

If serology isn't good enough for the AGA, how can it be good enough for your patients?

1 SEROLOGY IS OBSOLETE

- The American Gastroenterological Association (AGA) now recommends that serology testing **no longer be performed** to test for *H. pylori* because it only tests for the antibody and does not test for active *H. pylori* infection.

2 STOOL ANTIGEN IS THE RECOMMENDED TEST

- The new AGA guidelines recommend using a Stool Antigen test, which tests for active *H. pylori* infection, and Meridian is the only company that offers an *H. pylori* Stool Antigen test (HpSA®).

3 TEST WITH STOOL ANTIGEN BEFORE PRESCRIBING PPIs

- AGA now recommends that all patients presenting with Dyspepsia, who do not have alarm symptoms, have not been using NSAIDS, and who are not > 55, should be tested for *H. pylori* prior to being prescribed PPIs.

Test Code: 11939

Specimen Requirements: 1 gram frozen random stool sample in a sterile screw-cap container



1 Why is Serology testing for *H. pylori* no longer recommended by the AGA?

- Serology testing has poor performance; only 85% sensitivity and only 79% specificity.²
- Serology testing only tests for antibody and does not test for active infection.

OUTCOME: Many unnecessary False Negatives and False Positives – 50% of patients with positive serology results do not have positive *H. pylori* infections.³

2 Why is the Stool Antigen test now recommended by the AGA?

- Premier Platinum HpSA® Plus is highly accurate with sensitivity of 96.1% and specificity of 95.7%.⁴
- Meridian's HpSA® products test for active infection.

OUTCOME: Improved patient care through significant reduction in False Negatives and False Positives.

3 Why does the AGA now recommend testing for *H. pylori* prior to prescribing PPIs?

- Successful eradication of *H. pylori* cures ulcer disease in 95% of cases.⁵
- *H. pylori* is a class 1 carcinogen that greatly increases the risk of gastric cancer.⁶
- Following the AGA recommendation highlighted in Figure 1 will also reduce the overall cost of managing Dyspepsia by reducing the costs associated with inappropriately prescribed Rx medication – particularly PPIs prescribed to suppress symptoms rather than treating the underlying cause.

OUTCOME: Improved patient care at a significantly reduced cost.

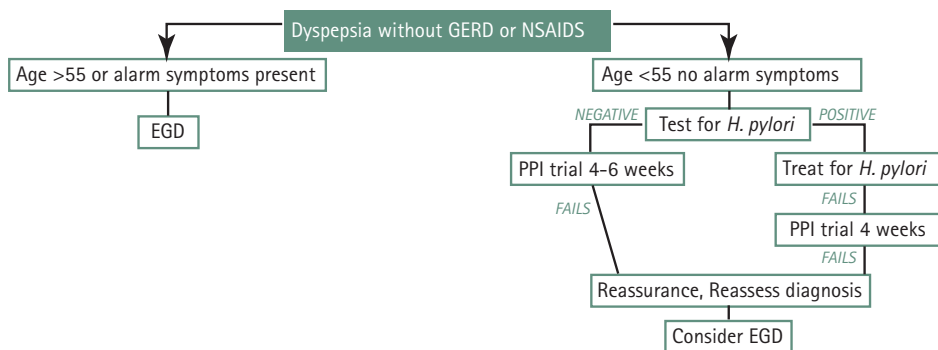


FIGURE 1 Management of Dyspepsia based on age and alarm features.



For more information on *H. pylori* Stool Antigen testing, please contact your Sonora Quest Laboratories Account Manager or visit www.sonoraquest.com



www.meridianbioscience.com

¹ AGA Medical Position Statement & Technical Review: Evaluation of Dyspepsia; Gastroenterology 2005, 129:1753-1780.

² Cleveland Clinic Journal of Medicine, "Testing for *H. pylori*: Why it still matters, How it has evolved.", Volume 72, Supplement 2, May, 2005.

³ Assuming *H. pylori* prevalence rate of 20%

⁴ See historical information in Premier Platinum HpSA® Plus Package Insert.

⁵ Hopkins RJ, et al, Relationship between *Helicobacter pylori* eradication and reduced duodenal and gastric ulcer recurrence: A review. Gastroenterology 1996; 110: 1244-1252.

⁶ *Helicobacter Pylori* Infection and Development of Gastric Cancer: Naomi Uemura, MD, et al, N Engl J Med; Vol. 345, No. 11, Sept. 13, 2001.