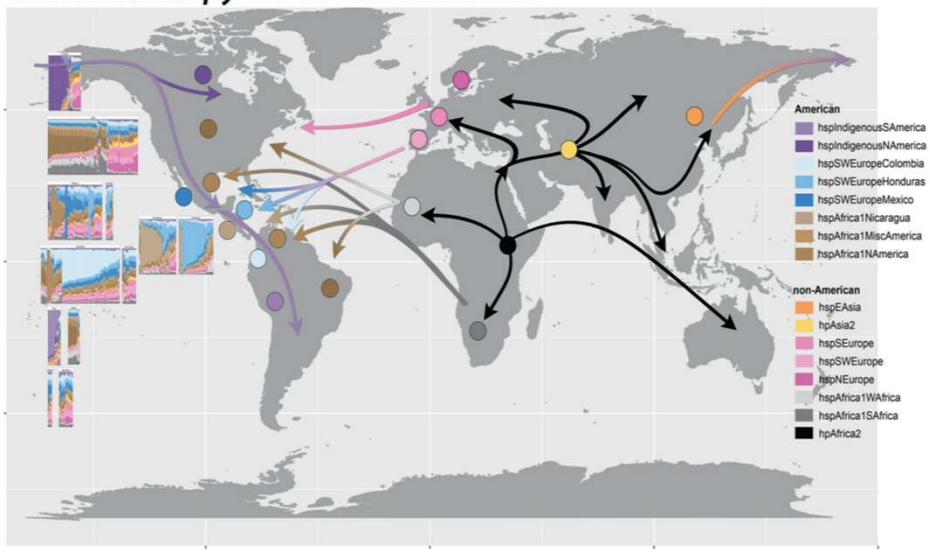
Soledad O'Brien, CNN 2009
Tango36, *Ya Llegue*, 2006

14

Diversity of *H. pylori* Biology

A 500-year tale of co-evolution, adaptation, and virulence: *Helicobacter pylori* in the Americas

J. Torres, Nature ISME 2020



15

Diversity of *H. pylori* Treatment Responses

14-day triple, 5-day concomitant, and 10-day sequential therapies for *Helicobacter pylori* infection in seven Latin American sites: a randomised trial

***H. pylori* prevalence 82.4%**

E Robert Greenberg, Garnet L Anderson, Douglas R Morgan, Javier Torres, William D Chey, Luis Eduardo Bravo, Ricardo L Dominguez, Catterina Ferreccio, Rolando Herrero, Eduardo C Lazcano-Ponce, María Mercedes Meza-Montenegro, Rodolfo Peña, Edgar M Peña, Eduardo Salazar-Martínez, Pelayo Correa, María Elena Martínez, Manuel Valdivieso, Gary E Goodman, John J Crowley, Laurence H Baker

Summary

Background Evidence from Europe, Asia, and North America suggests that standard three-drug regimens of a proton-pump inhibitor plus amoxicillin and clarithromycin are significantly less effective for eradication of *Helicobacter pylori* infection than are 5-day concomitant and 10-day sequential four-drug regimens that include a nitroimidazole. These

Lancet 2011; 378: 507–14
Published Online July 20, 2011

Risk of Recurrent *Helicobacter pylori* Infection 1 Year After Initial Eradication Therapy in 7 Latin American Communities

Douglas R. Morgan, MD, MPH
Javier Torres, PhD
Rachael Sexton, MS
Rolando Herrero, MD, PhD
Eduardo Salazar-Martínez, MD
E. Robert Greenberg, MD
Luis Eduardo Bravo, MD

Importance The long-term effectiveness of *Helicobacter pylori* eradication programs for preventing gastric cancer will depend on recurrence risk and individual and community factors.

Objective To estimate risk of *H pylori* recurrence and assess factors associated with successful eradication 1 year after treatment.

Design, Setting, and Participants Cohort analysis of 1463 randomized trial participants aged 21 to 65 years from 7 Latin American communities, who were treated for *H pylori* and observed between September 2009 and July 2011.

JAMA. 2013;309(6):578-586

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Diversity of GC Incidence and National Resources

World Bank Rank / Gastric cancer	High Resource	Low Resource
High Incidence	**Screening programs** East Asia	**Resource-appropriate** Central America
Low Incidence	**Focused screening and surveillance** U.S., Western Europe	**Symptomatic patients** Sub-Saharan Africa

Gastric cancer in the Americas

- HIC: U.S., Canada
- LMIC: Northern Central America, Bolivia/Paraguay
- HMIC: Chile/South America, Mexico, Panama/Costa Rica

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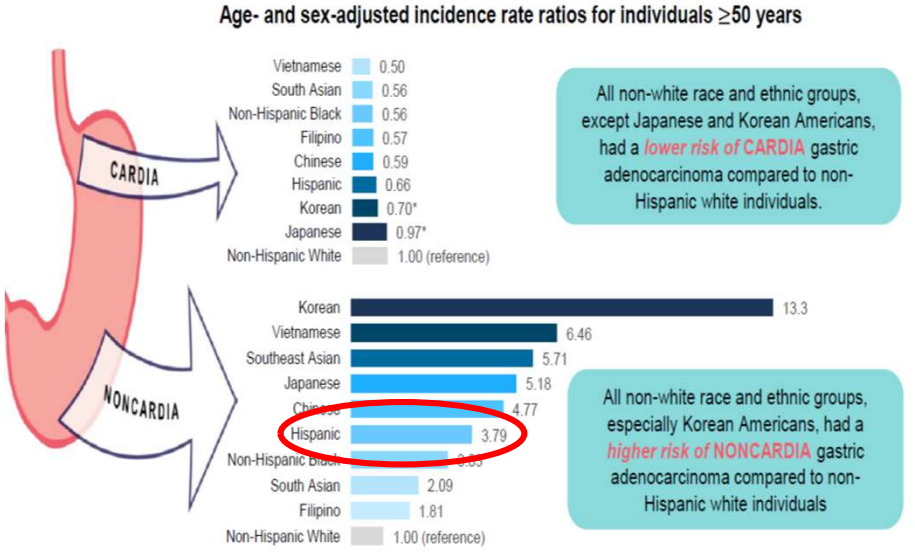
Important U.S. trends in Gastric Cancer in 2026

- 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

18

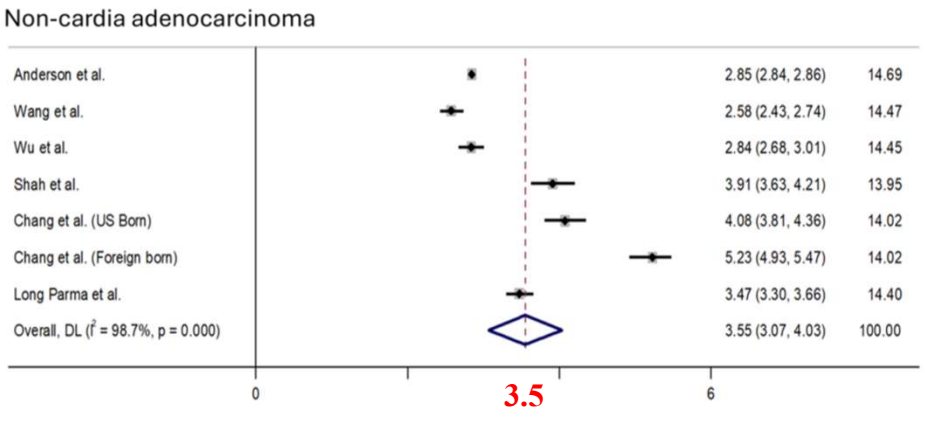
Gastric cancer incidence by race/ethnicity in California



Shah, Gastro 2020
California Cancer Registry

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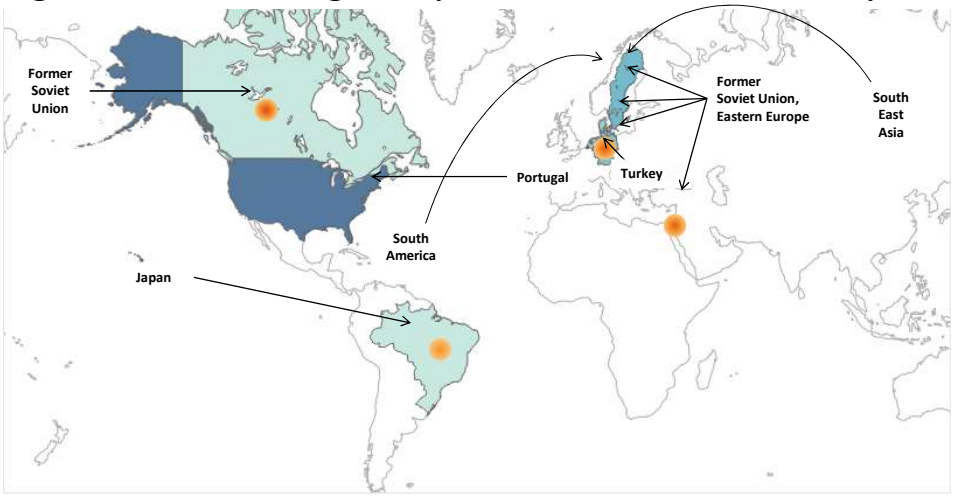
Gastric Cancer Incidence Among Latino Groups Living in the United States and Canada: A Meta-analysis of Population Based Cancer Registries



Corral, J Gastrointestinal Cancer, 2026

20

Increased gastric cancer incidence and mortality in immigrants from high to low incidence regions: Systematic review and meta-analysis



Pabla & Morgan, Clin Gastro Hep 2020

21

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

ACG Clinical Guideline: Diagnosis and Management of Gastric Premalignant Conditions

Douglas R. Morgan, MD, MPH, FACG[1], Juan E. Corral, MD, MPH[2], Dan Li, MD[3,4], Elizabeth A. Montgomery, MD[5], Arnoldo Riquelme, MD[6], John J. Kim, MD, FACG[7], Bryan Sauer, MD, MSc, FACG[8] and Shailja C. Shah, MD, MPH[9,10]

Am J Gastro 2025

Quality Indicators for Upper GI Endoscopy

Rena Yadlapati, MD, MSHS, FACG[1], Dayna Early, MD, FACG[2], Prasad G. Iyer, MD, MSc, FACG[3], Douglas R. Morgan, MD, MPH, FACG[4], Neil Sengupta, MD, MPH, FACG[5], Prateek Sharma, MD, FACG[6] and Nicholas J. Shaheen, MD, MPH, MACG[7]

KEYWORDS: EGD; endoscopy; quality; upper GI

GIE, 2025
Am J Gastro 2025

ACG Clinical Guideline: Treatment of *Helicobacter pylori* Infection

William D. Chey, MD, FACG[1], Colin W. Howden, MD, FACG[2], Steven F. Moss, MD, FACG[3], Douglas R. Morgan, MD, MPH, FACG[4], Katarina B. Greer, MD, MSEpi[5], Shilpa Grover, MD, MPH[6] and Shailja C. Shah, MD, MPH[7]

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 Libânio[1,2], Hugo Uchima[3,4], Manon C.W. Spaander[5], Jan Bornschein[6,7], Tamara Matysiak-Budnik[8,9], Georgios Tziatzios[10], João Santos-Antunes[11,12,13], Miguel Areia[14,15], Nicolas Chapelle[8,9], Gianluca Esposito[16], Gloria Fernandez-Esparrach[17,18,19,20], Lumir Kunovsky[21,22,23], Mónica Garrido[2], Ilja Tacheci[24], Alexander Link[25], Pedro Marcos[26,27], Ricardo Marcos-Pinto[15,28,29], Leticia Moreira[17,20], Ana Carina Pereira[1], 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 Schulz[41], Konstantinos Triantafyllou[42], Fatima Carneiro[43,44,45], Ernst J. Kuipers[46]

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 Hwang[5]

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, FACG[3], Juan E. Corral, MD[4], Elizabeth A. Montgomery, MD[5], Arnoldo Riquelme, MD[6] Shailja C. Shah, MD, MPH[7,8]

Am J Gastro 2025

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CLINICAL GUIDELINE

ACG Clinical Guideline: Diagnosis and Management of Gastric Premalignant Conditions

Douglas R. Morgan, MD, MPH, FACG[1], Juan E. Corral, MD, MPH[2], Dan Li, MD[3-4], Elizabeth A. Montgomery, MD[5], Arnoldo Riquelme, MD[6], John J. Kim, MD, FACG[7], Bryan Sauer, MD, MSc, FACG[8] 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

Highlight & Guideline:
bitly/acg-GPMC-2025

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CLINICAL GUIDELINES AJG The American Journal of GASTROENTEROLOGY

2024 ACG Guidelines

ACG Clinical Guideline: Treatment of *Helicobacter pylori* Infection

William D. Chey, MD, FACG[1], Colin W. Howden, MD, FACG[2], Steven F. Moss, MD, FACG[3], Douglas R. Morgan, MD, MPH, FACG[4], Katarina B. Greer, MD, MSEpi[5], Shilpa Grover, MD, MPH[6] and Shailja C. Shah, MD, MPH[7]

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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2025 ACG / ASGE MULTISOCIETY JOINT PUBLICATION

Quality Indicators for Upper GI Endoscopy

Rena Yadlapati, MD, MSHS, FACG[1], Dayna Early, MD, FACG[2], Prasad G. Iyer, MD, MSc, FACG[3], Douglas R. Morgan, MD, MPH, FACG[4], Neil Sengupta, MD, MPH, FACG[5], Prateek Sharma, MD, FACG[6] and Nicholas J. Shaheen, MD, MPH, MACG[7]

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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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

- Implementation of the ACG GPMC Guidelines
  - Quality Metrics: 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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Mesoamérica/Centroamérica Cuartro (CA-4)



Central America Four (CA-4)

- Region united by history, politics, language, culture, and poverty
- Regional integration with open borders in 2006, affecting health and economic systems, is in process (~European Union)
- Core LMIC region of Latin America with a population of >44 million
  - Account for a large U.S. Hispanic immigrant population (>6 million)
  - Total at-risk population: **~50 million**

Conclusion: Unique intersection[3]

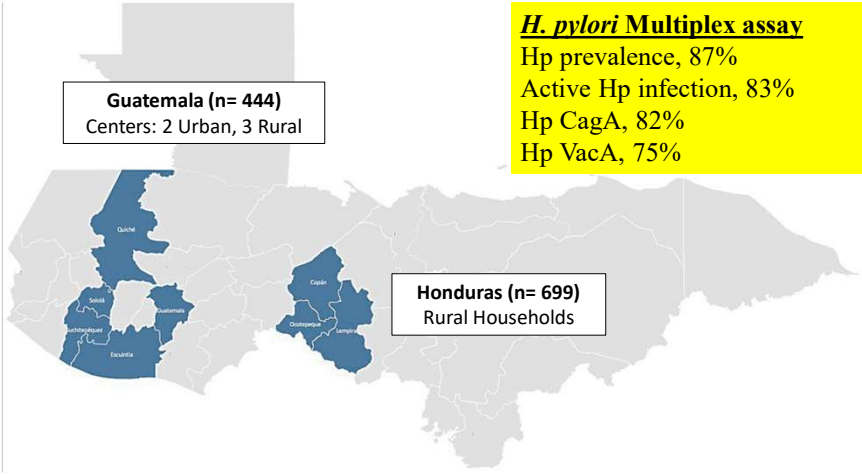
- High incidence of gastric cancer
- Global Health / LMIC region
- Large U.S. immigrant population

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Original Article Gastroenterol Res. 2025;18(3):119-128

High Seroprevalence of *Helicobacter pylori* and CagA/VacA Virulence Factors in Northern Central America

Juan E. Corral[a, b, k], Dalton A. Norwood[c, k], Christian S. Alvarez[d], Do Han Kim[e], Eleazar E. Montalvan-Sanchez[f], Alvaro Rivera-Andrade[g], Manuel Ramirez-Zea[g], Katherine A. McGlynn[d], Tim Waterboer[h], Ricardo L. Dominguez[i], Douglas R. Morgan[j, l]



***H. pylori* Multiplex assay**
Hp prevalence, 87%
Active Hp infection, 83%
Hp CagA, 82%
Hp VacA, 75%

30



Piñeros and Morgan, J Global Oncol 2018

CANCER EPIDEMIOLOGY, BIOMARKERS & PREVENTION | RES



2024

High Incidence of Gastric Cancer in El Salvador: Multisectorial Study during 2000 to 2014

Lisseth Ruiz de Campos[1,2], Marisabel Valdez de Cuellar[1], Dalton A. Norwood[3], Tif
Eleazar E. Montalvan-Sanchez[5], Maria-Virginia Rodriguez Funes[1], Timothy Beasley[6], Ricardo L. Dominguez[7], Luis E. Bravo[8], and Douglas R. Morgan[9]

High Gastric Cancer Mortality and Years of Life Lost in Nicaragua: A Population-Based Study 1997 to 2012

Edgar M. Peña-Galo[1,2], Guillermo Palacios-Navarro[3], Javier Pastora-Membreño[2], Tatiana Torres-Herman[4], Dalton A. Norwood[5], Eleazar E. Montalvan-Sanchez[6], Timothy Beasley[7], Luis E. Bravo[8], and Douglas R. Morgan[4]

Population-Based Study of Gastric Cancer Survival and Associations in Rural Western Honduras

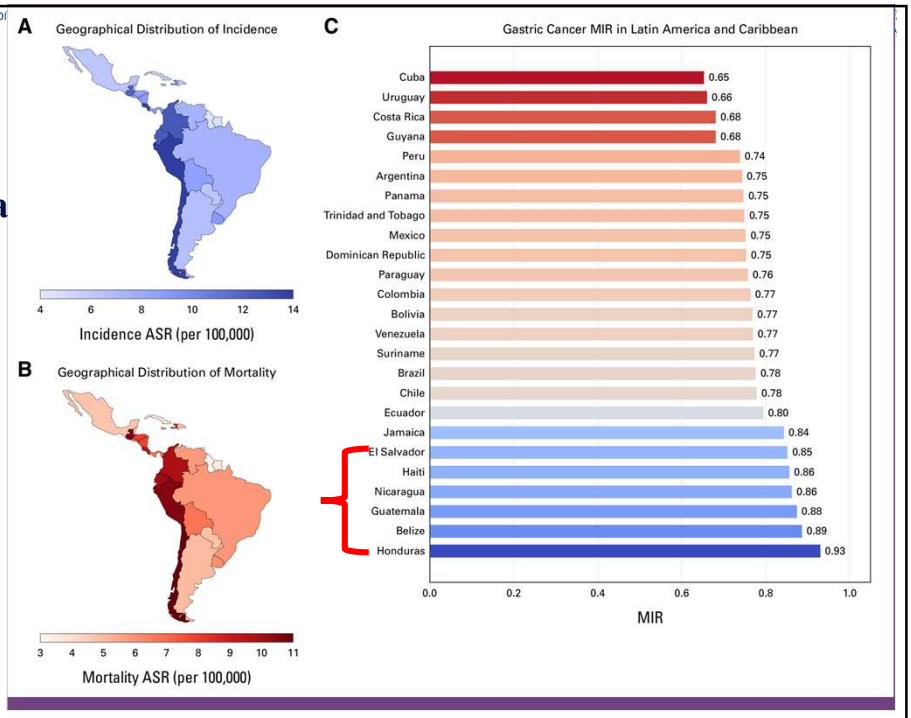
Ricardo L. Dominguez[1], Eleazar E. Montalvan-Sanchez[1,2], Dalton A. Norwood[1,3], Aida Rodriguez-Murillo[1], Lucia Dominguez[1], Dagoberto Estevez Ordoñez[4], Timothy Beasley[5], Luis E. Bravo[6], and Douglas R. Morgan[7]

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Gastric cancer Mortality-Incidence Ratio in Latin America

- MIR indices, serve as a single estimate of access, early detection, treatment and survival
- Striking high MIR indices in northern Central America

Pilco, J Global Oncology 2026



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Gracias!!

Central America

Honduras/ SdS-HdO
Ricardo Dominguez
Lesby Castellanos
Dalton Norwood*
Eleazar Montalván*

Nicaragua/ UNAN
Javier Pastora
Rodolfo Peña
Edgar Peña*

El Savador/ MINSAL
Lisseth Ruiz de Campos
Marisa Valdez
Jose Miguel Moreno

Guatemala/ INCAP
Abel Sanchez
Omar Flores
Manuel Ramirez-Zea

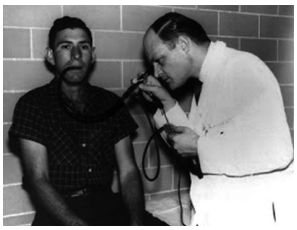
Latin America

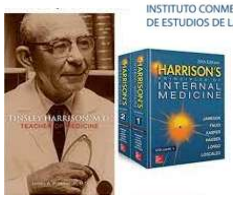
Chile/ PUCC
Nolo Riquelme

Colombia/ UdV
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Luis Eduardo Bravo

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Marcia Cruz Correa

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Gastric Cancer Prevention Strategies in Latin American Countries

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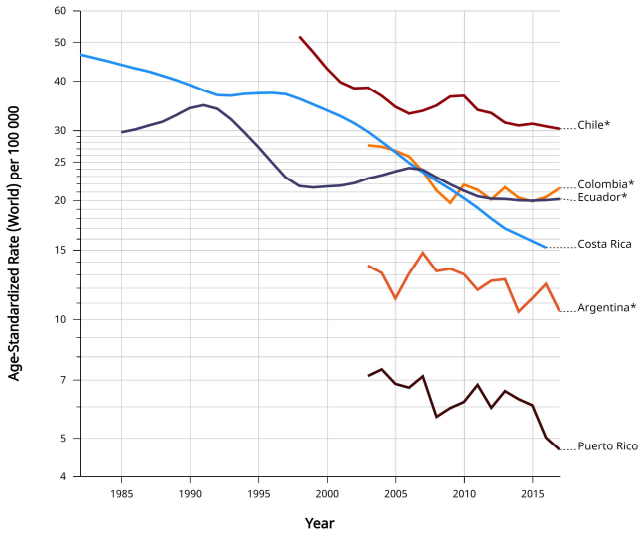
Introduction

- Latin America and the Caribbean (LAC) is a region with low-to-moderate risk of gastric cancer (GC), accounting for approximately 8% of the new cases globally.
- The highest overall incidence and mortality in Latin-America is found in Chile, Guatemala, Peru, Ecuador, Colombia, and Costa Rica.
- Latin-American countries show higher mortality related to a higher proportion of patients diagnosed at advanced stages. The overall median 5-year survival rate is less than 35%.

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Age-standardized rate (World) per 100 000, incidence, males
Stomach
Argentina - Chile* - Colombia* - Costa Rica - Ecuador* - Puerto Rico*

GLOBAL CANCER OBSERVATORY



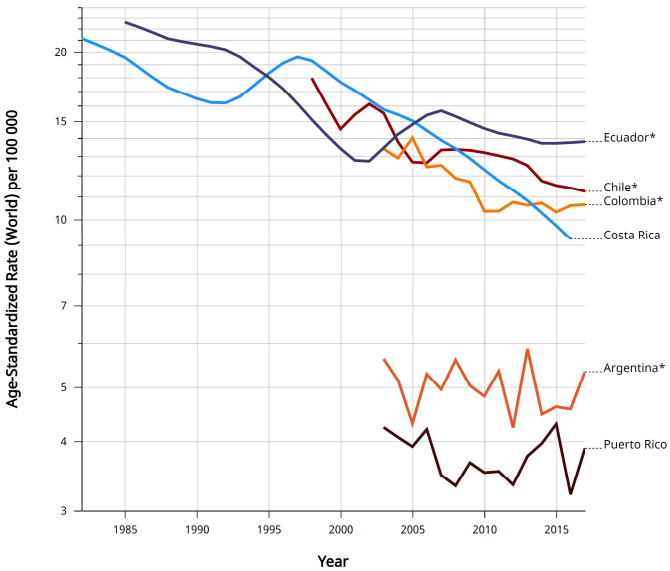
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Age-standardized rate (World) per 100 000, incidence, females
Stomach
Argentina - Chile* - Colombia* - Costa Rica - Ecuador* - Puerto Rico*

GLOBAL CANCER OBSERVATORY



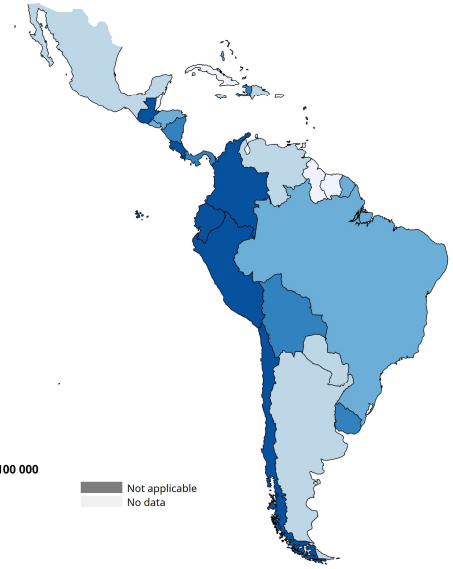
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Age-Standardized Rate (World) per 100 000, Incidence, Both sexes, in 2022
Stomach

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Population	ASR (W)
Peru	14.3
Chile	14.2
Costa Rica	14.0
Colombia	12.9
Ecuador	12.8
France, Guadeloupe	12.3
Guatemala	12.2
France, Martinique	10.8
Haiti	9.9
Uruguay	9.2
Nicaragua	9.1
Panama	8.8
Bolivia	8.7
French Guyana	8.6
Honduras	8.6
Saint Lucia	8.6
El Salvador	8.2
Bahamas	7.7
Brazil	7.6
Venezuela	7.5
Jamaica	6.9
Argentina	6.7
Paraguay	6.4
Mexico	6.3
Dominican Republic	6.2
Cuba	5.6
Barbados	5.0
Belize	4.8

Population	ASR (W)
Suriname	4.6
Guyana	4.5
Trinidad and Tobago	4.0
Puerto Rico	2.8

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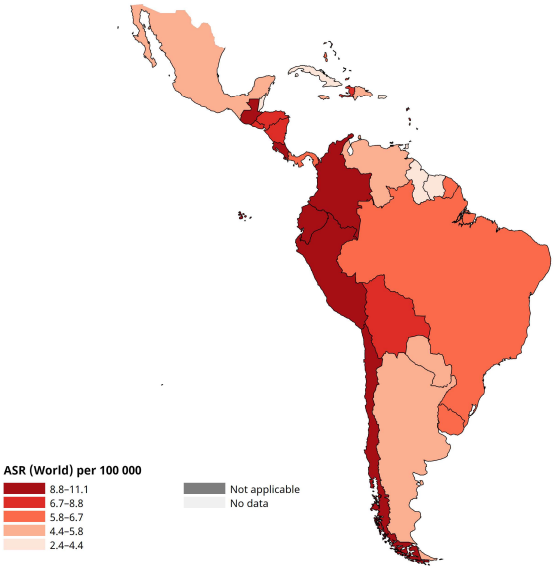
Cancer TODAY | IARC
https://gco.iarc.who.int/today
Data version: Globocan 2022 (version 1.1) - 08.02.2024
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Age-Standardized Rate (World) per 100 000, Mortality, Both sexes, in 2022
Stomach

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Population	ASR (W)
Chile	11.1
Guatemala	10.7
Peru	10.6
Ecuador	10.2
Colombia	9.9
Costa Rica	9.5
France, Guadeloupe	8.9
Haiti	8.5
Honduras	8.0
Nicaragua	7.8
France, Martinique	7.7
El Salvador	7.0
Bolivia	6.7
Panama	6.6
Bahamas	6.5
French Guyana	6.3
Uruguay	6.1
Brazil	5.9
Saint Lucia	5.9
Jamaica	5.8
Venezuela	5.8
Argentina	5.0
Paraguay	4.8
Dominican Republic	4.7
Mexico	4.7
Belize	4.3
Barbados	3.7
Cuba	3.7

Population	ASR (W)
Suriname	3.5
Guyana	3.1
Trinidad and Tobago	3.0
Puerto Rico	2.4

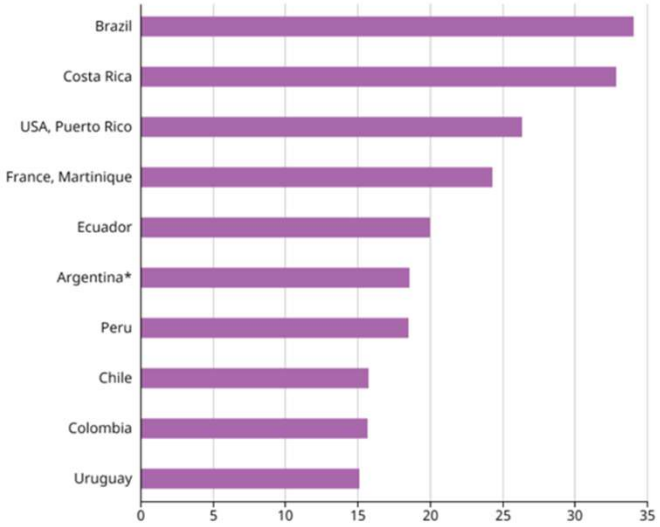
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Cancer TODAY | IARC
https://gco.iarc.who.int/today
Data version: Globocan 2022 (version 1.1) - 08.02.2024
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Observed survival, 5-year, both sexes, cases diagnosed 2008–2012
Stomach, Latin America, Observed survival
** Median survival estimate for the country*



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- Molina has one of the highest national incidence of gastric cancer



Chile: 14.2

Maule Region: 45

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MOLINA



- This campaign included a prevention strategy through urea breath testing.
- At date we have applied more than 11,000 kits thus decreasing Hp positivity from 49% to 34% through Hp eradication.
- All patients with *Helicobacter pylori* infection have been eradicated and now we are in register process with RedCap platform in alliance with HpLATAM Reg and Universidad Católica del Maule.
-
- Molina will become a development pole for the study of gastric cancer with emphasis on **primary prevention (*test and treat strategy*)**
- Molina county and ministry of health actively participate through diagnosis and treatment (standard triple therapy has universal coverage in Chile)

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Endoscopy Campaign

- Due to a collaborative agreement between Maule Health Service, Molina Hospital, and Pontificia Universidad Católica, an endoscopic campaign performed more than 400 upper endoscopy solving the EGD waiting list and more than 1,200 gastropanel.
- We used serum gastric panel for **secondary prevention** but pilot results are now evaluating to propose a predictive rule that allow stratification of GC risk and priorities access to upper endoscopy.



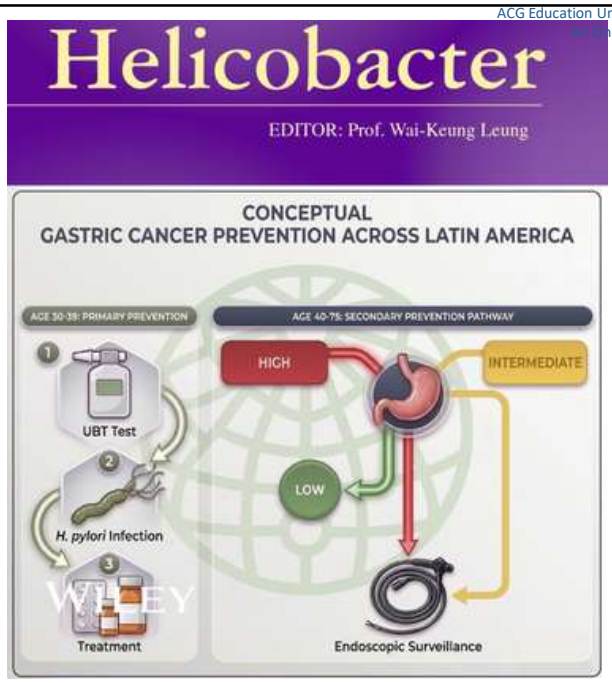
Official launch of the HOPE research project Lima, Peru.





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Graphical Abstract
The cover image is based on the article *Hope Hp-GC Project—Program Implementation for Primary and Secondary Prevention of Gastric Cancer in Latin America* et al., **https://doi.org/10.1111/hel.70109**.

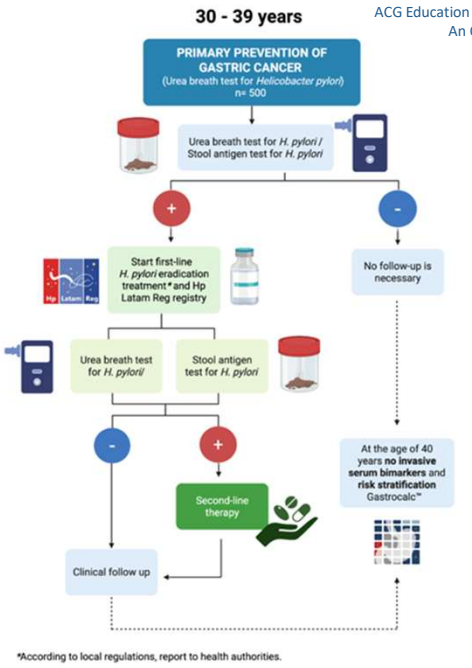


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HOPE - HpGC
Hospital and Outpatient Prevention program to Eradicate Hp-GC in Molina City

Primary prevention

Non invasive test to detect Hp infection: Stools Hp antigen or Urea breath test



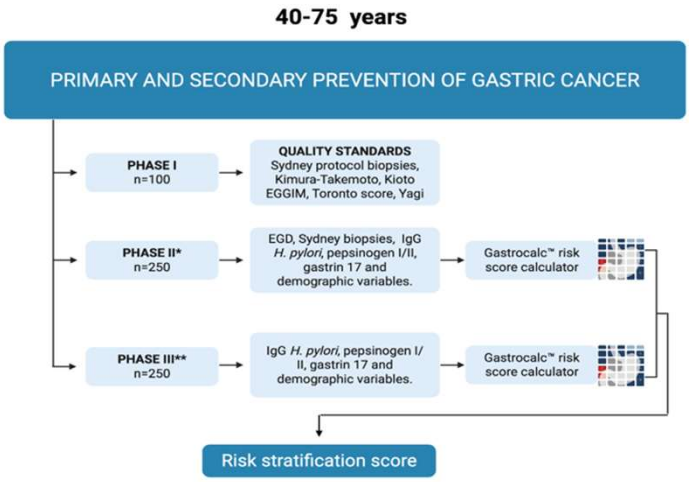
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Secondary prevention

Phase I: Quality EGD standardization

Phase II: Non-invasive strategy with biomarkers in blood, followed by EGD and gastric biopsies

Phase III: Risk stratification and prioritized access to EGD



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LINEAMIENTOS TÉCNICOS PARA LA IMPLEMENTACIÓN DE LA ESTRATEGIA DE PREVENCIÓN DE CÁNCERES DIGESTIVOS

Ministerio de Salud
Gobierno de Chile

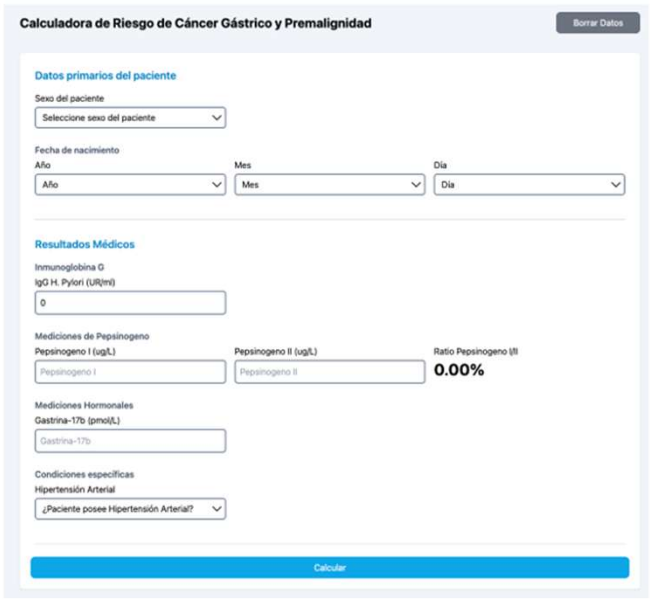
Tabla N°4. Resumen de la cohorte nacional MINSAL- CECAN

Estimación de Riesgo de CPMG y CG (GASTROCALC)				
Biopsia	**Riesgo alto**	**Riesgo intermedio**	**Riesgo bajo**	**Total**
OLGA 0-I	93 (15,3%)	274 (45,2%)	240 (39,5%)	607
OLGA II	44 (32,6%)	58 (43%)	33 (24,4%)	135
OLGA III-IV	34 (34,7%)	45 (45,9%)	19 (19,38%)	98
DBG	1 (33,3%)	2 (66,6%)	0 (0%)	3
DAG / CG	9 (39,1%)	14 (60,9%)	0 (0%)	23
Total	**181 (20,9%)**	393 (45,4%)	**292 (33,7%)**	**866**

Fuente. Elaborado por equipo interdisciplinario de investigación CECAN.

BORRADOR

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www.gastrocalc.cl

Variables:

1. Age
2. Sex
3. Hypertension
4. IgG Hp
5. Pepsinogen I
6. Pepsinogen II
7. Gastrin 17

Prioridad 1: Alto riesgo de cáncer gástrico y condiciones premalignas gástricas

Prioridad 2: Alto riesgo de cáncer gástrico y condiciones premalignas gástricas

Prioridad 3: Riesgo intermedio de cáncer gástrico y condiciones premalignas gástricas

Prioridad 4: Riesgo intermedio de cáncer gástrico y condiciones premalignas gástricas

Prioridad 5: Bajo riesgo de cáncer gástrico y condiciones premalignas gástricas

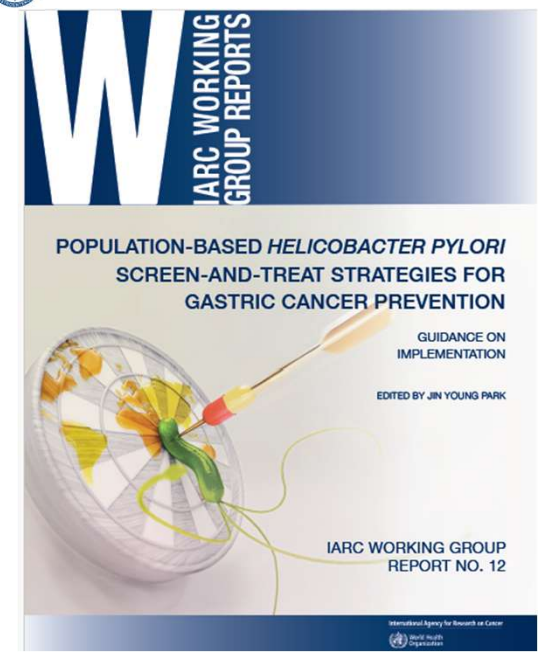
Prioridad 6: Bajo riesgo de cáncer gástrico y condiciones premalignas gástricas

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PILOTO MINSAL: TODAS LAS LOCALIDADES								
BIOPSIA		PRIORIZACIÓN (GASTROCALC)						TOTAL
		1	2	3	4	5	6	
OLGA 0-I	n	46	47	120	154	75	165	607
	%	43,8	61,8	64,2	74,8	77,3	84,6	70,1
OLGA II	n	27	17	32	26	13	20	135
	%	25,7	22,4	17,1	12,6	13,4	10,3	15,6
OLGA III-IV	n	24	10	26	19	9	10	98
	%	22,9	13,2	13,9	9,2	9,3	5,1	11,3
DISPLASIA BAJO GRADO (DBG)	n	1	0	1	1	0	0	3
	%	1,0	0,0	0,5	0,5	0,0	0,0	0,3
DISPLASIA ALTO GRADO (DAG) y CÁNCER GÁSTRICO	n	7	2	8	6	0	0	23
	%	6,7	2,6	4,3	2,9	0,0	0,0	2,7
TOTAL		105	76	187	206	97	195	866
		12,1	8,8	21,6	23,8	11,2	22,5	100%

EGD at priority 1-4:
66.3% of the EGD waiting list are performed
33.7% of EDAs are avoided or postponed
80.6% of patients with OLGA III-IV and 100% of cases with gastric cancer are detected

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Gastric cancer prevention in Latin America and the Caribbean

Arnoldo Riquelme and M. Constanza Camargo

Summary

- Gastric cancer is a leading cause of cancer-related death in the Latin America and the Caribbean region, which contributes about 8% of the new cases globally. The burden of gastric cancer is greatest in the mountainous areas of the Pacific littoral.
- The most common anatomical subsite of gastric cancer in populations in Latin America and the Caribbean is *H. pylori*-driven non-cardia gastric cancer, and its late diagnosis is associated with poor outcomes.
- The burden of *H. pylori* infection in populations is high (> 60% in adults) and is relatively homogeneous across the region. Two multicentre studies in countries in Latin America and the Caribbean address *H. pylori* diagnosis and treatment schemes (Hp-LATAM-Reg) and *H. pylori* antibiotic resistance (Hp-RESLA).
- There are limited strategies for gastric cancer prevention and control embedded in public health policies in the region.
- Chile has taken a leading role in implementing demonstrative studies of prevention that could inform national and regional regulations to reduce gastric cancer mortality.

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Helicobacter pylori Screen-and-Treat Programs for Gastric Cancer Prevention — IARC Working Group Report

n engl j med 394;11 March, 2026

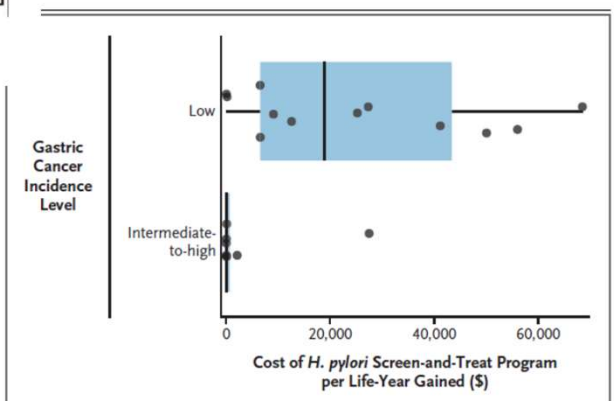
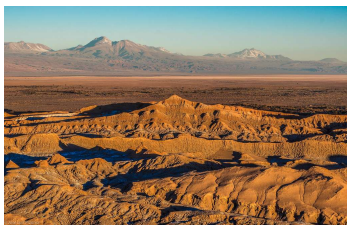


Figure 2. Costs of *H. pylori* Screen-and-Treat Programs per Life-Year Gained, Stratified According to Gastric Cancer Incidence Level.

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Thanks for your attention!

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Questions



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