

Gastric Intestinal Metaplasia (GIM) (EGD-1.6)

Upper endoscopy is indicated in individuals with GIM with dysplasia within 6 months (if high grade dysplasia) to 12 months (if low grade dysplasia). In the absence of dysplasia, in individuals with GIM, repeat upper endoscopy every 3–5 years for surveillance is indicated. In individuals with GIM and high-risk stigmata, concerns about completeness of baseline endoscopy, and/or who are at overall increased risk for gastric cancer (racial/ethnic minorities, immigrants from regions with high gastric cancer incidence, or individuals with family history of first-degree relative with gastric cancer), repeat endoscopy is indicated within 1 year for risk stratification. One -time endoscopic screening for gastric cancer can be approved, irrespective of presence of symptoms, in individuals' ≥ 50 years of age, with a family history of gastric cancer in a first-degree relative and those belonging to racial/ethnic groups at increased risk for gastric cancer (African Americans, Alaskan Natives, American Indians, Asian Americans, and Hispanic Americans).

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