

Sun LP, Gong YH, Wang L, Gong W, Yuan Y. Follow-up study on a high risk population of gastric cancer in north China by serum pepsinogen assay. *J Dig Dis.* 2008 Feb;9(1):20-6

**Objective:** To explore the features and clinical significance of serum pepsinogen (PG) assay in a follow-up study on a high-risk gastric cancer (GC) population.

**Methods:** A total of 444 participants from a high-risk area of GC in north China were enrolled in this follow-up study from April 1997 to December 1999. Serum PG was measured by enzyme-linked immunosorbent assay (ELISA), and the percentage changes in PG were calculated with ' $\text{PG}_{\text{follow-up}}/\text{PG}_{\text{first test}}$ ' thrice from the beginning to the end of these 30 months. Stomach diseases were diagnosed by a gastroscopy with biopsy examination. *Helicobacter pylori* (*H. pylori*) status was assessed by histopathological examination and serum *H. pylori*-immunoglobulin (Ig)G antibody assay with ELISA.

**Results:** In all groups except for the 51–60-year olds no significant differences of percentage changes in PGII and the PGI/II ratio were observed during 30-month follow-up period. In the superficial gastritis (SG) group the percentage change in PGI of group A (after 6 months' follow up) was significantly lower than that of group B (after 12 months' follow up) (0.69 vs 0.97,  $P = 0.002$ ) in SG→SG; while in SG→normal (NOR), it was significantly higher than that in SG→atrophic gastritis (AG) (0.94 vs 0.79,  $P = 0.022$ ). In the AG group the percentage change in the PGI/II ratio of group A was significantly higher than that of group C (after 30 months' follow up) (1.13 vs 0.75,  $P = 0.042$ ) in AG→AG; and the percentage changes in PGI and PGII in AG→NOR were significantly lower than those in AG→SG (0.43 vs 0.87,  $P = 0.000$ ; 0.60 vs 1.11,  $P = 0.010$ , respectively). In the *H. pylori*<sup>-</sup> (*Hp*<sup>-</sup>) group, the percentage change in PG of *Hp*<sup>-</sup>→*Hp*<sup>+</sup> was significantly higher than that of *Hp*<sup>-</sup>→*Hp*<sup>-</sup> (0.94 vs 0.81,  $P = 0.026$ ). Percentage changes in PGI and PGII of *Hp*<sup>+</sup>→*Hp*<sup>-</sup> were significantly lower than those of *Hp*<sup>+</sup>→*Hp*<sup>+</sup> (0.74 vs 0.93,  $P = 0.000$ ; 0.86 vs 1.15,  $P = 0.000$ , respectively), while the percentage change in the PGI/II ratio was higher than that the group of *Hp*<sup>+</sup>→*Hp*<sup>-</sup> (0.90 vs 0.70,  $P = 0.022$ ).

**Conclusion:** The serum PG levels were influenced by the physiopathologic status of gastric mucosa and *H. pylori* infection, but they altered during the period of follow up. Serum PG assay might be a feasible and appropriate procedure to use in following up on a high-risk GC population.