

ABSTRACTS

Gastric Dysplasia and Surveillance in Familial Adenomatous Polyposis

Sandeep Kowkuntla, MD¹, Colin Mach, BS², Laiba Daoud, BS³, Rajeev Agrawal, MS³, Esha Parikh, DO⁴, Priyanka Kanth, MD⁴

¹ Department of Medicine, MedStar Georgetown University Hospital, ² Georgetown University, ³ MedStar Georgetown University Hospital, ⁴ Gastroenterology, MedStar Georgetown University Hospital

Keywords: familial adenomatous polyposis, surveillance, gastric cancer

<https://doi.org/10.52504/001c.171165>

Georgetown Medical Review

Vol. 10, Issue 1, 2026

Background

Familial adenomatous polyposis (FAP) is associated with colorectal and extracolonic malignancy risk. Although duodenal surveillance is well established for establishing risk of malignancy, monitoring gastric dysplasia using esophagogastroduodenoscopy (EGD) is less clearly characterized as a mechanism for risk management. We aimed to characterize gastric pathology findings and factors associated with gastric dysplasia in patients with FAP.

Methods

We performed a retrospective cohort study of adults with clinically or genetically confirmed FAP using electronic health records from MedStar Health, a multihospital health system in the Washington, DC, metropolitan area, between 2000 and 2025. No patients in the confirmed cohort (N=188) had attenuated FAP. Patients were initially identified through an electronic health record search using ICD-10 coding for FAP and subsequently confirmed by medical chart review based on a documented adenomatous polyposis coli mutation or classic clinical criteria (>100 colorectal adenomas). Kaplan-Meier methods estimated incident gastric dysplasia after index EGD. Fisher exact test assessed the association between gastric polyp presence and dysplasia.

Results

Among 188 identified patients, 150 had confirmed FAP, and 93 had EGD follow-up. Fundic gland polyps were identified in 64 (69%) of 93 patients, and gastric dysplasia was identified in 26 (28%) of 93 patients. Seven patients had gastric dysplasia at index EGD; the remaining 86 entered the incident time-to-event analysis, of whom 19 developed incident gastric dysplasia during a median 5 years of follow-up. Estimated cumulative incidence was 0.0%, 2.1%, 4.3%, and 18.5% at 1, 3, 5, and 10 years, respectively. Patients without incident gastric dysplasia were censored at their last EGD; therefore, not all patients were seen through 10 years of follow-up. Gastric dysplasia occurred in 26 of 72 patients with gastric polyps and in 0 of 21 without polyps (36.1% vs 0.0%; Fisher exact test, $P<.001$). No gastric adenocarcinoma was observed.

Conclusions

Gastric dysplasia was common among patients with FAP undergoing EGD surveillance and was significantly associated with gastric polyp presence. These findings support longitudinal endoscopic assessment of patients with FAP,

incorporating gastric polyp burden and histology. The prevalence of gastric polyps in patients with FAP and the association between presence of gastric polyps and incidence of gastric dysplasia are consistent with results from a fuller analysis from this study.

Introduction

Minor comments:

- Line 6: This frames the study specifically around familial adenomatous polyposis while the Methods include both familial and attenuated adenomatous polyposis. It would be helpful to describe the study population more clearly.

Materials & Methods

Major comments:

- Line 9-10: Abstract states that surveillance patterns would be characterized, but there were no mentions in the Results section of the overall performance of gastric dysplasia detection and tracking. The authors only stated the patients who had a follow up. To address this, a descriptive evaluation of the upper endoscopy surveillance's sensitivity, efficacy, overutilization, underutilization, or attrition rate should be included in the Results section. If the goal of the authors was not to characterize these patterns, then please remove the statement "surveillance patterns" from the Objective.
- Line 13: How patients were identified and subsequently determined to have familial adenomatous polyposis was somewhat confusing. Consider briefly clarifying the patient identification process about what search strategy generated the initial group and what criteria were used to confirm familial or attenuated adenomatous polyposis.

Minor comments:

- Line 13: Consider specifying whether familial vs attenuated adenomatous polyposis were analyzed together or individually.

Results

Minor comments:

- Line 25: Clarify the number of patients remaining under follow-up: Did all 93 patients contribute to the estimated cumulative incidence at 10 years?
- Line 27: Specify what statistical analysis was performed to support the conclusion that gastric dysplasia was strongly associated with gastric polyp presence.

Submitted: August 02, 2026 EDT. Accepted: September 07, 2026 EDT. Published: September 28, 2026 EDT.