

Testing Notification

May 2017

Important Information for Providers

Discontinuation of *Helicobacter pylori* IgA antibody testing

Effective June 6, *H. pylori* IgA antibody testing will no longer be orderable due to lack of clinical utility.

- *H. pylori* IgG antibody testing will still be available.
- The preferred non-invasive methods for evaluating for *Helicobacter pylori* infection are:
 - ⇒ *H. pylori* Breath Test (Test code: LAB7188/HPB)
 - ⇒ *H. pylori* Antigen Stool test (Test code: LAB4767/HPS).

Since *H. pylori* antibodies persist for years after a resolved infection, a positive antibody test is not an indication to treat. Current guidelines for the noninvasive evaluation of *H. pylori* infection recommend only tests that detect active infection: the urea breath test or the stool antigen test.*

When *H. pylori* antibody testing is performed, the only test with established clinical value is the IgG test. Ken Batts, MD, a specialist in GI pathology, notes that *H. pylori* IgG antibody testing can be useful as an adjunctive marker for helicobacter. A negative *H. pylori* IgG serology essentially excludes helicobacter; a positive result needs additional stool, breath or biopsy examination to determine if ongoing infection is present.

There is no remaining clinical utility for IgA antibody testing due to lack of specificity, as confirmed by a retrospective analysis of internal data:

***H. pylori* IgA and IgG antibody test performance in 97 patients who had concurrent biopsy, breath, or stool testing.** (internal data Oct 2016 through April 2017.)

*See Mayo Clinic Communique: [Helicobacter pylori infection: Serologic testing not recommended.](#)

<i>Helicobacter pylori</i> Serology	IgA antibody (WILL BE DISCONTINUED AS OF 6/6)	IgG antibody (will remain available)
Sensitivity	43%	83%
Specificity	21%	84%
PPV	5%	40%
NPV	78%	98%

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