In Memoriam: Pelayo Jesus Correa, MD (1927–2025)

Pelayo Jesus Correa, MD

It is with great respect, pride, admiration, devotion, and friendship that we honor the passing of Dr Pelayo Correa, a world-class authority on the pathology and epidemiology of gastrointestinal cancers. Dr Correa's application of biomarkers to pathology-based epidemiologic studies was protean and instrumental in identifying causal pathways in malignancies of the gastrointestinal tract, notably the multistage mechanisms involved in gastric carcinogenesis. Furthermore, his pathology background coupled with his rich clinical cancer prevention experience provided a critical framework for him to become a truly prolific translational researcher.

Dr Correa had an outstanding academic career that was decorated with recognition awards reflecting his multidimensional approach to understanding carcinogenesis. He graduated from the Universidad de Antioquia in Colombia with a degree of Doctor in Medicine, and in 1952 he completed a residency in anatomy, also at the Universidad de Antioquia. He was then accepted into Emory University, where he completed a residency in pathology with a special emphasis on gastrointestinal pathology. Subsequent to this training, he rapidly ascended to serve as chairman of pathology and associate dean at the Universidad del Valle in Cali, Colombia, received the Centennial Medal of the Armed Forces Institute of Pathology, and was invited to be a Visiting Scientist at the National Cancer Institute from 1970 to 1973. Dr Correa then joined the faculty at Louisiana State University as a professor of pathology and was honored by serving as President of the International Association of Cancer Registries, receiving the first American Cancer Society Award on Cancer Epidemiology and Prevention and being named to the President's Cancer Panel and the National Cancer Advisory Board, both of which represented Presidential appointments. He also received a Distinguished Achievement Award from the American Society of Preventive Oncology and was named as an honorary member of the International Association of Cancer Registries and the American College of Epidemiology. Dr Correa then received a prestigious Louisiana State University Boyd Professorship, which he held until 2005. After the devastation of Hurricane Katrina, Dr Correa and his entire research program moved to Vanderbilt University, where his group transformed the research space in the Division of Gastroenterology, allowing laboratory studies on the pathophysiology of *Helicobacter pylori* infection and gastric cancer to be able to permeate clinical populations in Latin America.

Dr Correa was recognized as the forefather of gastric cancer worldwide, primarily due to his groundbreaking work that established the pathologic changes that occur as normal gastric mucosa evolves into intestinal-type gastric adenocarcinoma. This celebrated achievement, the Correa Cascade,[1] did more than simply outline a sequence of histologic changes; it reframed gastric cancer as a chronic, decades-long process with identifiable precancerous conditions, opening the door to targeted surveillance, intervention, and cancer risk stratification. His insight also provided the conceptual foundation for modern gastric cancer prevention programs and continues to guide clinical guidelines on gastric atrophy and intestinal metaplasia surveillance to this day.

Also of pivotal importance was Dr Correa's role in defining that *H pylori* triggered the development of chronic nonatrophic gastritis, the earliest and most ubiquitous step in gastric carcinogenesis. This work helped shift the global understanding of gastric cancer from a purely genetic or dietary condition to one that is fundamentally influenced by infection, inflammation, and environmental exposures. His input to the World Health Organization's classification of *H pylori* as a type 1 carcinogen in 1994 underscored the impact of his work and crystallized his place as a key figure in cancer epidemiology.

Dr Correa's influence extended well beyond his laboratory and clinical discoveries. In his home country of Colombia, he played a crucial role in establishing and sustaining the Cali Cancer Registry, one of the most robust and longest-standing cancer registries in Latin America. This visionary endeavor provided an important framework for his group and others to perform studies focused on identifying biomarkers for gastric cancer. For example, in many regions of the world, *H pylori* infection rates are highly concordant with the prevalence of gastric cancer; however, this association is not universal. Dr Correa made the novel observation in Colombia that the prevalence of *H pylori* infection is very high throughout the country; however, people living in the mountains have high rates of gastric cancer and those on the coast have very low rates. This observed disparity in prevalence of gastric cancer but not *H pylori* infection provided Dr Correa with a unique opportunity to define oncogenic elements within *H pylori* strains, host genetic differences, and environmental influences that may contribute to differences in gastric cancer rates.

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Dr Correa also took the important "next step" and implemented intervention studies using his clinical populations in Colombia, which profoundly impacted our understanding of the carcinogenic process. He used antibiotic regimens to attempt to slow or abrogate the progression to carcinogenesis, and his findings revealed that treatment of *H pylori* exerts a preventative effect on the development of gastric cancer,[2] results that have now been confirmed in many other regions of the world.

Beyond his contributions to science—more than 600 publications, monographs, and chapters in journals of the highest impact—Dr Correa was a widely respected mentor and collaborator. He trained generations of pathologists, gastroenterologists, and cancer researchers across multiple continents, many of whom became leaders in their respective fields. His duality as both a meticulous physician-scientist and an insightful epidemiologist allowed him to bridge disciplines that were often siloed, fostering a broader culture of integrative cancer research. Dr Correa's expertise coupled with his warm, humble, and selfless nature placed him in a rarified atmosphere as a dear friend and trusted colleague.

In summary, Dr Correa's work revolutionized our global understanding of gastric cancer by illuminating its stepwise development, demonstrating its roots in chronic infection and inflammation, and highlighting the complex interplay of environmental and biological factors. He was simply an outstanding man who had an exceptional career and a remarkable life. His legacy endures not only in scientific literature and clinical guidelines, but also in the lives of countless researchers and clinicians whose work continues to be shaped by his extraordinary vision.

KEITH T. WILSON
Division of Gastroenterology
Department of Medicine
Vanderbilt University Medical Center
Nashville, Tennessee, *and*
Veterans Affairs Tennessee Valley
Healthcare System
Nashville, Tennessee

M. BLANCA PIAZUELO
Division of Gastroenterology
Department of Medicine
Vanderbilt University Medical Center
Nashville, Tennessee

M. CONSTANZA CAMARGO
Division of Cancer Epidemiology and
Genetics
National Cancer Institute
National Institutes of Health
Rockville, Maryland

JAMES G. FOX
Division of Comparative Medicine
Massachusetts Institute of Technology
Cambridge, Massachusetts

RICHARD M. PEEK JR.
Division of Gastroenterology
Department of Medicine
Vanderbilt University Medical Center
Nashville, Tennessee

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