A winning endgame against *H pylori:* Testing to detect active infection and confirmation of eradication

Helicobacter pylori (H pylori) infection is one of the most common chronic bacterial infections, affecting more than one-third of Americans.[1] If undetected or left untreated, the infection can cause chronic, progressive damage to the gastric mucosa and can result in life-threatening outcomes, such as peptic ulcers or gastric cancer.[1,2]

Who should be tested for *H pylori* infection?

The American College of Gastroenterology (ACG) and gastroenterology experts recommend *H pylori* infection testing for patients with the following conditions and/or circumstances.[1]

- Adult household members of individuals who have a positive nonserological test for *H pylori*
- Individuals who have a prior history or have active peptic ulcer disease, marginal zone B-cell lymphoma - MALT type, functional dyspepsia, idiopathic (autoimmune) thrombocytopenic purpura, or unexplained iron deficiency anemia
- Uninvestigated dyspepsia in patients < 60 years
- Patients taking long-term NSAIDs or starting long-term treatment with low-dose aspirin
- For the prevention of primary and secondary gastric adenocarcinoma, the populations below are indicated for testing:
  - Individuals at increased risk for gastric cancer, including Asian, Black, Hispanic, and American Indian individuals and immigrants from East Asia, Mexico, and Central America
  - Individuals with current or history of gastric premalignant conditions (GPMC), early gastric cancer resection, gastric adenocarcinoma, gastric adenomas or hyperplastic polyps, and those with a first-degree relative with gastric cancer and autoimmune gastritis

36%

of Americans have *H pylori* infection[3]

H pylori–related damage can lead to peptic ulcer or gastric cancer for

20%–25%

of patients[2]

Test, treat, retest strategy: Recommendations after treatment of *H pylori* infection

All patients with a positive test of active infection with *H pylori* should be offered treatment. Due to the declining success rate in *H pylori* eradication therapy, testing 4 weeks after treatment using a urea breath test (UBT), a stool antigen test (HpSAg), or a biopsy-based test is recommended to avoid risk for complications of *H pylori*-related disease due to persistent infection.[1]

Quest Diagnostics offers comprehensive *H pylori* infection testing aligned with ACG guidelines,[1] including **urea breath testing and stool antigen testing.**

Detect active *H pylori* infection: Know your options

Endoscopy methods are recommended for detection of *H pylori* infection for patients with dyspepsia along with alarm or red-flag symptoms (see table on the right) or with risk factors for peptic ulcer (eg, aspirin or nonsteroidal anti-inflammatory drug use) or gastric cancer (eg, family history, immigration from a high-incidence region).[1,4]

In patients with uninvestigated dyspepsia who are under the age of 60 years and without alarm symptoms, non-endoscopic testing for *H pylori* infection is a consideration. Clinically relevant, non-endoscopic methods for active infection detection include the urea breath test and the HpSAg test.[1,4]

Breath vs stool: What's the difference?

Recommended by the ACG, both the UBT and HpSAg tests can measure active *H pylori* infection. They've been shown to be substantially similar and can be used interchangeably.[4]

UBT	Stool antigen test
• Measures urease activity • High sensitivity and specificity[4,5] • Can be done during a patient visit • May offer more convenience • For patients ≥3 years	• Identifies bacterial antigens in stool • High sensitivity and specificity[4,5] • For patients of all ages

Comprehensive *H pylori* testing for detecting active infection, post-treatment eradication, and management of therapy

Test name	Test code	CPT® code(s)[a]
Helicobacter pylori Antigen, EIA, Stool	34838	87338[b]
Helicobacter pylori, Urea Breath Test	14839	83013
Helicobacter pylori Culture with Reflex to Susceptibility	36994	87081, 87205

a The CPT® codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

b CPT code is subject to a Medicare Limited Coverage Policy and may require a signed ABN when ordering.

Alarm symptoms or "red flags" in patients with dyspepsia[1]

- Vomiting
- GI bleeding
- Unexplained iron deficiency or weight loss
- Dysphagia
- Refractory heartburn
- Regurgitation
- Family history of GI cancer
- Presence of an abdominal mass and/or lymphadenopathy

When your patients rely on you for answers, rely on Quest for clinically relevant *H pylori* testing across the full continuum of care.

References

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