



“Terve magu terveks eluks”

Concept of Healthy Stomach.

**Contemporary possibilities to investigate patients
with gastric complaints with minimally invasive
method: blood test panel with biomarkers**

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Concept of healthy stomach

- Is stomach mucosa healthy or is it sick?
- If sick - in which way is it ill?
- *H. Pylori* (Hp) infection? Eradication of Hp?
- Is atrophic gastritis present or not?
- Is stomach possibly hypochlorhydric or even acid-free – or might it be hyperacid?
- Might PPI be helpful – or malpractice?
- Cancer risk and ulcer risk?
does the patient need diagnostic endoscopy urgently?

Clinical practice in Finland today

(age in mean 56 years; range 18-92 years)

- Stomach mucosa is “sick”: 23%
- Stomach mucosa is “healthy”: 77%
- Severe atrophic corpus gastritis and acid free stomach occur in 3.5%
- PPI medication is prescribed to 13% of patients with acid free stomach - malpractice !?
- Reflux symptoms (GERD?) occur in 26% of patients with acid free stomach – risk of misdiagnosis !?

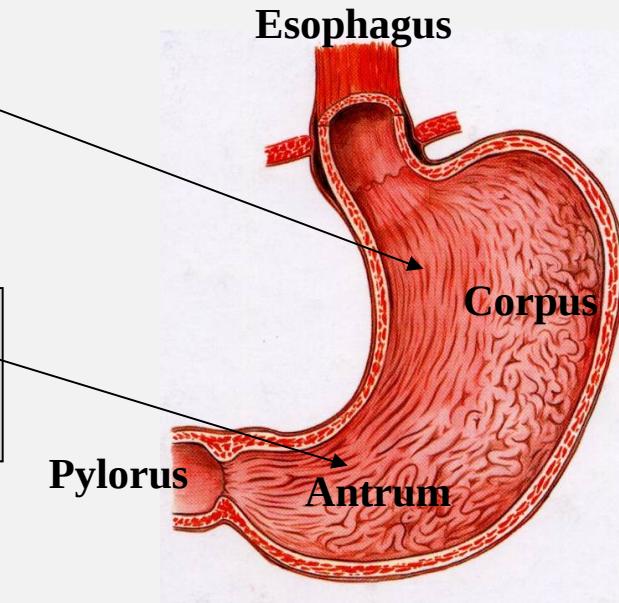
Telaranta-Keerie A et al. Scand J Gastroenterol 2010;45:1036-41

GastroPanel® biomarker test for stomach health – if biomarker levels in blood plasma are normal, stomach mucosa is healthy

Pepsinogen I or Pepsinogen I /II -
biomarkers of **corpus** (oxyntic)
mucosa

Amidated gastrin - 17 - biomarker
of **antrum** (antral G cells)

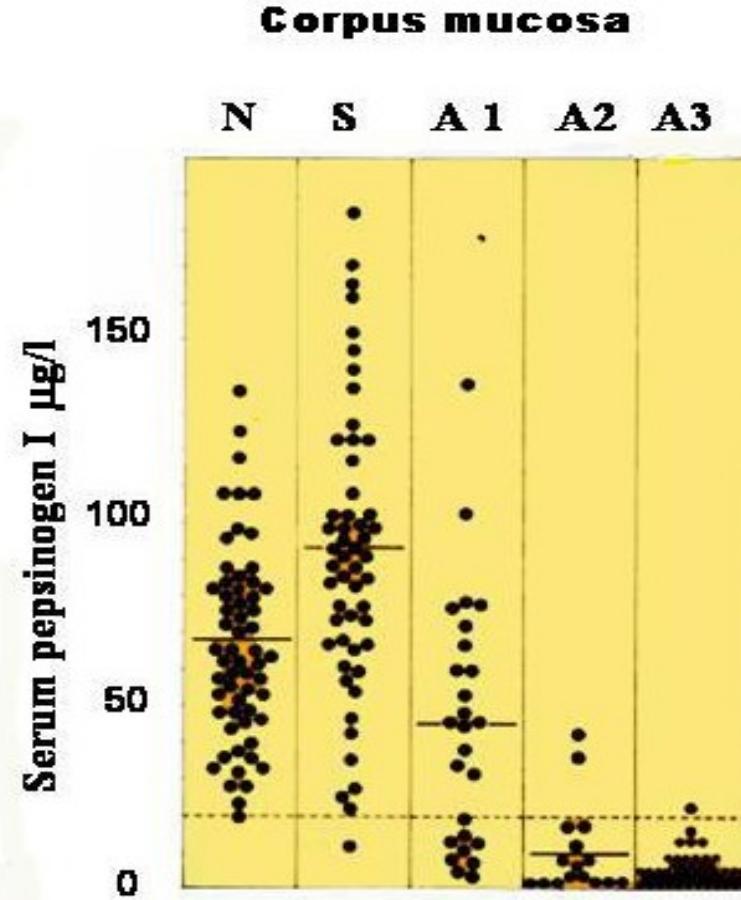
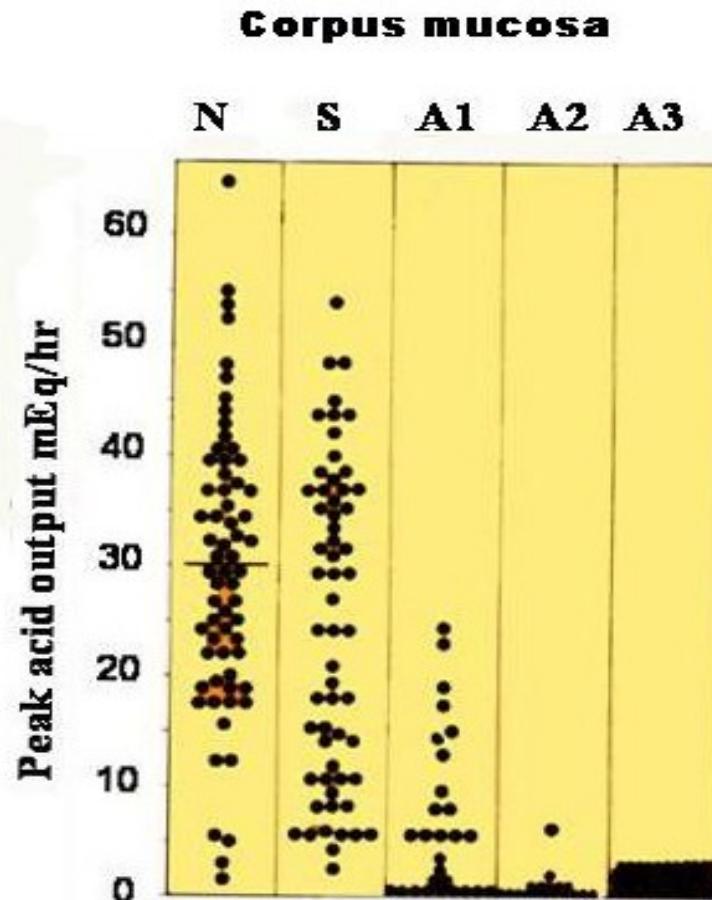
H.pylori antibodies - biomarker of
gastritis (inflammation)



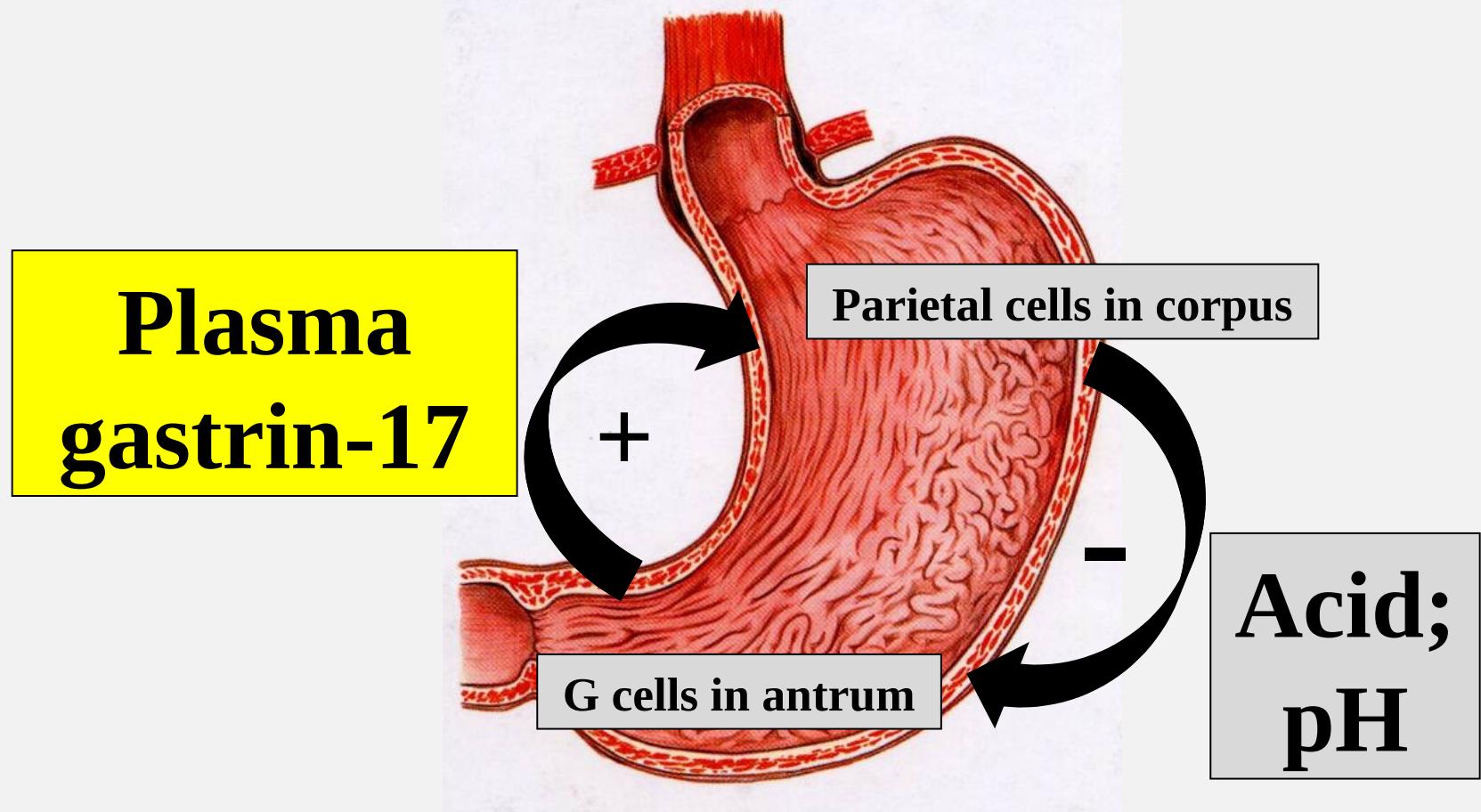
Gastrin-17 is indicator of intragastric acidity. Plasma fasting
gastrin-17 is high if the stomach is acid-free and low if hyperacid

Acid output and plasma pepsinogen I

(Normal =N; *H.pylori* gastritis without atrophy
=S; mild, moderate or severe atrophic corpus



Gastrin-17 and Control of Stomach Acid



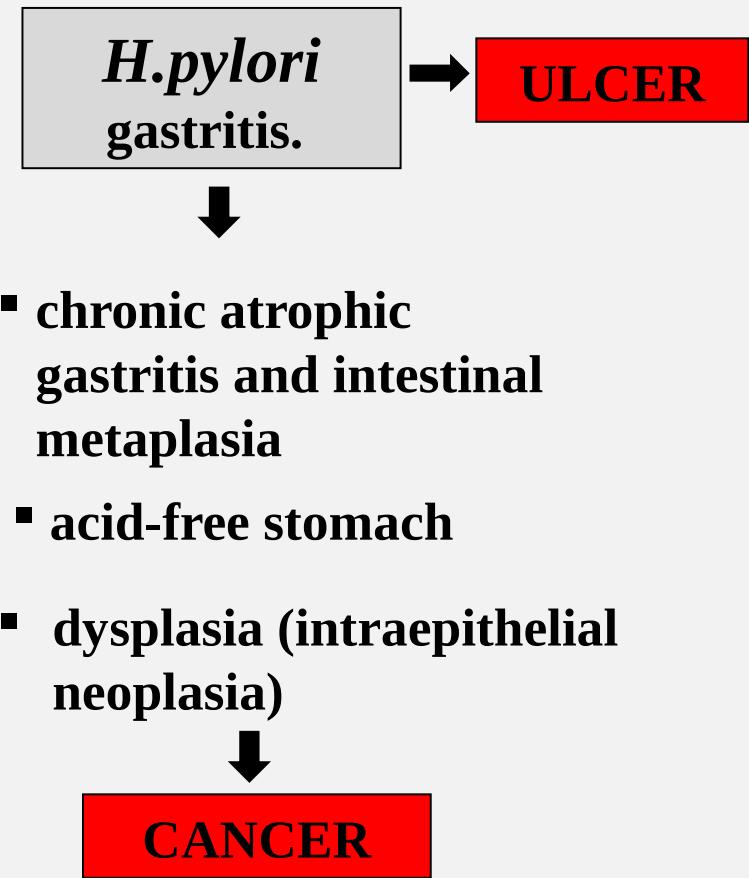
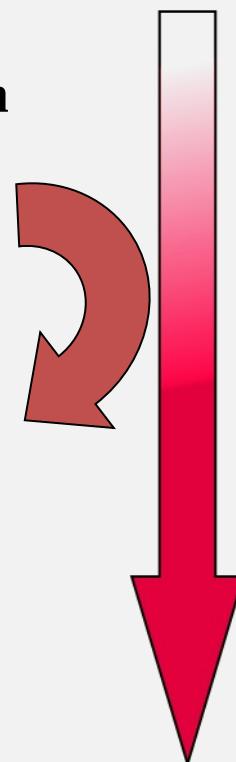
Normal fasting plasma level of G-17: 1-7 pmol/L

H. Pylori Infection and Chronic Gastritis

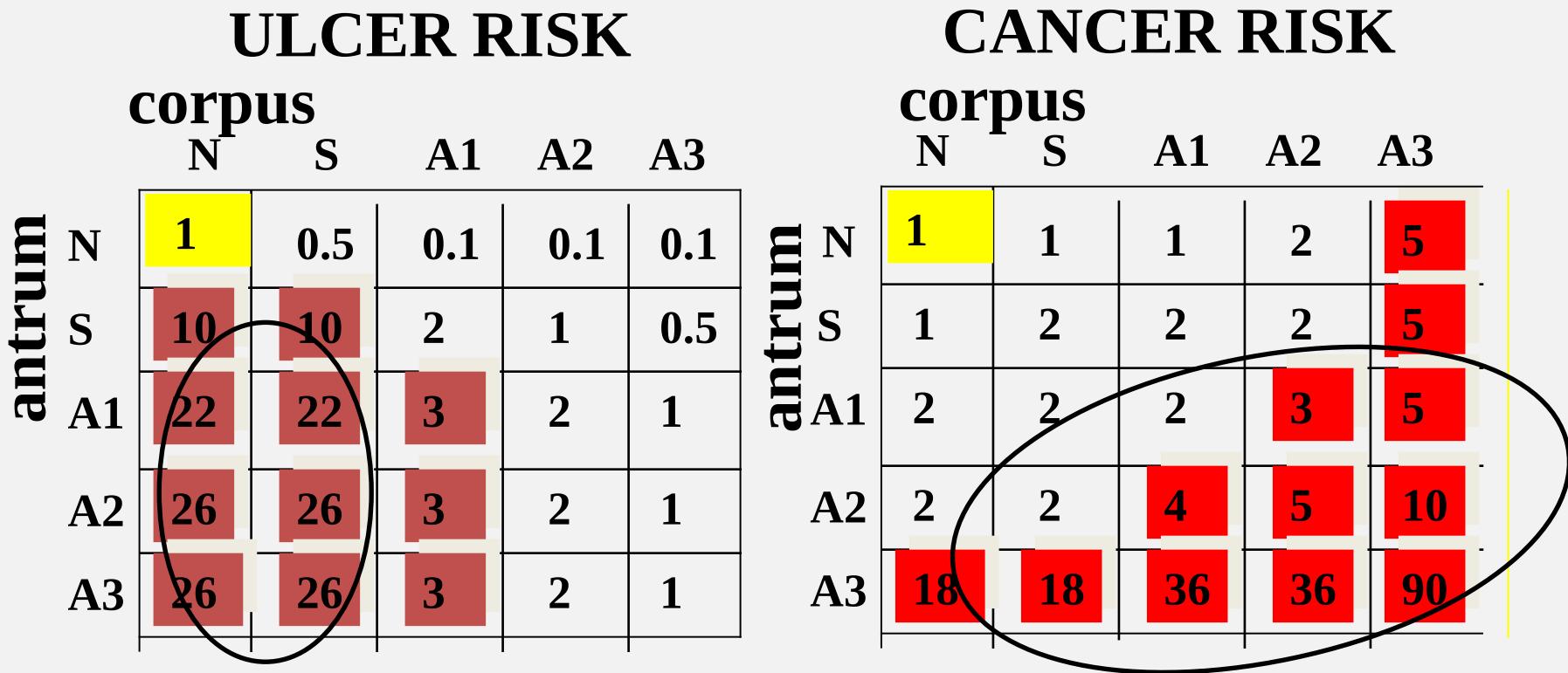
“Correa Sequence”

- NaCl
- high pH
- microbe overgrowth
- N=N mutagens
- **acetaldehyde**

gene errors
accumulate
epigenetic factors



RELATIVE RISK OF PEPTIC ULCER OR GASTRIC CANCER IN GASTRITIS



**N=normal; S=“superficial”, non-atrophic gastritis;
A1-A3=mild, moderate or severe atrophic gastritis,
respectively.** Sipponen et al. Int J Cancer 1985

Three major clinical categories

- **Healthy (normal) stomach mucosa:**
Biomarker levels in blood plasma are normal
- **Non-atrophic *H. pylori* (Hp+) gastritis:**
*Only *H. pylori* antibodies exist*
- **Atrophic corpus gastritis (Hp+ or Hp-):**
*Pepsinogen I <30 µg/L and/or pepsinogen I/II ratio <3;
if fasting G-17 is **high** (higher than 7 pmol/L): atrophic gastritis is in gastric corpus alone;
if fasting G-17 is **low** (<7 pmol/L) : atrophic gastritis is in whole stomach*

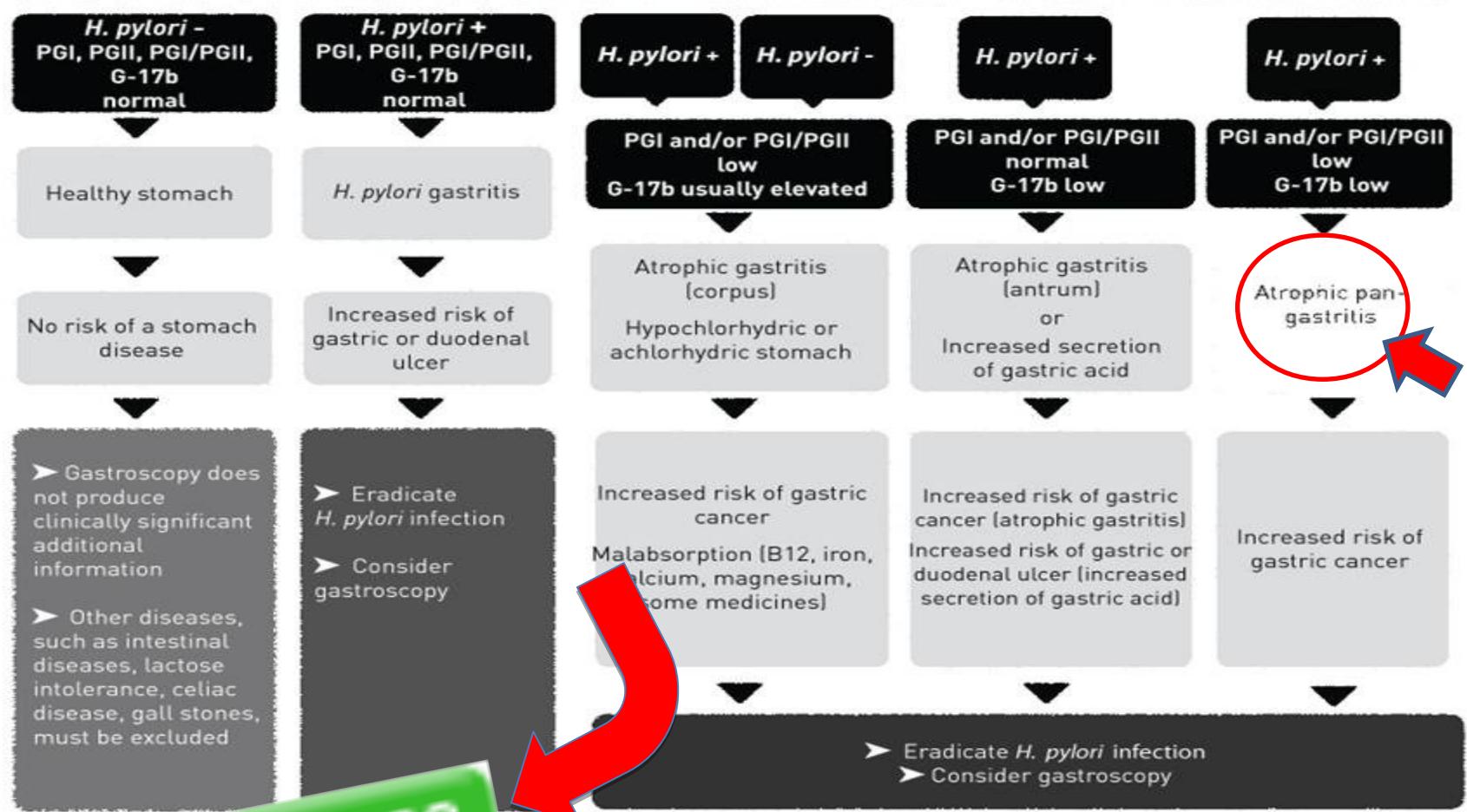
Three major clinical categories

- **Healthy (normal) stomach mucosa:**
Minimal risk of gastric cancer or peptic ulcer
- **Non-atrophic *H. pylori* (Hp+) gastritis:**
High ulcer risk, low cancer risk
- **Atrophic corpus gastritis (Hp+ or Hp-):**
High cancer risk, no ulcer risk. Acid free stomach
 - *Approximately 50% of all gastric cancers occur in this category*
 - *High risk of malabsorption of vitamin B₁₂ and micronutrients (e.g. calcium, iron, magnesium and zinc)*
 - *Unexpected absorptions of pharmaceuticals. Stomach is colonized with bacteria and fungi. Risk of pulmonary and gi infections. Acetaldehyde accumulates*

Three major clinical categories

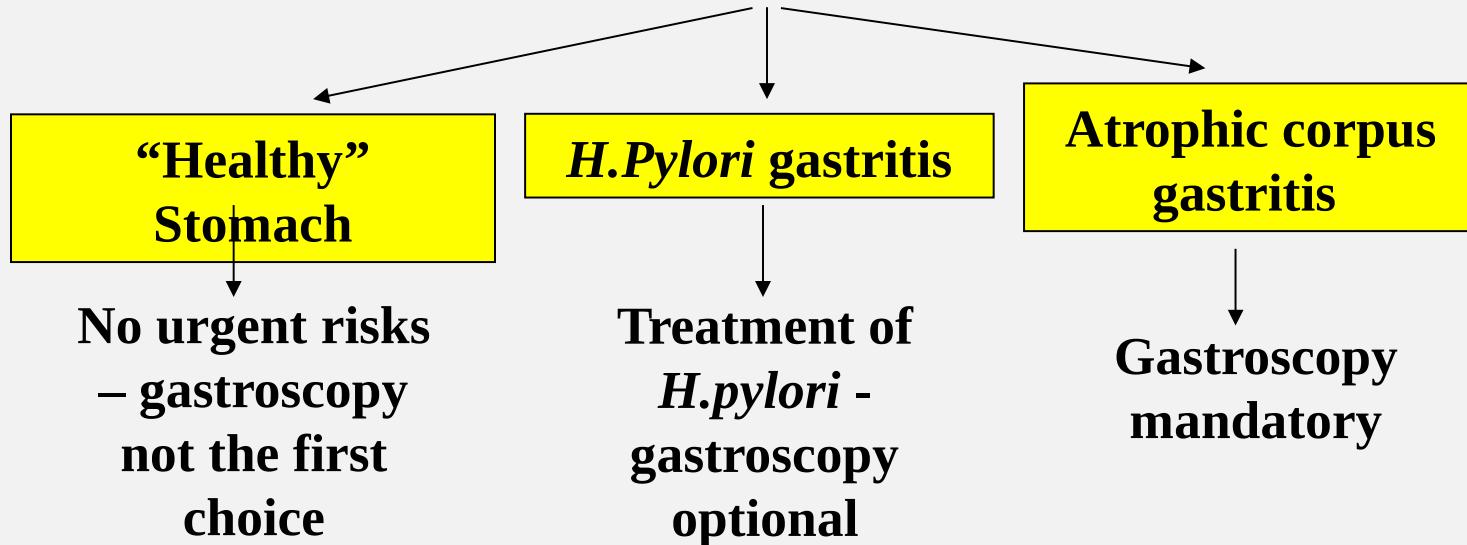
- **Healthy (normal) stomach mucosa:**
Instant gastroscopy is not mandatory except in cases with GERD (G-17 <2 pmol/L)
- **Non-atrophic *H.pylori* (Hp+) gastritis:**
*Eradication of *H.pylori* and gastroscopy thinkable*
- **Atrophic corpus gastritis (Hp+ or Hp-):**
*Gastroscopy is mandatory because of the cancer risk.
Eradication of *H. pylori* is recommended if Hp+.
Acetium® is helpful in eradication of acetaldehyde*

Agreement among experts



Agreus, Kuipers, Kupcinskas, Malfertheiner, DiMario, Leja, Mahachai, Niv, van Oijen, Perez-Perez, Rugge, Ronkainen, Salaspuro, Sipponen, Sugano, Sung.: Rationale in diagnosis and screening of atrophic gastritis with stomach-specific plasma biomarkers Scand J Gastroenterol 2012;47: 136–147.

GastroPanel® - practice



Developing populations (age 50 or more):

30%

50%

20%

Developed populations (age 50 or more):

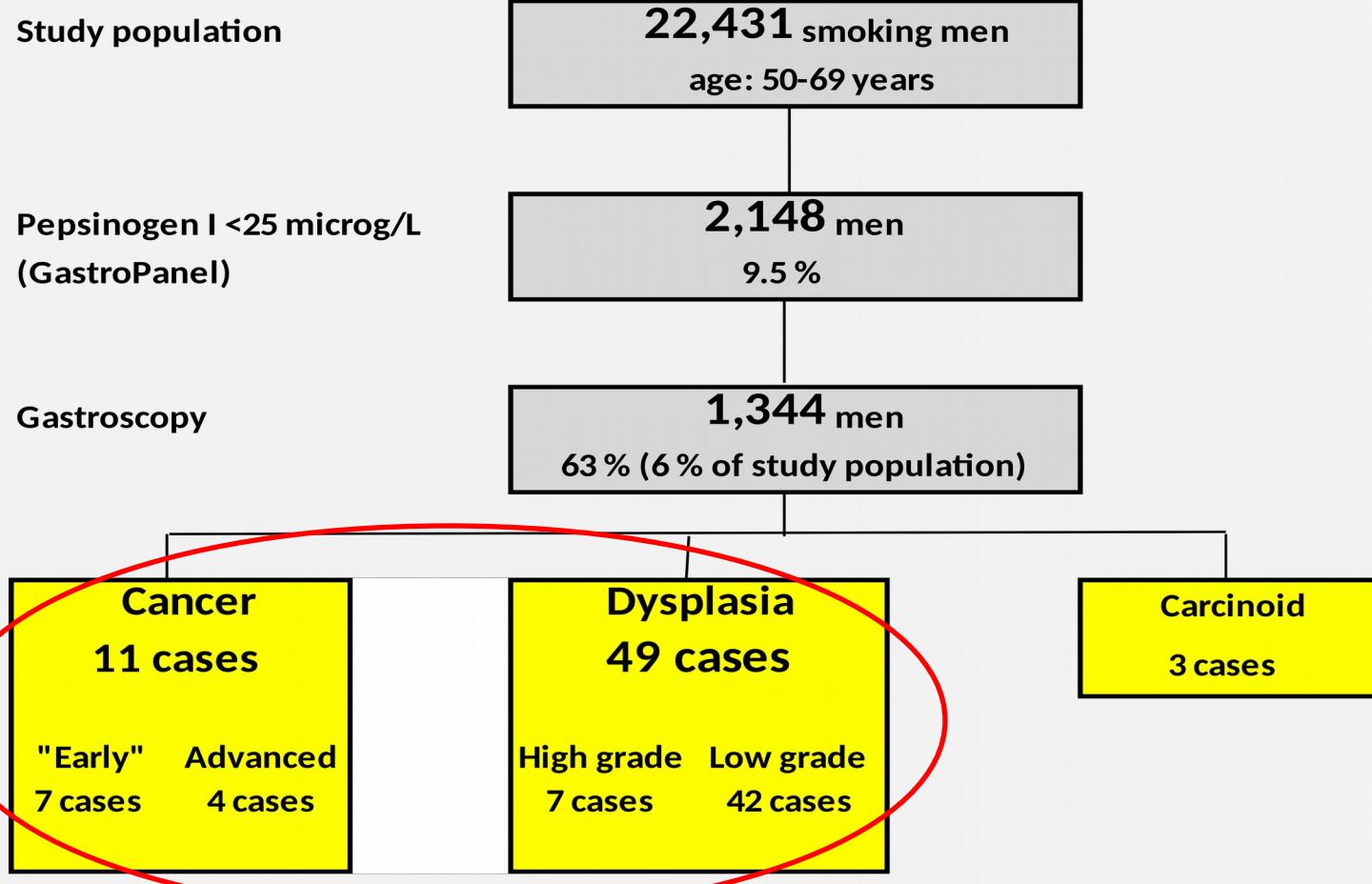
70%

25%

5%

Biomarkers in cancer screening

"Setti" screening study in Finland
Varis et al Scand J Gastroenterology 2000;35:950-6



“Kalixanda” population based study in Sweden. Accuracy of GastroPanel® 85%.

GastroPanel®	Endoscopy – biopsy histology				Number of cases
	Normal	<i>H.pylori</i> gastritis	Atrophic corpus gastritis	Total	
Normal	541	34	4	579	
<i>H.pylori</i> gastritis	64	255	24	343	
Atrophic gastritis	5	15	34	54	
Total	610	304	62	976	

Storskrubb et al. Scand J Gastroenterol. 2008;43:1448-55

GastroPanel® examination

“Healthy” versus diseased (“sick” stomach mucosa):

Tohoku – Japan:	Accuracy :	94%
	Sensitivity:	95%
	Specificity:	93%

Atrophic gastritis versus non-atrophic gastritis

Kalixanda – Sweden:	Accuracy:	96%
	Sensitivity	71%
	Specificity	98%

GastroPanel®

- Noninvasive and easy-to-use test
 - Saves money
 - Rationalizes diagnostics
 - Enables screening of risk patients
-
- GastroPanel delineates reliably the patients with “healthy” stomach mucosa, i.e., those without significant risk of cancer or peptic ulcer!!



**“Terve magu
terveks
eluks”**

See in web: Healthy Stomach Initiative (HSI)Tallin 2015