**A blue and black logo

Description automatically generated**

**The road to a world-unified approach to the management of patients with gastric intestinal metaplasia**

Dinis-Ribeiro M, Shah S, El-Serag *et al*. The road to a world-unified approach to the management of patients with gastric intestinal metaplasia: a review of current guidelines. *Gut* 2024; 73:1607–1617. doi: 10.1136/gutjnl-2024-333029.

Gastric intestinal metaplasia (GIM), a risk factor for gastric adenocarcinoma (GC), reflects a state of chronic mucosal inflammation. There are multiple international guidelines on GIM assessment, surveillance and management. Dinis-Ribeiro *et al.,* systematically reviewed all available guidelines since 2010 (n=16) for a global perspective.

All guidelines agreed that surveillance should be stratified by risk (e.g., OLGIM (operative link on gastric intestinal metaplasia assessment) stage or corpus extended), and mandated *H. pylori* testing and eradication. Beyond this, recommendations on detection, risk stratification, endoscopic quality and sampling, surveillance and adjunctive therapies differed.

The majority of guidelines recommend enhanced detection with virtual image augmentation (e.g., narrow-band imaging), and all but the Japanese guidelines advise on staging with gastric biopsies. All guidelines agree that corpus extended GIM, moderate-to-severe OLGIM staging, an incomplete histological subtype and a family history of GC all convey increased risk warranting surveillance, and that low-risk subtypes do not, except for Japan who advise surveillance regardless of extent due to higher background incidence. All except the Spanish advise surveillance if any of these risk factors are present. Only the BSG guidelines detail endoscopy quality metrics to enhance surveillance (e.g. mucosal cleansing protocol and withdrawal time). Surveillance is generally suggested every 3 years, with variation in intervals in South America/Asia (shorter) and the USA (longer). Some guidelines advise for (China) and against (Germany) low-dose aspirin for GC prevention, and for (China) and against (Maastricht) dietary supplementation.

Dinis-Ribeiro *et al.,* highlight the disparity of evidence in screening, pre-cancer surveillance and intervention strategies in GC compared to colorectal cancer, and call for more robust research.