

## Pathology and Laboratory Medicine Memorandum

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To: **Physicians and Health Service Directors, Central Zone**  
From: **Dr. Todd Hatchette –Chief of Service, Division of Microbiology**  
**Charles Heinstein- Manager, Division of Microbiology**  
Date: **September 21, 2016**  
Subject: **Changes to non-invasive *H. pylori* testing**

Starting October 3, 2016, the NSHA Central Zone laboratory will no longer be offering serological testing for *Helicobacter pylori*, instead requests will be performed by the *H. pylori* Stool Antigen Test (SAT). SAT has excellent positive and negative predictive values for detecting active infection, and is equivalent to the urea breath test. SAT can also be used for confirmation of eradication of *H. pylori* infection. However, testing all patients after eradication therapy is not cost effective or practical. SAT can be considered 4 weeks after *H. pylori* treatment only if the patients meet one of the following criteria (\*):

- *H. pylori*-associated ulcer
- *H. pylori* associated MALT lymphoma
- Resection of early gastric cancer
- Persistent symptoms despite treatment

### **Specimen requirements:**

- Fresh stool to be submitted in clean, dry stool or urine container
- Refrigerated at 2 to 8°C up to 72 hours- preferred
- Maintain at room temperature for no more than 24 hrs
- If stool cannot be submitted to the laboratory within 72 hrs, the specimen should be frozen at -20°C
- Stool samples submitted in preservative (i.e. SAF, Cary Blair) will be rejected

**Limitations to testing:** Proton pump inhibitors (PPI) or bismuth containing compounds can interfere with *H. pylori* stool antigen test and should be stopped two weeks before testing

For any inquiries regarding this transition, contact the laboratory at (473-1155), Dr. Hatchette (473-6885) or Dr. LeBlanc (473-7698).

**\*Reference:** Chey WD, et al., American College of Gastroenterology guideline on the management of *Helicobacter pylori* infection. Am J Gastroenterol. 2007 Aug;102(8):1808-25