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Editorial

Gastric Cancer: Prevention is Our Duty

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Although the global incidence of gastric cancer is showing a downward trend[(1)], in Colombia it remains the third most common malignant neoplasm among men[(2)]. Mortality rates are still high and alarming. In 2023, in Colombia, according to data from the National Administrative Department of Statistics (DANE), stomach cancer was the tenth leading cause of death in the country, with 5309 deaths and an average rate of 10.3 x 100,000 inhabitants[(3)]. At the National Cancer Institute, gastric cancer was the leading cause of death from malignant neoplasms in men (16.5%) and the third leading cause in women (8.6%)[(4)]. Although there are significant regional variations, these figures may reflect the national average. The study presented by Limas et al. reveals a concerning local reality characterized by the late detection of digestive neoplasms and a notably high mortality rate, with an average survival of 5 months and a maximum of 2.3 years[(5)]. This situation requires contribution from both scientific societies and professionals in the field, specifically aimed at primary and secondary prevention activities, which are briefly mentioned below.

Regarding primary prevention, measures aimed at preventing the onset of neoplasia and reducing the incidence of gastric cancer, coupled with the aforementioned general decline in incidence, support the role of lifestyle modifications, physical exercise, nutrition, use of medications, and other environmental factors in the carcinogenesis of gastric cancer. Thus, the following have been proposed: a decrease in the prevalence of *Helicobacter pylori*, improvements in food storage and hygiene, a reduction in smoking, and an increase in the use of antibiotics, all of which have been linked to the changing epidemiology of gastric cancer[(1,6)]. Among the nutritional factors, some seem to increase the risk of developing cancer, such as the consumption of salt, nitrites and nitrates, alcohol, coffee, and meat, while others seem to play a protective role, particularly the intake of fruits, vegetables, and vitamins[(6)].

H. pylori eradication is considered the most effective primary prevention strategy for gastric cancer. Multiple studies have shown that community eradication of *H. pylori* can modestly reduce the incidence of gastric cancer. Systematic reviews and meta-analyses have also shown that eradication therapy significantly reduces the incidence of gastric cancer and related mortality, particularly in high-risk populations[(7)].

Secondary prevention aimed at the early diagnosis of incipient disease (without clinical manifestations) includes actions for early detection, timely referral, and appropriate treatment, all of which are essential for disease control. In some countries with a high incidence of gastric cancer, such as Japan and South Korea, endoscopic screening of the

general asymptomatic population is a common secondary prevention strategy. This approach aims to detect precancerous lesions or cancers at an early stage, thus improving outcomes. In Colombia, screening is not yet a health policy. However, due to the high regional variation in incidence rates, the recommendation is to monitor patients with precancerous conditions, such as intestinal atrophy and intestinal metaplasia[8]. Additionally, the possibility of non-invasive biomarkers, such as pepsinogen levels, has been explored. These biomarkers could help identify individuals at higher risk of gastric cancer who may benefit from endoscopic surveillance. Emerging technologies for early detection and risk stratification are also recommended to improve prevention strategies[9]. In this regard, the review by Zuluaga et al.[10], published in this issue, highlights the potential for improvement in the timely diagnosis of gastric cancer[10].

Thus, raising awareness of responsibility in all stages of prevention of a neoplasm, which significantly affects patients and whose ominous outcome urgently needs to be modified, is essential.

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