

Gastric Polyp Standard of Care



TITLE OF DOCUMENT	Gastric Polyp Standard of Care
DATE DOCUMENT PRODUCED	26/09/2025
DOCUMENT VERSION NUMBER	V1.2
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WHICH PROGRAMME / PATHWAY BOARD / GROUP HAS PRODUCED THIS DOCUMENT (IF APPLICABLE)	GM OG Pathway Board, GM OG Endoscopy Subgroup
WHAT CONSULTATION HAS TAKEN PLACE?	<i>The document has been developed during an endoscopy subgroup meeting which consist of representation from gastroenterologists across the GM System from every provider. The document has been sent to the GM Endoscopy Network for review.</i>
HAS AN EQUALITY IMPACT ASSESSMENT BEEN COMPLETED?	<i>No – not applicable to this.</i>
HAVE THE ENVIRONMENTAL SUSTAINABILITY IMPACTS BEEN CONSIDERED AND ADDRESSED?	<i>No – not applicable to this.</i>
DATE RATIFIED AT PROGRAMME ASSURANCE GROUP	TBC
REVIEW DATE	<i>September 2028</i>



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Abbreviations: FAP; familial adenomatous polyposis. LGD; low grade dysplasia. HGD; high grade dysplasia. HP; helicobacter pylori. FGP; fundic gland polyp. OG MDT; oesophago-gastric multidisciplinary team meeting. EMR; endoscopic mucosal resection. CAG; chronic atrophic gastritis *Sydney Protocol Biopsies (Pot 1: Antrum greater curve / antrum lesser curve / incisura. Pot 2 Body greater curve / body lesser curve)

^Clinical triage OR Clinic review. Co-morbidities/ age / performance status must be considered. PS >2 OR Charlson Co-morbidity Index ≥ 4 OR Schonberg ≥ 15 then risk of endoscopic resection may outweigh the benefits -> Face to face clinic review strongly advised before resection.

^^Refer to OG MDT if local EMR not possible (e.g. Size/challenging location/concern re dysplasia or malignancy)



Gastric Polyp
Size / Number / Location / Photo /
Paris Classification / Background
mucosal biopsies ?CAG* / ?HP

Adenoma

LGD <10mm

HGD <10mm

Any >10mm

Local EMR[^]
(en bloc)

OG MDT

Hyperplastic
>1cm

Eradicate HP if positive and re-
assess polyp in 3-6 months
(EMR if >3cm irrespective of HP
status)

Indications for EMR:
>1cm despite HP eradication /
Paris 1p / Symptoms (bleeding)

Local EMR^{^^}

FGP

>20 FGPs
Age <40yrs
Dysplasia
Duodenal Adenomas

Consider FAP

1) Colonoscopy / Clinical Genetics
confirm diagnosis
2) +/- Refer to FAP MDT
3) +/- Refer to OG MDT for Gastric
dysplasia OR dominant large FGPs
>1cm

Question Diagnosis if;
Antral location or
Dysplasia

OG MDT