

**IN THE DIAGNOSIS OF
UNINVESTIGATED DYSPEPSIA**

The test that is:
More Accurate
Noninvasive
Widely Available
Highly Recommended
**is probably NOT the test
you're using!**



Helikit™

DID YOU KNOW?

- ***H. pylori* infection is estimated to be present in 30% to 40% of Canadians**
- ***H. pylori* infection is associated with:**
 - 90% to 95% of duodenal ulcers and,
 - 60% to 80% of gastric ulcers

- **Serology, the most utilized test in Ontario, has 4 common misconceptions:**

MISCONCEPTION 1: Comparable accuracy vs. other testing methods.

MISCONCEPTION 2: Only test that is widely reimbursed.

MISCONCEPTION 3: Only test that is widely accessible.

MISCONCEPTION 4: Capable of confirming eradication.

Requisitioning *H. pylori* tests?

Consider Helikit™ – ¹³C UBT for your patients.

INTRODUCING HELIKIT™ – ¹³C UREA BREATH TEST

EASY & CONVENIENT LAB TEST FOR YOUR PATIENTS

- 1 Comparison of serologic testing and UBT has shown the latter to be consistently superior for the diagnosis of *H. pylori* infection.¹**

UBT and Serologic testing accuracy range²:

| | ¹³C - UBT | SEROLOGY |
|---------------------------|-----------------------------|-----------------|
| SENSITIVITY | 92% – 100% | 74.4% – 90% |
| SPECIFICITY | 91% – 100% | 41% – 85% |
| DIAGNOSTIC ACCURACY | 95% – 97% | 67% |
| POSITIVE PREDICTIVE VALUE | 89% – 100% | 82% – 94% |
| NEGATIVE PREDICTIVE VALUE | 92% – 100% | 33% – 89% |

In a group of 50 patients, serology could incorrectly identify as many as 33 patients having an *H. pylori* infection (versus only 4 if Helikit is used).

- 2 Helikit™ – ¹³C UBT is widely reimbursed**

- At least **7 in 10 patients** who should be tested can claim the cost on their private health plan

- 3 Helikit™ – ¹³C UBT is conveniently accessible for your patients**

- Available at leading medical laboratories across the country

- 4 Helikit™ – ¹³C UBT is the only noninvasive test that can confirm eradication**

- “Since eradication therapy fails in at least **1 out of 4 patients**, follow-up testing after treatment is a necessity.”³
- Serology tests will continue to misread antibodies as active infection for up to **6–12 months** after treatment.

- 5 Helikit™ – ¹³C UBT is the the preferred test:**

- Canadian Association of Gastroenterology (CAG) recommends “UBT for routine diagnosis of *H. pylori* infection.”
- American Gastroenterological Association (AGA) recommends non-invasive testing for *H. pylori*

WHY REQUISITION HELIKIT™ – ¹³C UBT?

Other Tests – one test per line

Urea Breath Test or UBT

- Offers superior diagnostic accuracy vs. serology
- Convenient, fast & simple test widely available at medical clinics
- Widely reimbursed by most private plans across the county
- Only non-radioactive & noninvasive test that can confirm eradication

Helikit™ – ¹³C UBT
Easy & Convenient for Your Patients

References: 1. Sander J.O. Veldhuyzen van Zanten, Nigel Flook, Naoki Chiba, David Armstrong, Alan Barkun, Marc Bradette, Alan Thomson, Ford Bursey, Patricia Blackshaw, Dawn Frail, Paul Sinclair, for the Canadian Dyspepsia Working Group. An evidence-based approach to the management of uninvestigated dyspepsia in the era of *Helicobacter pylori*. Canadian Dyspepsia Working Group, CMAJ • JUNE 13, 2000; 162 (12 Suppl) 2. Chart adapted from: 1. Riepl RL, et al. 2000. Accuracy of ¹³C-urea breath test in clinical use for diagnosis of *Helicobacter pylori* infection. *Z. Gastroenterol* 38:13-19. 2. Nan-Jing P, et al. 2005. Capsule ¹³C-urea breath test for the diagnosis of *Helicobacter pylori* infection. *World J Gastroenterol* 11:1361-1364. 3. Nan-Jing P, et al. 2009. Comparison of Noninvasive Diagnostic Tests for *Helicobacter pylori* Infection. *Medical Principles and Practice* 18:57-61. 4. Pilotto A, et al. 2000. Noninvasive diagnosis of *Helicobacter pylori* infection in older subjects: comparison of the ¹³C-urea breath test with serology. *J Gerontol A Biol Sci Med Sci* 55:163-7 5. Perri F, et al. 1998. The ¹³C-urea breath test as a predictor of intragastric bacterial load and severity of *Helicobacter pylori* gastritis. *Scandinavian Journal of Clinical and Laboratory Investigation* 58:19-27. 6. Garcia-Diaz E, et al. 2002. The effectiveness of (IgG-ELISA) serology as an alternative diagnostic method for detecting *Helicobacter pylori* infection in patients with gastro-intestinal bleeding due to gastro-duodenal ulcer. *Revista Espanola de Enfermedades Digestivas* 94:725-736. 7. Gisbert JP, et al. 2003. Validation of the ¹³C-urea breath test for the initial diagnosis of *Helicobacter pylori* infection and to confirm eradication after treatment. *Revista Espanola de Enfermedades Digestivas* 95:121-126. 8. Lindsetmo R-O, et al. 2008. Accuracy of *Helicobacter pylori* serology in two peptic ulcer populations and in healthy controls. *World J Gastroenterol* 14:5039-5045. 3. Vakili N. Fendrick M. How to test for *Helicobacter Pylori* in 2006. *Cleve Clin J Med*. 2005; 72 (Suppl 2): S8-S13