

# Endoscopic screening and surveillance after *H. pylori* eradication: who and how

**Bor-Shyang Sheu, MD.**

Senior Vice President, Kaohsiung Medical University,  
Kaohsiung, Taiwan

*H. pylori* infection is a type I WHO carcinogen. *H. pylori* can mediate a chronic active gastric inflammation, and progress topographically in stomach from antrum to corpus in extension. The Correa Cascade following chronicity of *H. pylori* infection has stepwise precancerous extension from atrophy to intestinal metaplasia. Such an extension of precancerous lesion in stomach can be assessed by the serial pathological grading systems, including Updated Sydney's system and adapted into the Operative link system of gastric atrophy (OLGA) and the Operative link of gastric intestinal metaplasia (OLGIM) systems. The subjects infected with *H. pylori* infection may result into the gastric precancerous lesions and carry an increased risk to development of gastric cancer. Currently, *H. pylori* eradication is proven to reduce peptic ulcer. Moreover, *H. pylori* eradication is also validated with cost-benefit to reduce the risk to the development of gastric cancer, especially for those without the existence of the precancerous lesion. The strategy with test and treat for *H. pylori* infection is nowadays suggested to improve the gastric cancer control. Otherwise, for those with precancerous lesion such as intestinal metaplasia or advanced atrophy, the post *H. pylori* eradication surveillance with endoscopy is also suggested with cost-benefits. The strategy to adapt for the endoscopy surveillance can be guided by the presence of precancerous lesion in topographical gastric histology and risk factors such as age, familial history of gastric cancer relatives, or tailored by specific biomarkers. The surveillance intervals can be ranged from 1-3 years, depending on the risky stratifications.