

Quality Standards for Gastroscopy in Ireland

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In response to: [*An audit cycle of compliance to European Society of Gastrointestinal Endoscopy \(ESGE\) Recommendations for Photo-Documentation in Upper Gastrointestinal Endoscopy.*](#)

Published: *Ir Med J*; April 2025; Vol 118; No. 4; P56 April 23rd 2025.

Dear Editor,

I read with great interest the article in the April edition of the *IMJ* titled “*An audit cycle of compliance to European Society of Gastrointestinal Endoscopy (ESGE) Recommendations for Photo-Documentation in Upper Gastrointestinal Endoscopy*” by Jeffrey et al. The authors reviewed 1,026 gastroscopies and found compliance with ESGE’s eight-site photo-documentation guideline rose from 9% to 19% following an educational intervention. This improvement is encouraging, but the fact that 81% of procedures still fell short remains concerning.

These findings reflect national trends. Alquraishi et al found only 3 of 99 gastroscopies compliant. Burke et al observed 2% compliance among 180 consecutive procedures. McIntyre et al reported 11% compliance overall and 33% for procedures performed for dysphagia. Fatima et al found 0% baseline compliance, improving to 66% post-intervention. Similar patterns were noted by Khan et al and O’Brien et al. All of these audits were conducted in Irish hospitals.

I support the authors’ call for continued audit cycles and educational efforts. However, I believe that a more fundamental change is required. The National Gastrointestinal (GI) Endoscopy Quality Improvement Programme currently defines an adequate diagnostic gastroscopy by just two Key Performance Indicators (KPIs): documentation of the fundus in retroflexion and the second part of the duodenum. This does not reflect the international movement toward comprehensive anatomical photo-documentation.

Anatomical photo-documentation is endorsed by leading societies including the ESGE; American Society for Gastrointestinal Endoscopy (ASGE); American College of Gastroenterology (ACG); American Gastroenterological Association (AGA); British Society of Gastroenterology (BSG); World Endoscopy Organization (WEO); World Congress of

Gastroenterology (WCOG); Japanese Gastroenterological Endoscopy Society (JGES); Quality Improvement Committee of the Korean Society for Gastrointestinal Endoscopy (KSGE); the Saudi Gastroenterology Association (SGA); and several Italian societies (SIED, AIGO, SIGE). ESGE now recommends 10 standard images with a particular focus on the oesophagogastric junction¹.

Although current evidence supporting the impact of photo-documentation on lesion detection is rated low to very low, studies consistently show a positive association¹. As a low-cost intervention, it offers a practical means of improving diagnostic quality and potentially increasing early detection of neoplastic and pre-neoplastic lesions.

In Ireland, this is particularly relevant. From 2007 to 2021, the average annual incidence of gastric cancer was 447 cases, with only 13% diagnosed at stage I². The National Cancer Registry of Ireland projects this number will rise to 1,294 annually by 2045³. Enhanced diagnostic quality, via broader KPI adoption and routine anatomical photo-documentation, could be key to improving early detection rates.

Broader adoption of photo-documentation as a KPI is both feasible and necessary. It may also be time to adopt the routine use of mucolytic agents, commonly used in Japan and South Korea, to improve mucosal visualisation. Evidence for their efficacy and safety is well established⁴.

As Jeffrey et al. rightly note, artificial intelligence may improve lesion detection in the future, but it cannot see what the endoscopist has not clearly visualised or documented.

Declaration of Conflicts of Interest:

None declared.

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