



UGI SCREENING IN FAP

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Introduction

- Duodenal and ampullary cancers most common cause of death after CRC
- Approximately half of duodenal cancers are ampullary or periampullary
- Lifetime risk for duodenal cancer 3-5%*
- Increases to 36% for Spigelman IV
- Recommend screening starting at 25-30 years of age

TABLE 3. Spigelman stage: recommended duodenal surveillance frequency

Spigelman stage	Total points	Frequency of surveillance
0	0	Every 4 y
I	≤4	Every 2–3 y
II	5–6	Every 1–3 y
III	7–8	Every 6–12 y
IV	9–12	Expert surveillance every 3–6 mo Surgical evaluation Complete mucosectomy or duodenectomy or Whipple procedure if duodenal papilla is involved

Screening for Duodenal Neoplasia

1. Screening for duodenal adenomas in individuals with FAP and AFAP should begin with a baseline esophagogastroduodenoscopy beginning at age 20 to 25, with subsequent examinations at intervals based on the endoscopic findings. Grade of Recommendation: Strong recommendation based on moderate-quality evidence, 1B.

TABLE 2. Spigelman stage: duodenal adenomatosis staging system

Polyps	1 Point	2 Points	3 Points
Number	<4	5–20	>20
Size	0–4 mm	5–10 mm	>10
Histology	Tubular	Tubulovillous	Villous
Dysplasia	Mild	Moderate	Severe

*Bulow S, Bjork J, Christensen IJ *et al.* Duodenal adenomatosis in familial adenomatous polyposis. *Gut* 2004;53:381–6

Aim

Evaluate whether UGI screening and surveillance procedures are carried out in accordance to consensus guidelines

Methods

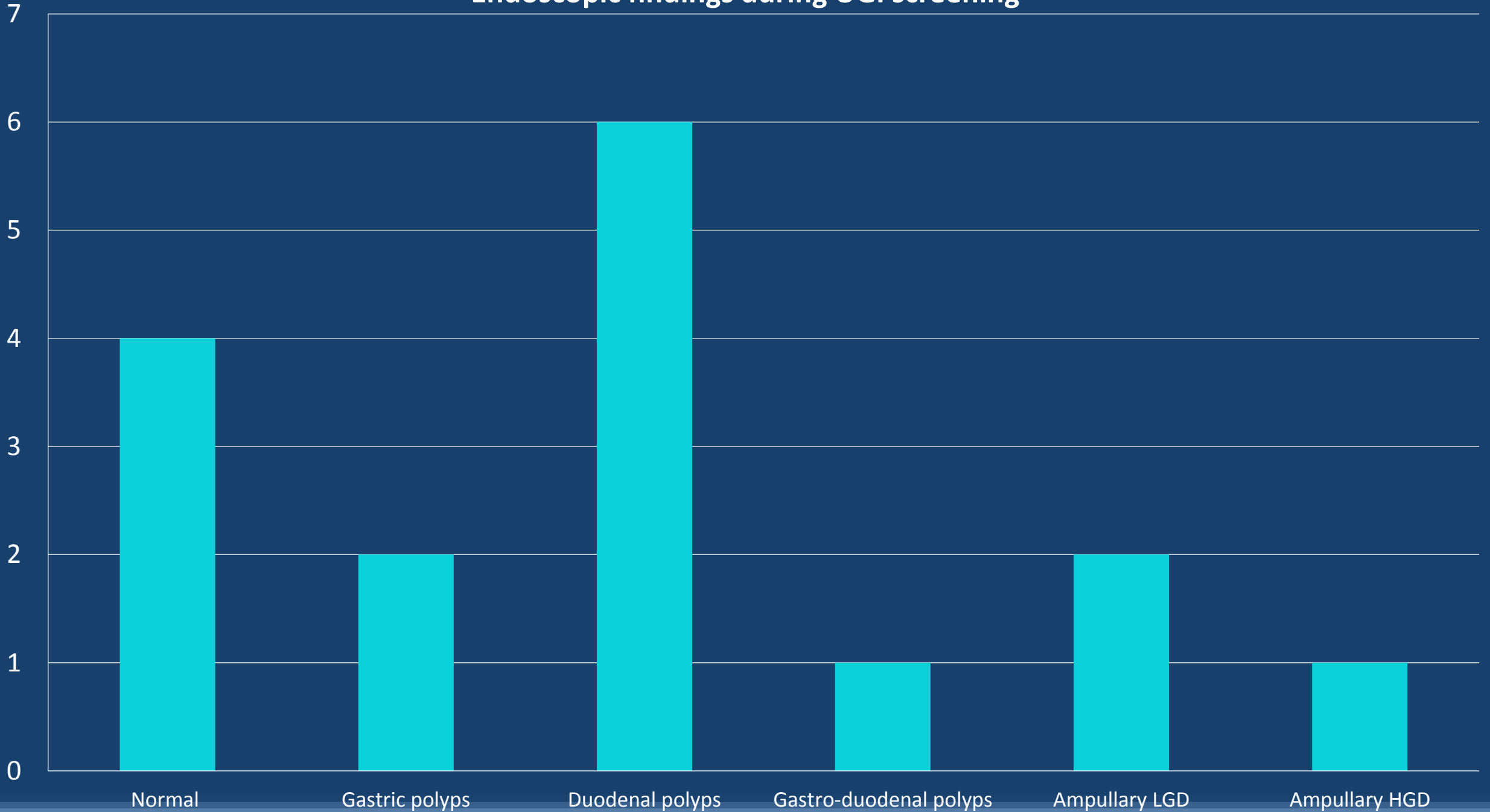
- Endoscopy and surgical database
- Variables:
 - Demographics
 - UGI endoscopy findings
 - Spigelman score/staging
 - Interventions
 - Surveillance interval

Results

- 21 patients with confirmed FAP and colectomy
 - 71.4% female (15/21), mean age 36.3 years (17-56)
- UGI screening performed in 16/21 (10 duodenoscope, 6 gastroscope)
- Mean Spigelman score 1.93
- Appropriate interval surveillance according to Spigelman staging
- Periapillary lesions (3) identified

- 5/21 (23.8%) did not receive UGI screening
 - 2/5 <25 years of age

Endoscopic findings during UGI screening



Conclusion

- Upper gastrointestinal screening is sometimes overlooked.
- Robust screening and surveillance programme is paramount to early detection and treatment of upper GI cancers.
- Effective communication between national agencies and local hospitals would ensure patients received appropriate cares

Discussion

- Improved collaboration between local hospitals and national agency
 - Fail-proof mechanism
- Very few gastric polyps reported
 - Reporting bias?
 - Fundi polyps common, rarely cancerous
 - Antral polyps however....
- Screening for at-risk family member

Upper GI involvement in children with familial adenomatous polyposis syndrome: single-center experience and meta-analysis of the literature

[Luz H. Gutierrez Sanchez, MD^{1,*}](#), [Mouaz Alsawas, MD^{2,3}](#), [Michael Stephens, MD^{1,4}](#), [Mohammad Hassan Murad, MD^{2,3}](#), [Imad Absah, MD^{1,4}](#)

- Use of standard gastroscopy, duodenoscopy, or both