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Lo mejor de la DDW

Novedades *H.pylori* y cáncer gástrico. Seguimos avanzando

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Introducción

- 1. Prevalencia Hp.
- 2. Cáncer gástrico y mutaciones.
- 3. Estudio de resistencia Hp.
- 4. PCABs y tratamiento Hp.
- 5. Prevención primaria y secundaria del cáncer gástrico.

PREVALENCE OF *HELICOBACTER PYLORI* INFECTION AMONG AN ASYMPTOMATIC, MULTIETHNIC U.S. POPULATION: A GASTRIC CANCER SCREENING STUDY

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Objective

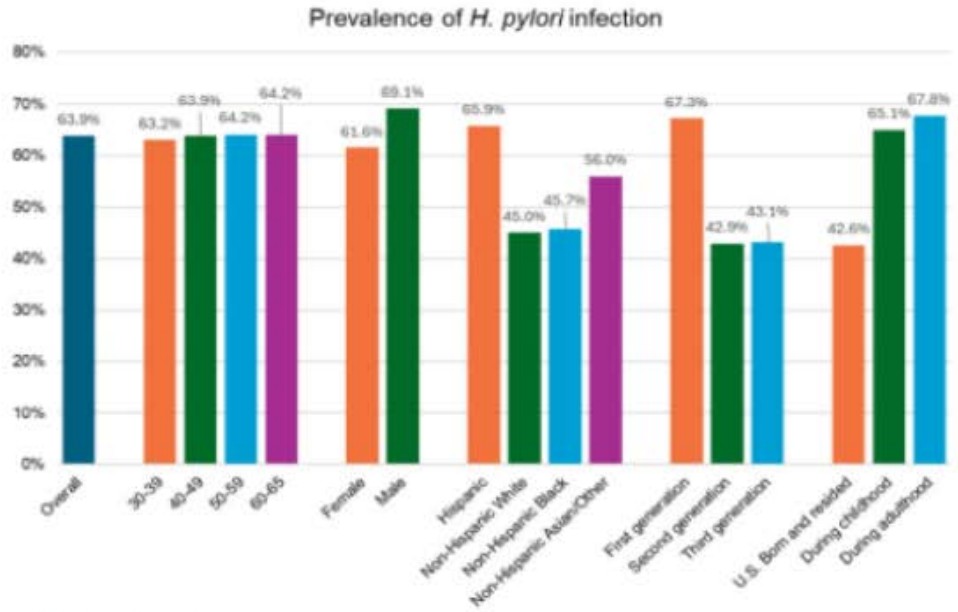
- **The purpose of our study was to determine the population-based prevalence of *H. pylori* among asymptomatic individuals who underwent *H. pylori* testing as part of a gastric cancer screening study.**

Methods

- We used data from a cross-sectional study of a largely underserved, immigrant, and minority patient population receiving their primary medical care in an Urban safety-net healthcare system in Houston, Texas.
- Individuals aged 30-65 years and without prior *H. pylori* testing or treatment were approached and consented during their primary care visit.
- Consented patients completed a study survey and a blood draw to screen for *H. pylori* using IgG serology.
- We calculated prevalence and associated 95% confidence intervals (95% CI) overall and within sub-groups of the study population.

Results

- Screening for *H. pylori* infection was completed in 1,021 individuals.
- Participants had a mean age of 47.5 years, 69.9% female and 88.7% Hispanic (**Table 1**).
- Overall, 63.9% (95% CI 60.9-66.8%) of participants were infected with *H. pylori* (**Figure**).
- *H. pylori* prevalence was similar across age groups, but was higher among males (69.1%, 95% CI 63.9-74.2%) than females (61.6%, 95% CI 58.1-65.2%) (**Figure**).
- According to race/ethnicity, prevalence of *H. pylori* was highest for Hispanics (65.9%, 95% CI 62.8-69.0%) and lowest for non-Hispanic Whites (45.0%, 95% CI 23.2-66.8%) (**Figure**).
- *H. pylori* prevalence was highest among individuals born in Central America (75.1%).
- Risk for infection was no different between second and third generation immigrants, and no different between those that moved to the U.S. during childhood or adulthood (**Figure**).



Conclusions

- In this population-based study in an Urban public safety-net healthcare system, almost two-thirds of asymptomatic patients were *H. pylori* positive.
- Prevalence was over 40% among all sub-groups.
- An SES/healthcare system-based screening strategy may be necessary for gastric cancer prevention in the U.S.

1021 individuos
Edad 47 años
63,9% Hp +
Mayor prevalencia en hispanos
Sin diferencias en migrantes de segunda o tercera generación

Sa1096: HOMOLOGOUS RECOMBINATION DEFICIENCY AND GENETIC FACTORS IN GASTRIC CANCER: INSIGHTS FROM THE NIH ALL OF US RESEARCH PROGRAM

Dalton Argean Norwood1, Stephanie Felker1,2, Douglas R. Morgan*1

- **BACKGROUND & AIM**
  - Recent studies from Asian genomic biobanks have identified homologous recombination deficiency (HRD; eg, *BRCA1/2, ATM, PABL2*) as an important hereditary risk factor for gastric cancer, with a strong interaction with H. pylori infection.
  - The NIH All of Us Research Program (AoURP) is an electronic-health record linked genomic biobank that has enrolled over 206,000 indvidivuals with EHR-linked whole genome sequencing data
  - To evaluate the AoURP for an association between *BRCA1/2, ATM, PABL2, APC, CDH1, EPCAM, MLH1, MSH2, MSH6, PMS2*, and *STK11* and gastric cancer

- **METHODS**
  - Participant genomes were screened for *BRCA1/2, ATM, PABL2, APC, CDH1, EPCAM, MLH1, MSH2, MSH6, PMS2*, and *STK11*. Socio-demographic data, including race, ethnicity, income, and education, were extracted from AoURP surveys. Statistical analyses were performed to assess differences in GC cases and unaffected controls.

- **RESULTS**
  - 388 gastric cancer (GC) cases were identified in AoURP with srWGS and EHR data. The median age was of 71 years (range 27–108). 57% were female, not significantly different than controls (p= 0.20).
  - Genetic analysis identified 34 high-impact variants in 31 unique subjects across 12 GC-associated genes, *ATM* (14), BRCA1/2 (3), *APC* (4), and *PMS2* (4) were the most frequently affected
  - Socio-demographic analysis revealed a higher proportion of White participants with GC (60.3% vs. 54.8%; p = 0.052) and individuals of European ancestry (61.9% vs, 56.5%; p = 0.052), which reflects the initial phase of AoURP recruitment. Limited AoURP *H. pylori* data

- **CONCLUSIONS.**
  - Among 388 GC cases in AoU with complete srWGS data, 31 (8%) unique individuals carried 34 high-impact genetic variants, providing insights into potential biological drivers of GC in a US population. T
  - he HRD/*BRCA* gene family (*ATM, BRCA1, BRCA2, PABL2*) accounted for 17/34 (50%), with *ATM* contributing 14/34 variants (41%).

Cáncer gástrico
Estudio genético
50% mutaciones
ATM, BRCA1 y 2,
PABL2

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ANTIMICROBIAL RESISTANCE IN *HELICOBACTER PYLORI* BASED ON MOLECULAR TESTS BY NEXT GENERATION SEQUENCING IN LATIN AMERICAN COUNTRIES

Latorre G[1], Norwood D[3], Martínez F[1], Alvarado P[1], Dávila J[1], Silva F[1], Pizarro M[1], Roa JC[2], Ramirez J[5], Hinojosa L[5], Miranda V[5], Dominguez R[6], Remes-Troche J[7], Grube-Pagola P[8], Otero W[9], Otero L[9], Marulanda H[9], Frias J[10], Peña LE[11], Laudanno O[12], Paz L[12], Robles C[13], Gutierrez JP[14], Campos C[15], Morgan D[3], Riquelme A[1,4].

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INTRODUCTION

- There is a high **prevalence** of *Helicobacter pylori* (*H. pylori*) infection throughout **Latin America** (LATAM).
- Antimicrobial **resistance** is an increasing challenge.
- Regional studies are needed to define the **local ecology and susceptibility** of *H. pylori*.
- Next generation sequencing (**NGS**) is an efficient **clinical** and **epidemiological** platform.
- We report interim results in a 10-nation LATAM study on *H pylori* antimicrobial resistance.

METHODS

- Cross-sectional study, investigator-initiated.
- EGD in district & tertiary hospitals between 2021-2023 in Chile, Honduras, Argentina, Mexico, Colombia, Perú, Ecuador, Uruguay & Costa Rica.
- Confirmed *H. pylori* infection in treatment-naïve pts
- DNA extraction from FFPE blocks. NGS with PyloriARI kit for the genes: 23S rRNA, gyrA, 16S rRNA, pbp1, rpoB, and rdxA.
  (American Molecular Laboratories, Chicago)

AIM: To assess the frequency of antimicrobial resistance in *H. pylori* infection by Next Generation Sequencing in Latin American populations.

RESULTS

- 511 samples were collected and *H. pylori* DNA extraction was achieved in 98.6% (n=504).
- Resistance of **clarithromycin** was greater than 15% in all evaluated countries.
- Resistance to **fluoroquinolones** demonstrated a different distribution, with **Mexico (60.5%) and Peru (68.9%)** reporting the highest incidence (p<0.01).
- **Multidrug resistance** (MDR) was significantly more prevalent in **Honduras (12.2%), Colombia (10.7%), and Peru (10%)** (p=0.048).

		Chile N=149	Honduras N=98	Argentina N=24	Mexico N=38	Colombia N=28	Perú N=122	Other N=52	All N=511	p value*
Sex, n (%) Female Male		92 (61.8) 57 (38.2)	-	17 (72.9) 7 (27.1)	23 (60.5) 15 (39.5)	20 (70.1) 8 (29.9)	95 (77.5) 27 (22.5)	-	351 (68.7) 160 (31.3)	-
Age, X (SD)		53.6 (12.7)	-	62 (14.8)	58.1 (15.8)	56.9 (13.6)	56 (11.1)	-	56.8 (13.6)	-
Resistance	**Clarithromycin**, n (%)	59 (39.6)	18 (18.4)	7 (29.2)	6 (15.8)	17 (60.7)	49 (40.2)	28 (53.9)	184 (36)	**<0.01**
	Tetracycline, n (%)	1 (0.7)	2 (2)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (0.39)	0.72
	Fluroquinolone, n (%)	49 (32.9)	34 (34.7)	5 (20.8)	23 (60.5)	6 (21.4)	84 (68.9)	37 (71.2)	238 (46.5)	**<0.01**
	Metronidazole, n (%)	30 (20.1)	25 (25.5)	4 (16.7)	7 (18.4)	8 (28.6)	26 (21.3)	17 (32.7)	117 (22.9)	0.72
	Amoxicillin, n (%)	4 (2.7)	30 (30.6)	5 (20.8)	4 (10.5)	2 (7.1)	11 (9)	5 (9.6)	61 (11.9)	0.4
	Rifabutin, n (%)	1 (0.7)	1 (1)	4 (16.7)	1 (2.6)	2 (7.1)	4 (3.2)	4 (7.7)	17 (3.33)	0.07
	≥1 AM, n (%)	76 (51.4)	56 (57.1)	16 (66.7)	27 (71.1)	17 (60.7)	91 (74.6)	35 (67.3)	318 (62.3)	**0.005**
	≥2 AM, n (%)	27 (18.2)	14 (14.3)	6 (25)	11 (29)	8 (28.6)	43 (25.3)	19 (36.5)	128 (25.1)	**0.002**
	MDR, n (%)	13 (8.8)	12 (12.2)	1 (4.2)	1 (2.6)	3 (10.7)	13 (10)	12 (23.1)	55 (10.7)	**0.048**

** Chi2; AM: Antimicrobial; MDR: Multi-drug resistance defined as resistance to ≥3 antimicrobials; X: Mean; SD: Standard Deviation.*

Table 1. Multivariate analysis of antimicrobial resistance in *H. pylori* in LATAM countries, based on molecular tests by next generation sequencing.

CONCLUSIONS

- *H. pylori* DNA extraction from **FFPP blocks** and the **NGS** analysis was efficient.
- A **high frequency of antimicrobial resistance** of *H. pylori* infection was found in LATAM, importantly to **clarithromycin** and the **fluoroquinolones**.
- These results underscore the need in LATAM to assess antimicrobial susceptibility at the local and regional levels to optimize the *H. pylori* treatments programs.

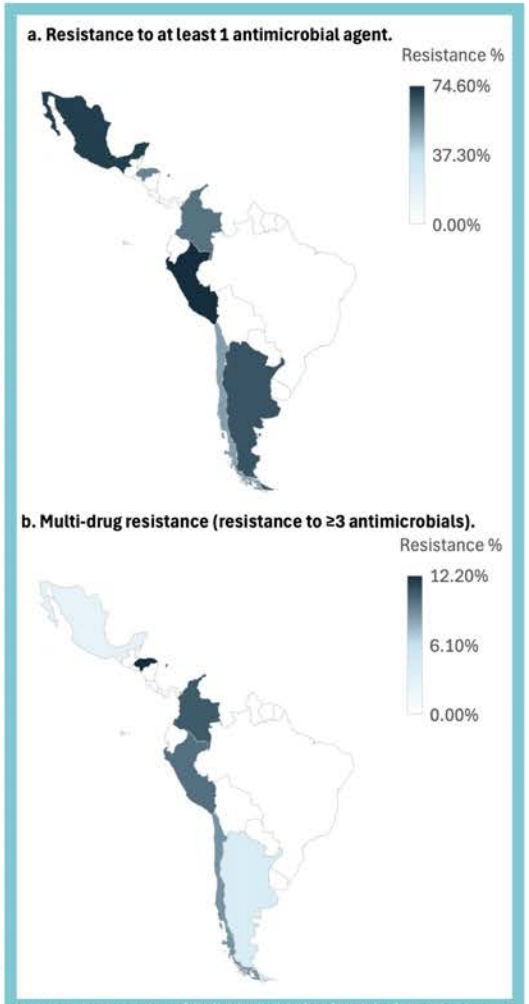


Figure 1. Frequencies of *Helicobacter pylori* (*H. pylori*) resistance to at least one antimicrobial agent (a) and multi-drug resistance (resistance to ≥ antimicrobial agents) (b) throughout Latin America (LATAM).

ACKNOWLEDGEMENTS

- We gratefully acknowledge the collaboration and donated analysis by American Molecular Laboratories (AML), USA.
- All departments from the different centers in various Latin American countries that contributed, please refer to institution in the author listing.

NGS *H. pylori* AB resistance:
(n=164 in Santiago, Chile)

CLA	**39.5%**
FLU	**33.6%**
MTZ	**34.2%**
AMOX	**2.7%**
TETRA	**0.0%**
RFB	**0.7%**

Ongoing multicentric Latam study:
México, Colombia, Ecuador, Perú, Argentina, Uruguay and Chile

Abstract 136: THE OPTIMAL AGE OF HELICOBACTER PYLORI SCREEN-AND-TREAT FOR GASTRIC CANCER PREVENTION IN THE UNITED STATES

Duco Twan Mülder[*1], James F. O'Mahony[1], Dianqin Sun[1], Weiran Han[1], Robert Jeffrey Huang[2], Manon Spaander[1], Uri Ladabaum[2], Iris Lansdorp-Vogelaar[1]

- **Background**:
  - Well-established that the greatest benefit of H. pylori eradication on GC prevention is ***prior to*** the development of gastric premalignant changes; however, this needs to be balanced with risk of antibiotic exposure and other unintended downstream consequences (i.e. "not too early, not too late")
  - Taipei Global Consensus I and II, suggest that the optimal age group is **20-40 years-old** (mostly based on Asian data)

Guidelines

Screening and eradication of *Helicobacter pylori* for gastric cancer prevention: the Taipei global consensus

  - 2024 ACG Guidelines and 2025 AGA CPU advise testing for *H. pylori* infection among *asymptomatic* individuals in the US at risk for gastric cancer as part of a ***primary GC prevention*** strategy. However, the **optimal age** of testing is not explicitly specified based on limited data ["screen-and-eradicate"]

CLINICAL GUIDELINES AJG The American Journal of GASTROENTEROLOGY

ACG Clinical Guideline: Treatment of *Helicobacter pylori* Infection

William D. Chey, MD, FACG[1], Colin W. Howden, MD, FACG[2], Steven F. Moss, MD, FACG[3], Douglas R. Morgan, MD, MPH, Katerina B. Greer, MD, MSEpi[4], Shilpa Grover, MD, MPH[5] and Shailja C. Shah, MD, MPH[6]

2025 aga

AGA Clinical Practice Update on Screening and Surveillance in Individuals at Increased Risk for Gastric Cancer in the United States: Expert Review

Shailja C. Shah,[1,2] Andrew Y. Wang,[3] Michael B. Wallace,[4] and Joo Ha Hwang[5]

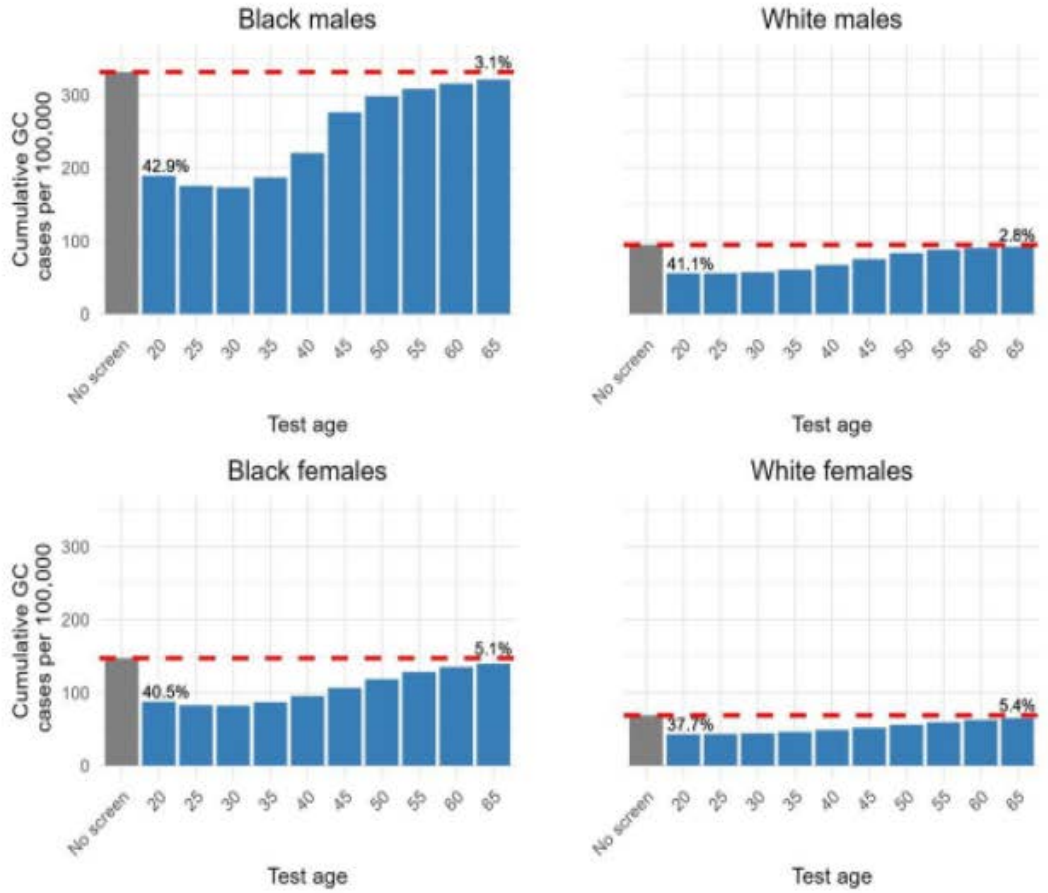
Abstract 136: THE OPTIMAL AGE OF HELICOBACTER PYLORI SCREEN-AND-TREAT FOR GASTRIC CANCER PREVENTION IN THE UNITED STATES

Duco Twan Mülder*[1], James F. O'Mahony[1], Dianqin Sun[1], Weiran Han[1], Robert Jeffrey Huang[2], Manon Spaander[1], Uri Ladabaum[2], Iris Lansdorp-Vogelaar[1]

- **Results**:
  - *H. pylori* eradication could reduce cumulative GC incidence by 37-43% when performed at age 20, but only by about 3-5% when performed at age 65 (Figure 1)
  - The NNT and NNS remained stable for test-ages 20-35, but increased rapidly when testing occurred at age 40 or older
  - The NNT to prevent one GC case ranged from 261 among Black males to 1060 among White females, when testing occurred at age 20

- **Conclusion**:
  - *H. pylori* screen-and-treat demonstrated optimal efficacy when conducted before age 40

Considerations (many!):
Implementation and participation, cost, increased antibiotic resistance...

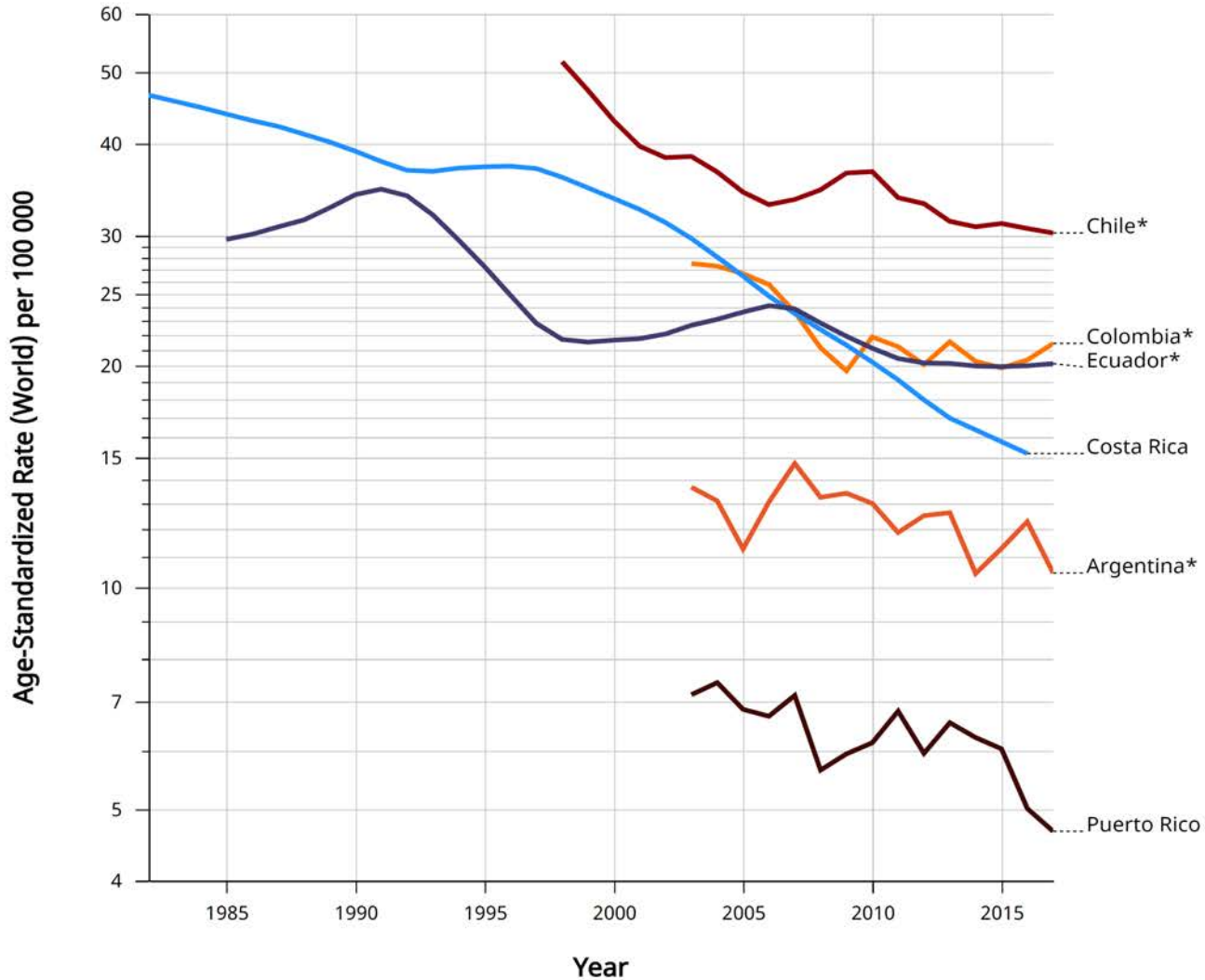


Age-standardized rate (World) per 100 000, incidence, males

Stomach

Argentina - Chile* - Colombia* - Costa Rica - Ecuador* - Puerto Rico*

GLOBAL CANCER OBSERVATORY



International Agency for Research on Cancer

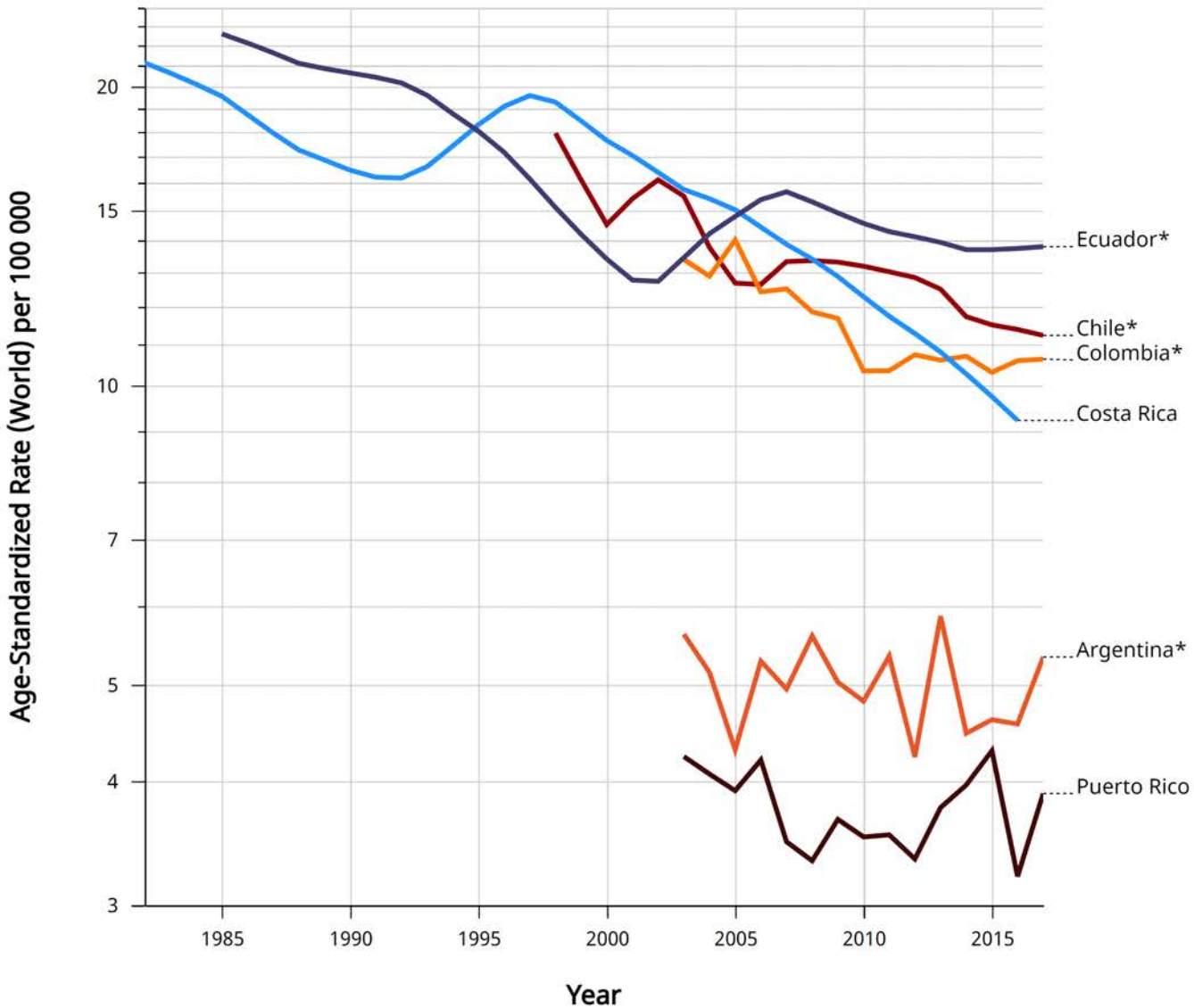
World Health Organization

Age-standardized rate (World) per 100 000, incidence, females

Stomach

Argentina - Chile* - Colombia* - Costa Rica - Ecuador* - Puerto Rico*

GLOBAL CANCER OBSERVATORY

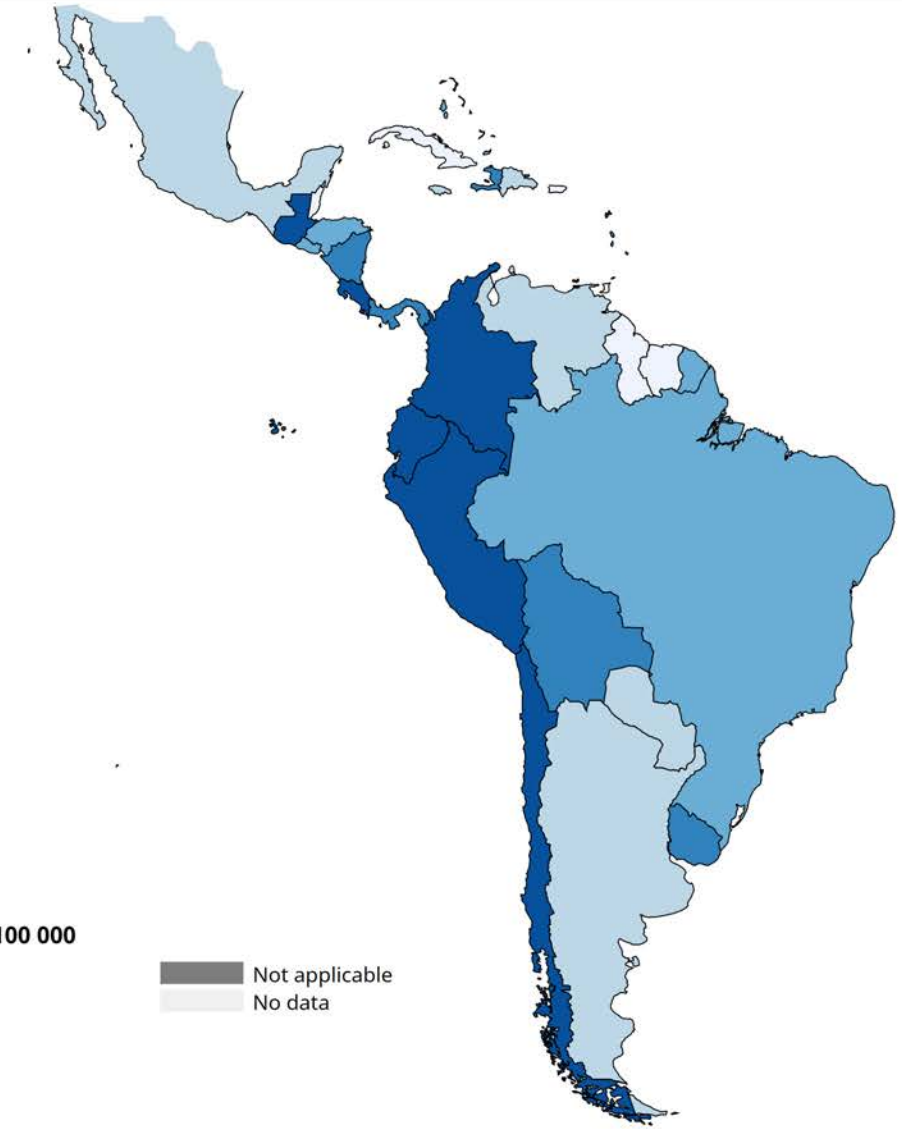


International Agency for Research on Cancer

World Health Organization

Age-Standardized Rate (World) per 100 000, Incidence, Both sexes, in 2022

Stomach



ASR (World) per 100 000

- 11.9–14.3
- 8.7–11.9
- 7.5–8.7
- 5.7–7.5
- 2.8–5.7

Not applicable

No data

Population	ASR (W)
Peru	14.3
Chile	14.2
Costa Rica	14.0
Colombia	12.9
Ecuador	12.8
France, Guadeloupe	12.3
Guatemala	12.2
France, Martinique	10.8
Haiti	9.9
Uruguay	9.2
Nicaragua	9.1
Panama	8.8
Bolivia	8.7
French Guyana	8.6
Honduras	8.6
Saint Lucia	8.6
El Salvador	8.2
Bahamas	7.7
Brazil	7.6
Venezuela	7.5
Jamaica	6.9
Argentina	6.7
Paraguay	6.4
Mexico	6.3
Dominican Republic	6.2
Cuba	5.6
Barbados	5.0
Belize	4.8

Population	ASR (W)
Suriname	4.6
Guyana	4.5
Trinidad and Tobago	4.0
Puerto Rico	2.8

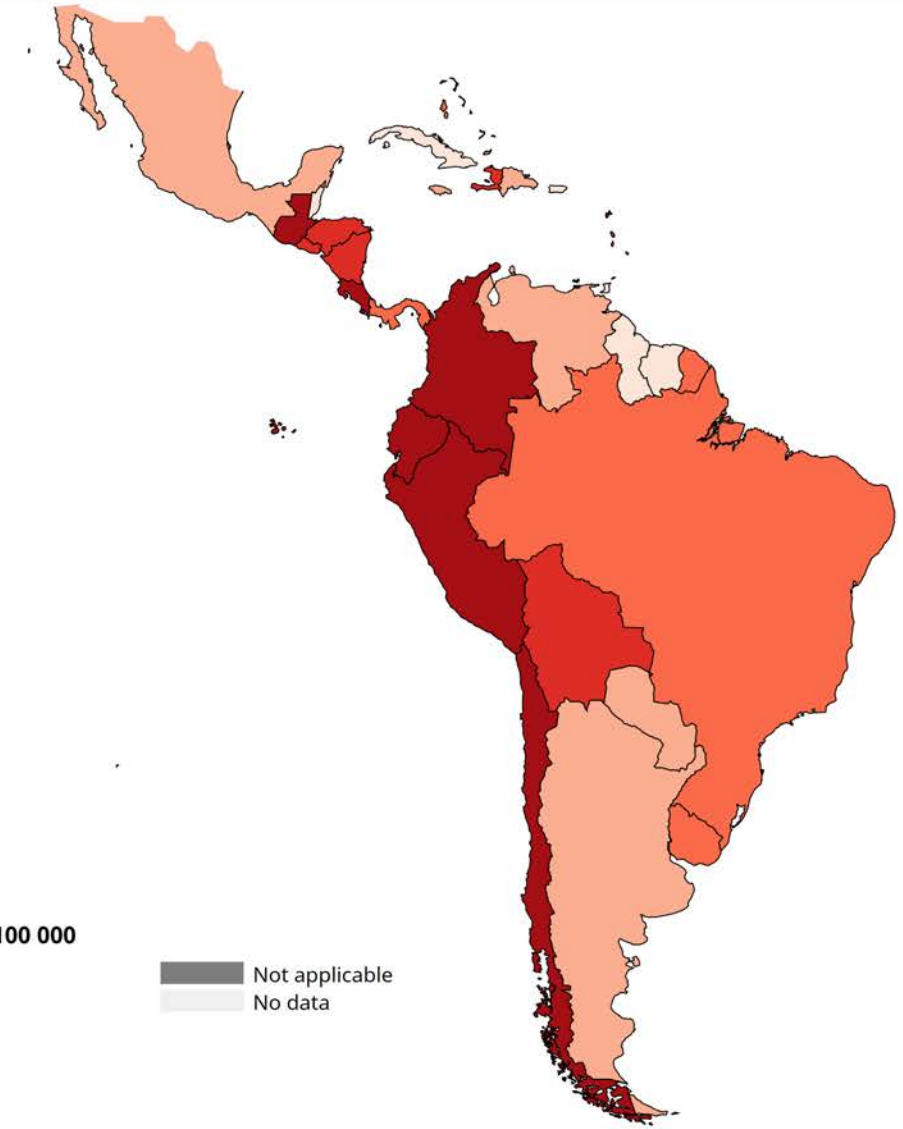
Cancer TODAY | IARC
https://gco.iarc.who.int/today
Data version: Globocan 2022 (version 1.1) - 08.02.2024

International Agency for Research on Cancer

World Health Organization

Age-Standardized Rate (World) per 100 000, Mortality, Both sexes, in 2022

Stomach



Population	ASR (W)
Chile	11.1
Guatemala	10.7
Peru	10.6
Ecuador	10.2
Colombia	9.9
Costa Rica	9.5
France, Guadeloupe	8.9
Haiti	8.5
Honduras	8.0
Nicaragua	7.8
France, Martinique	7.7
El Salvador	7.0
Bolivia	6.7
Panama	6.6
Bahamas	6.5
French Guyana	6.3
Uruguay	6.1
Brazil	5.9
Saint Lucia	5.9
Jamaica	5.8
Venezuela	5.8
Argentina	5.0
Paraguay	4.8
Dominican Republic	4.7
Mexico	4.7
Belize	4.3
Barbados	3.7
Cuba	3.7

Population	ASR (W)
Suriname	3.5
Guyana	3.1
Trinidad and Tobago	3.0
Puerto Rico	2.4

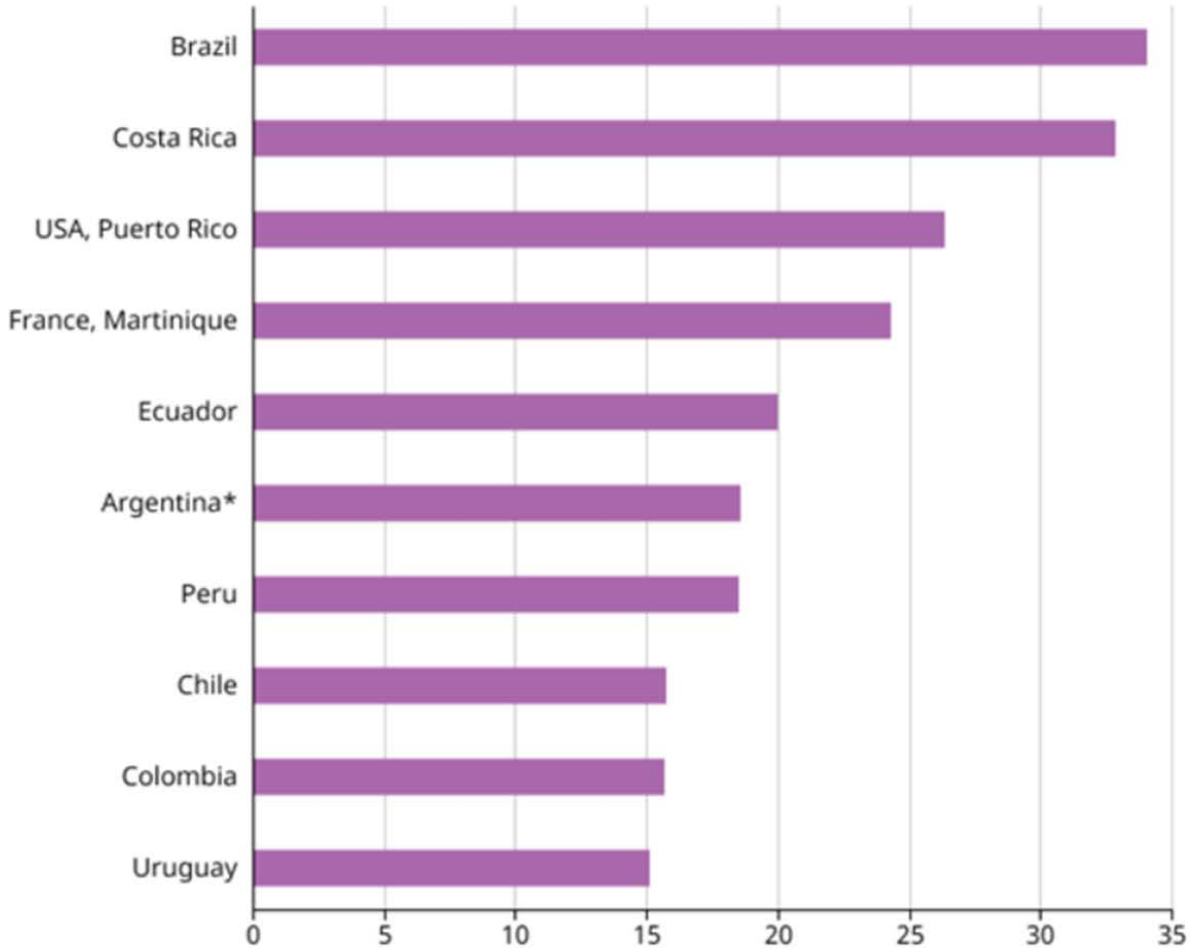
Cancer TODAY | IARC
https://gco.iarc.who.int/today
Data version: Globocan 2022 (version 1.1) - 08.02.2024

International Agency for Research on Cancer
World Health Organization

Observed survival, 5-year, both sexes, cases diagnosed 2008–2012

Stomach, Latin America, Observed survival

** Median survival estimate for the country*



- La comuna de Molina registra la mayor incidencia nacional de cáncer gástrico

Factores claves en el desarrollo de lesiones premalignas gástricas

Gastritis autoinmune.

Tabaco

Dieta

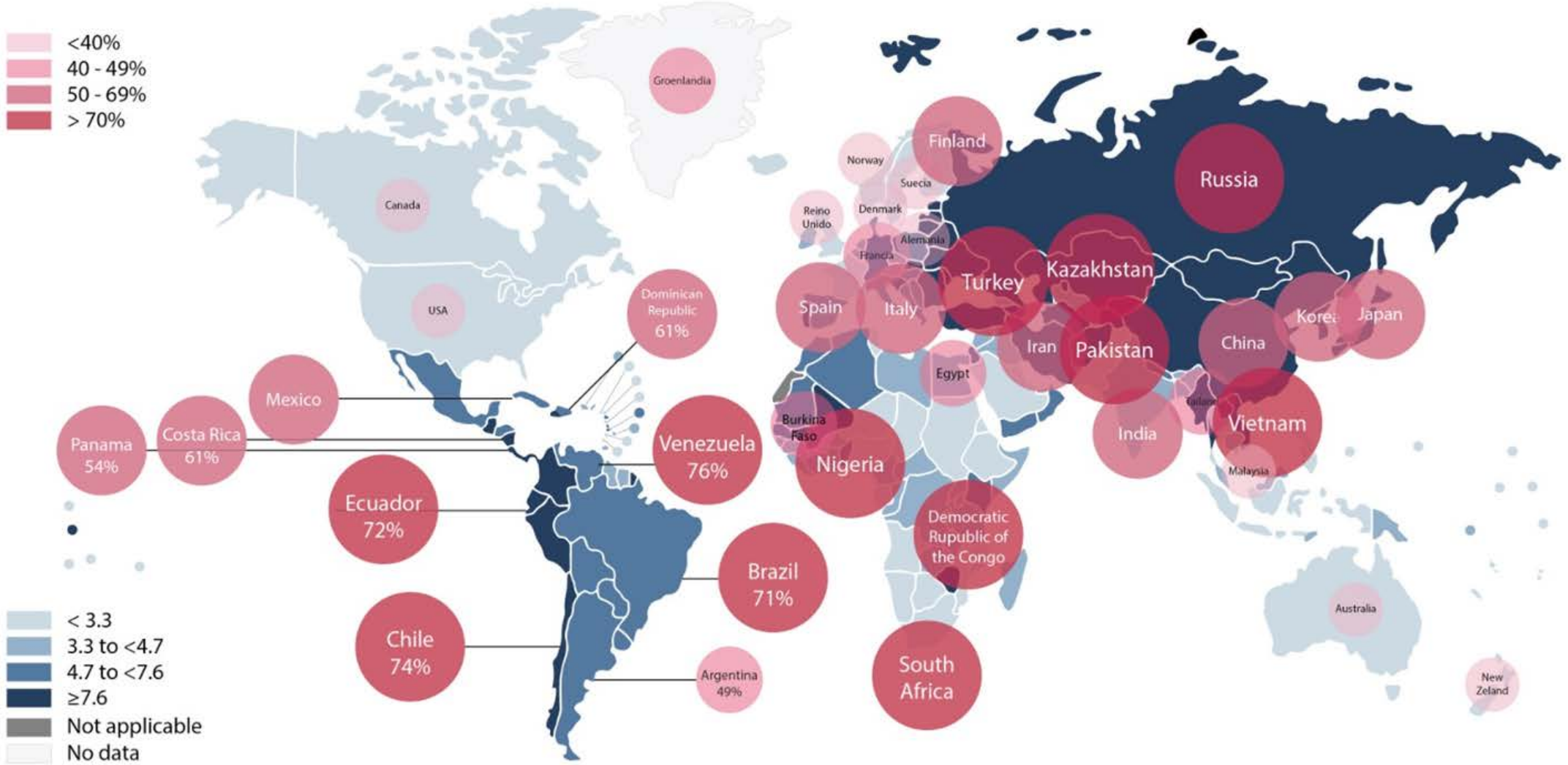
Helicobacter pylori

Estilo de vida: obesidad, tabaco, alcohol.

Otros: EBV, estado socioeconómico, cirugías.

Hereditario.

Prevalencia de infección por *H. pylori*



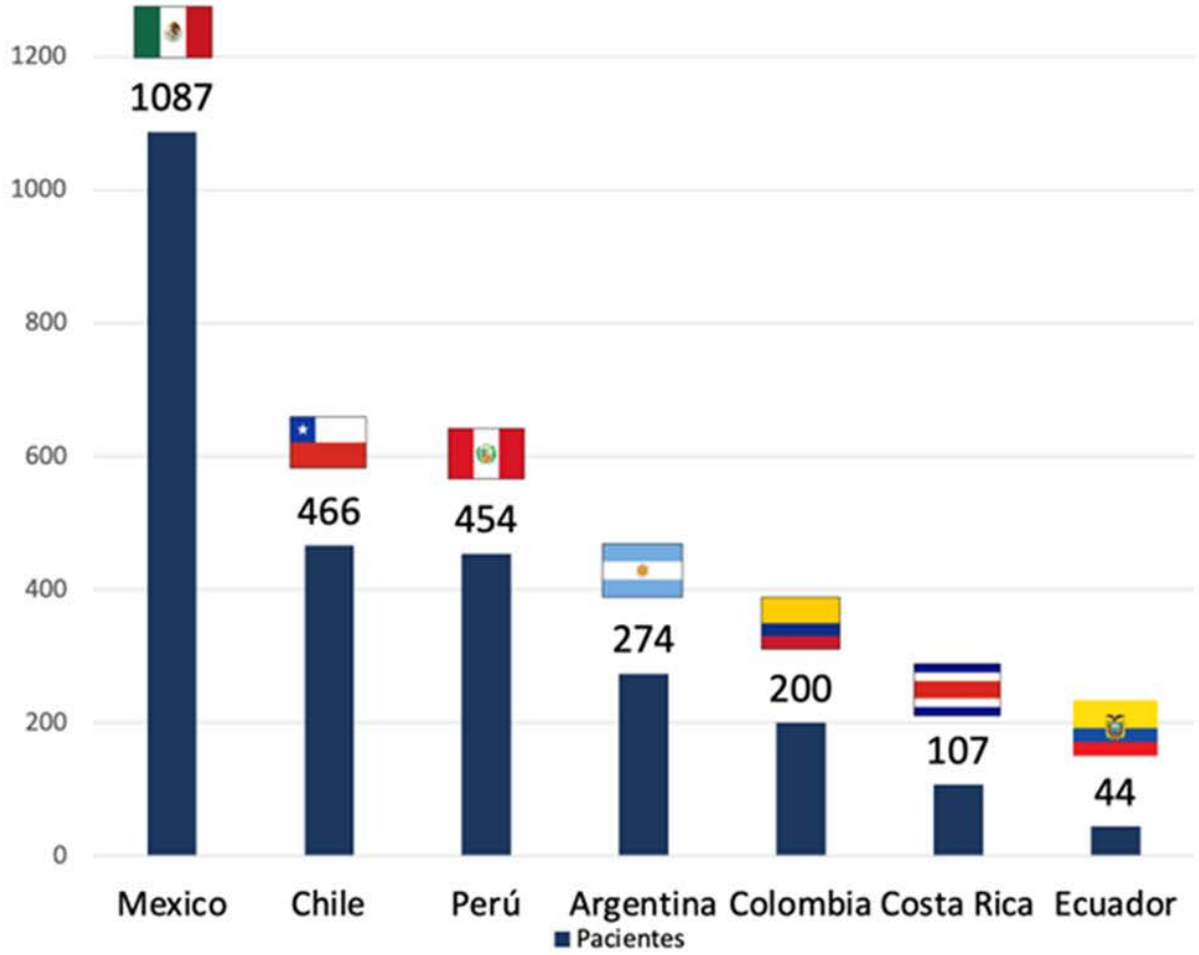
Registro Latinoamericano del manejo de la infección por H.pylori (Hp-LATAMReg)

Latin American Registry on the Management of Helicobacter pylori Infection (Hp-LATAMReg)

2.632 pacientes

67% / 33%

Media (DS): 53 (14) años.



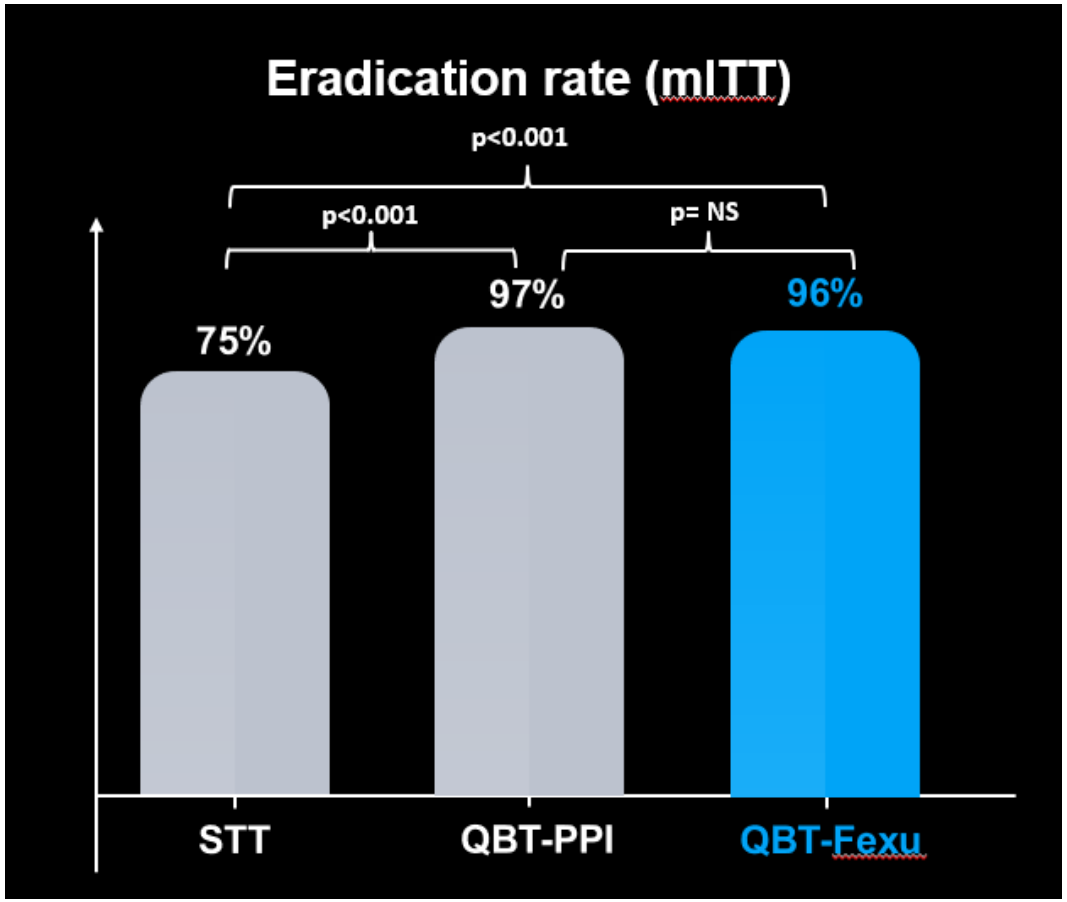
	Prescription (%, n)							
	PPI-A-C (35%, n=801)	**PPI-A-C-M (16%, n=366)**	**PPI-A (12%, n=274)**	**PPI-D-M-B (8,7%, n=201)**	**PPI-Tc-M-B (8%, n=185)**	**PPI-A-M-B (6,7%, n=156)**	**PPI-A-C-B (5,1%, n=118)**	**PPI-A-L (4,7%, n=109)**
Eradication rate by mITT (%, n) **(p<0.01*)**	75% n=595	89% n=327	88% n=241	87% n=172	87% n=160	95% n=148	79% n=93	74% n=81
Adverse event rate (%, n) **(p<0.01*)**	35% n=281	41% n=151	7.3% n=20	48% n=97	12% n=23	47% n=72	18% n=21	20% n=22
Adherence rate (%, n) **(p=0.6*)**	98% n=779	99% n=363	98% n=269	96% n=193	97% n=181	97% n=152	98% n=25	43% n=44
Use of high-dose PPI (%, n) **(p<0.01*)**	25% n=192	31% n=105	98% n=267	52% n=102	73% n=132	65% n=100	22% n=25	43% n=44
14 days of therapy duration (%, n) **(p<0.01*)**	89% n=697	98% n=358	99% n=273	97% n=195	99% n=184	100% n=156	95% n=105	90% n=99

Latin American Registry on the Management of Helicobacter pylori Infection (Hp-LATAMReg)

Eradication rates evaluated by modified intention-to-treat analysis (mITT), adverse event rates, adherence, frequency of high-dose proton pump inhibitor (PPI) use, and frequency of 14-day therapy duration.

Reyes D, et al. Hp-Latam Reg 2025

Fexuprazan for *H. pylori* eradication

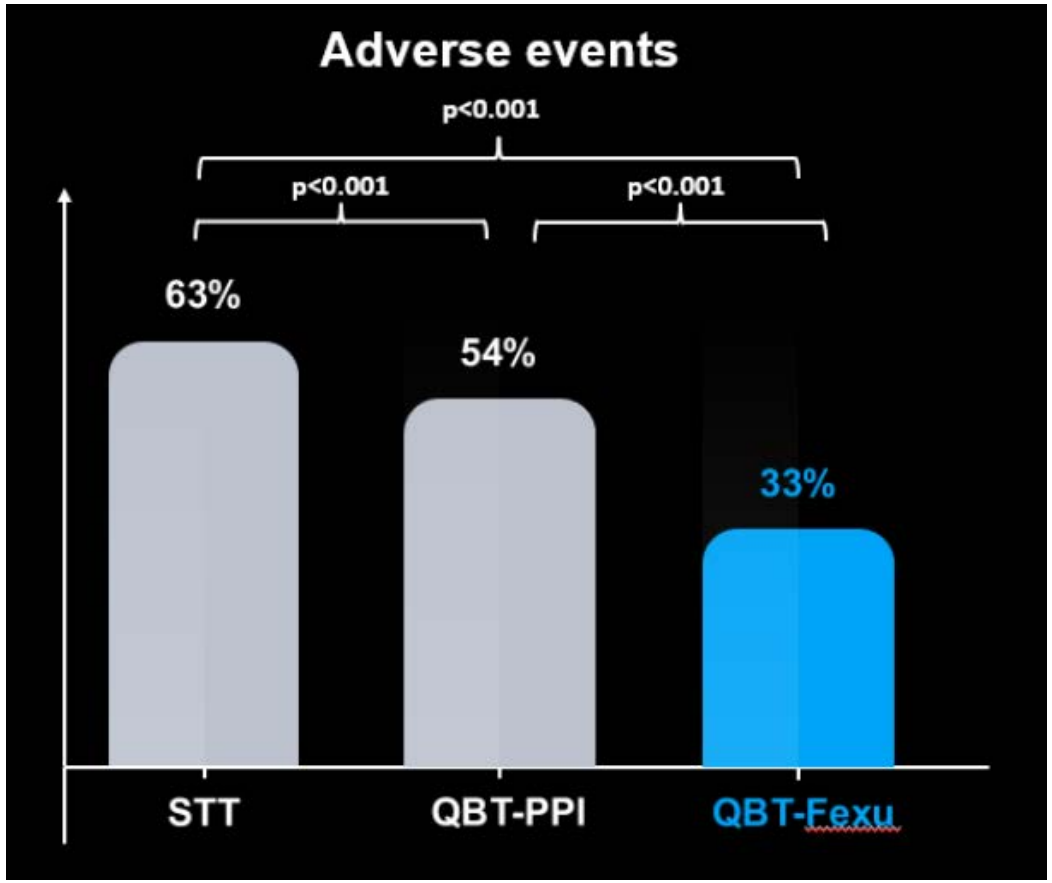


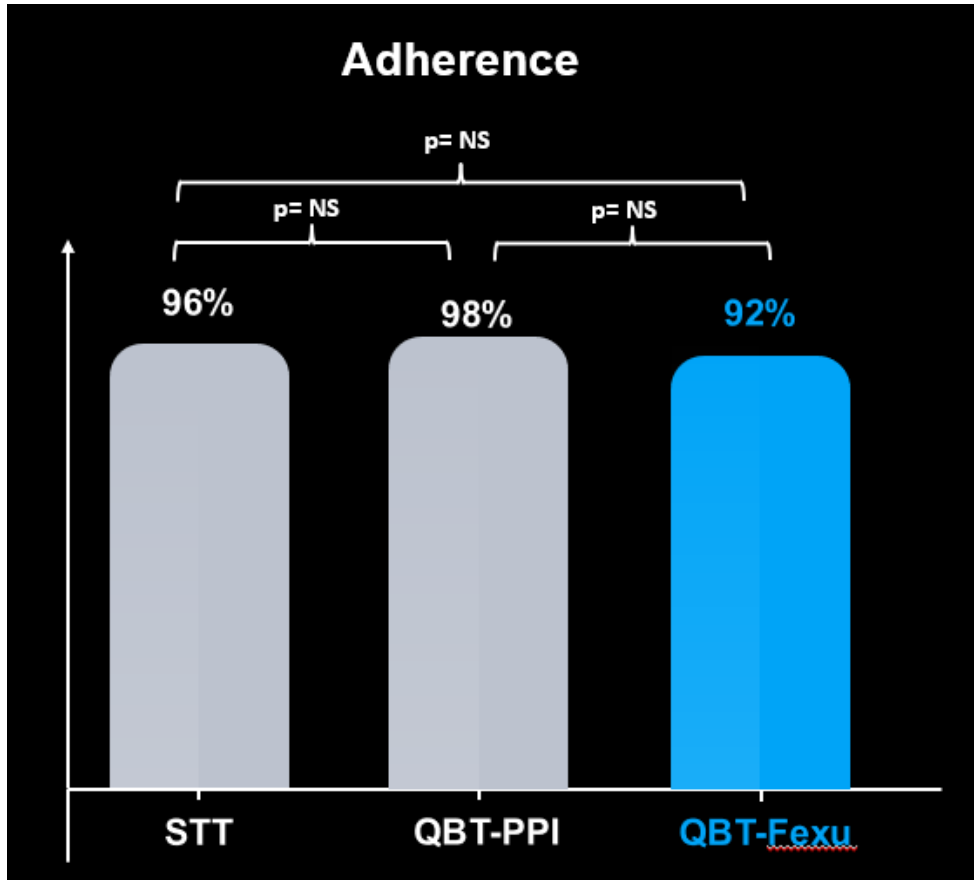
N= 88
Median age: 48,2

Fexuprazan-based optimized quadruple therapy demonstrated non-inferiority to PPI-based optimized quadruple therapy for H.pylori eradication in naïve patients

Ref. Jure C, Reyes D, Riquelme A, et al. *Helicobacter pylori* eradication therapy with PCABs: Preliminary data from Chile using optimized bismuth quadruple therapy with Fexuprazan in the Hp-Latam Reg. Unpublished data, 2025.

Fexuprazan for *H. pylori* eradication



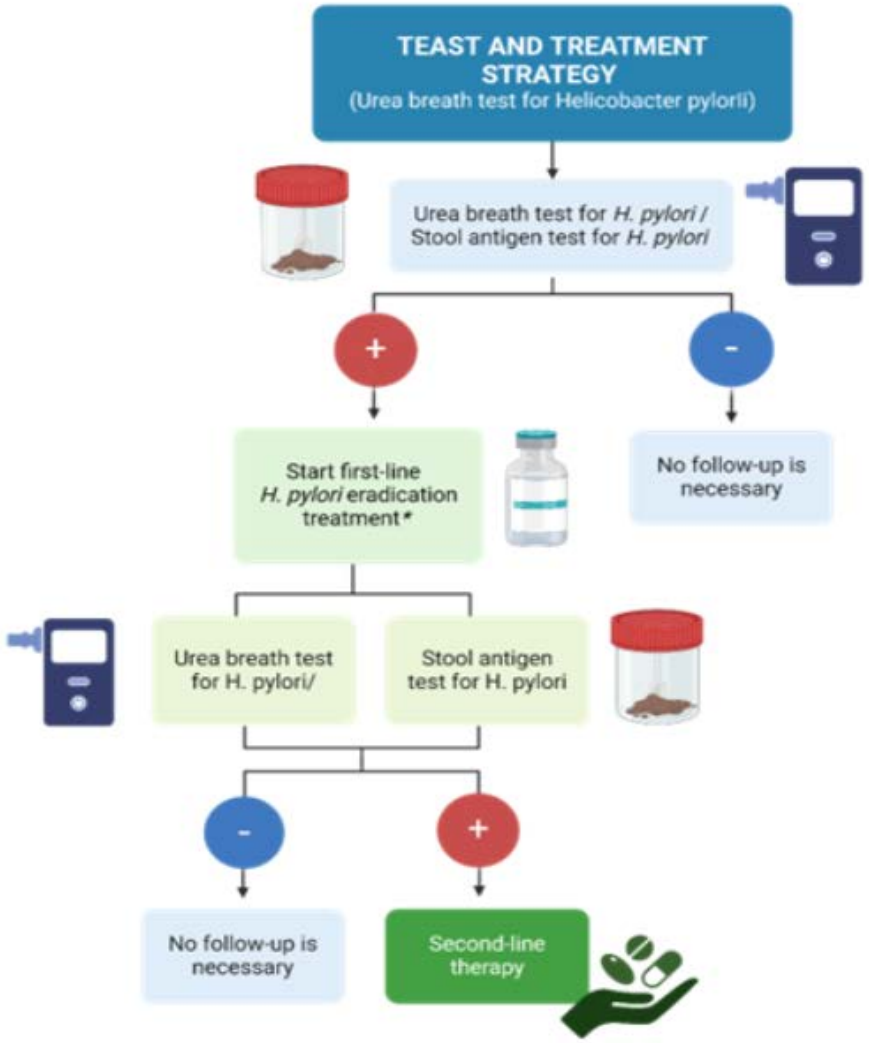


Ref. Jure C, Reyes D, Riquelme A, et al. *Helicobacter pylori* eradication therapy with PCABs: Preliminary data from Chile using optimized bismuth quadruple therapy with Fexuprazan in the Hp-Latam Reg. Unpublished data, 2025.

Prevención del CG en Chile: proyecto HOPE

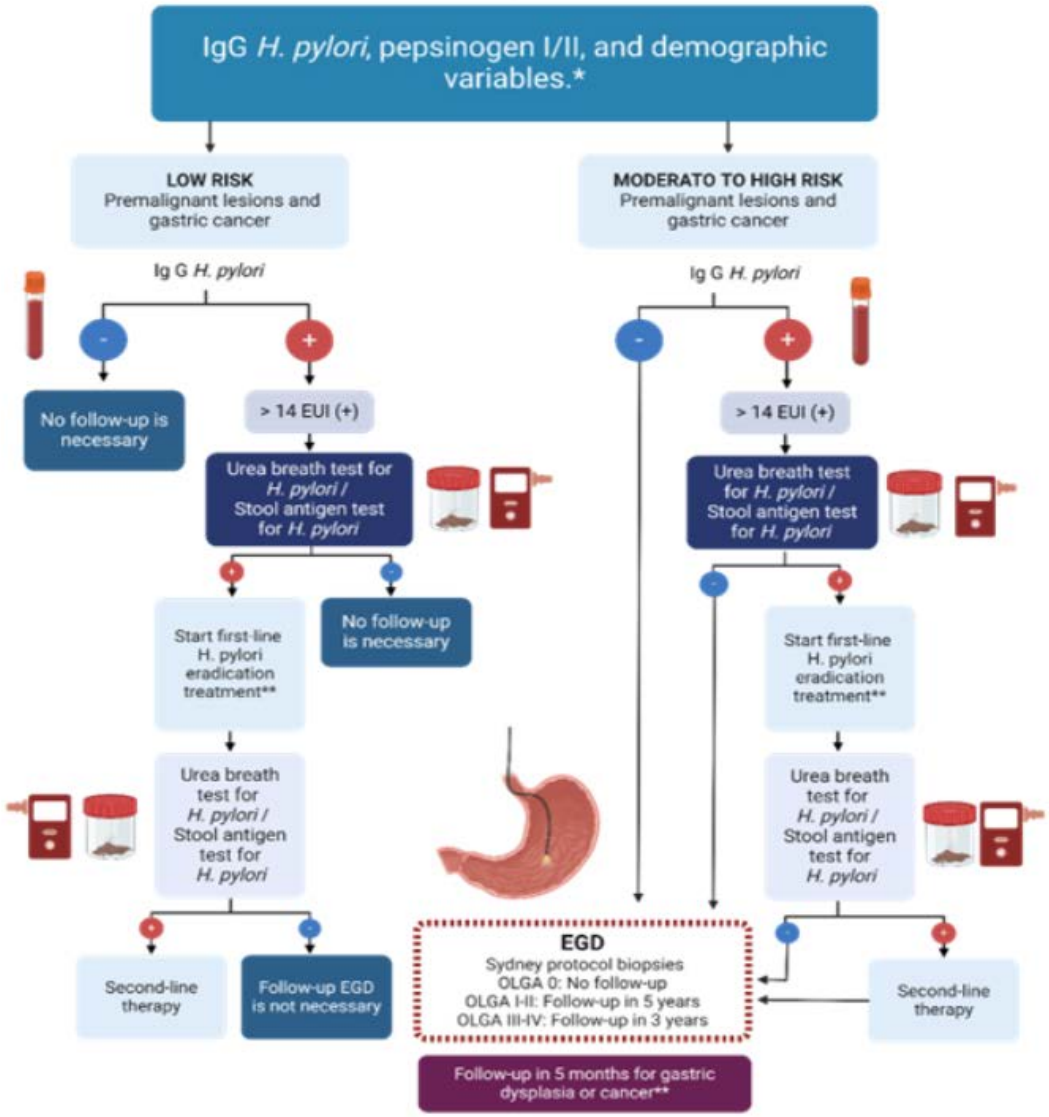
HOPE - HpGC

30-39 years



*According to local regulations, report to health authorities.

≥40 years



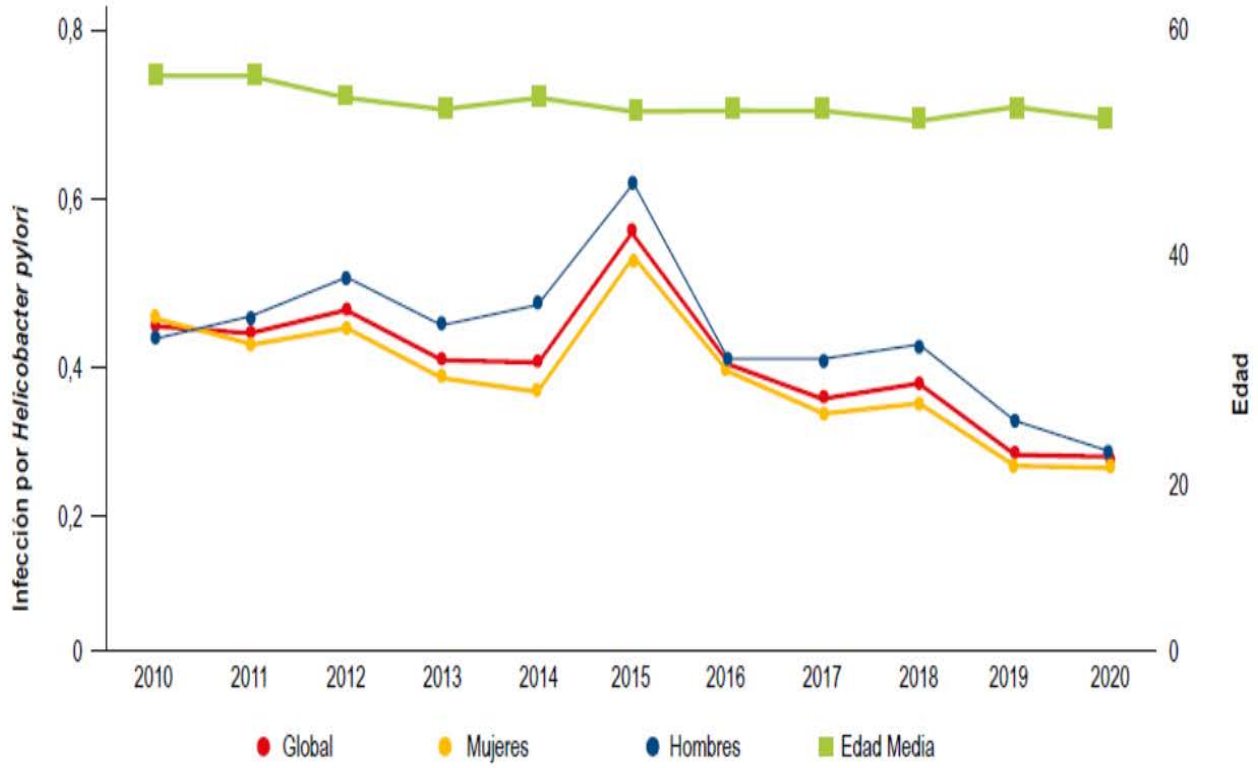
** According to availability, consider performing a Gastrin 17 test.*
*** According to local regulations, report to health authorities.*

Prevalencia de *H. pylori* en Chile 2024

Reducción de la infección por *Helicobacter pylori* en pacientes derivados a endoscopia digestiva alta en Santiago de Chile entre 2010-2020

En Región del Maule Molina 2024 → **49% Hp por aire espirado (sintomáticos) 34% asintomáticos**

En Región Metropolitana Santiago 2024 → **29% Hp en test de ureasa, primera endoscopia (sintomáticos)**



Año	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Frecuencia de *Helicobacter pylori*, n(%)	458 (45,1)	493 (44,1)	498 (46,9)	576 (41,1)	611 (40,8)	586 (56)	488 (40,3)	286 (36,6)	298 (38,5)	264 (30,1)	167 (29)

Figura 1. Frecuencia de infección por *Helicobacter pylori* (*Hp*) en pacientes que asisten a una primera endoscopia digestiva alta ambulatoria entre el año 2010-2020.

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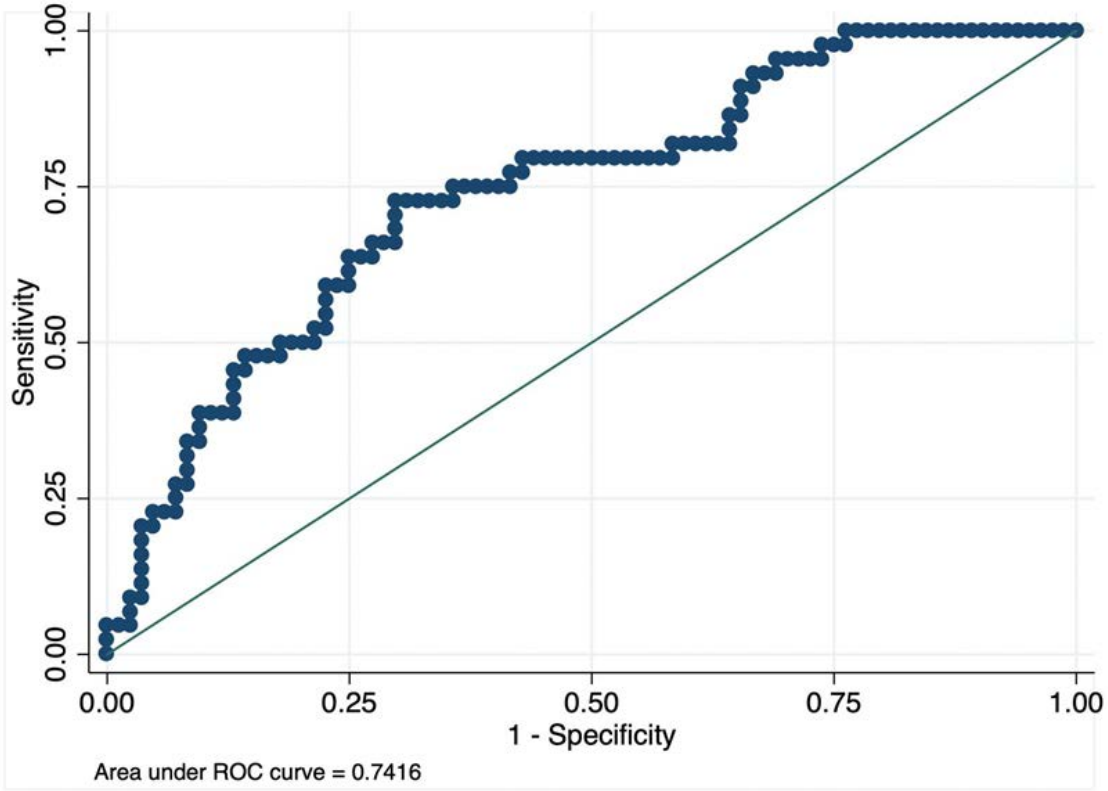
PRELIMINARY ANALYSIS MOLINA HOSPITAL

- Gastric Panel : S 48% E 93%
  VPP 68% VPN 85%

- Gastric Panel + age + sex + first degree family history: VPP 35%
  VPN 88%

Norma técnica MINSAL incluirá priorización (www.gastrocalc.cl)



RESUMEN

- 1. Infección por Hp sigue siendo prevalente a nivel mundial. Países como EE.UU. aumentan su prevalencia por migración.
- 2. Cáncer gástrico presenta un 50% de mutaciones que permiten estratificar riesgo, pronóstico y/o definir terapias (medicina de precisión).
- 3. Estudio de resistencia Hp con NGS en LATAM incluyendo Chile con alta resistencia a CLA-LEVO-MTZ.
- 4. PCABs como alternativa de alta eficacia y menores efectos adversos que IBP.
- 5. Prevención primaria del cáncer gástrico entre 20 y 40 años (screen and treat Hp)
- 6. Prevención secundaria en base a estrategia combinada de biomarcadores en sangre y EDA. Presentación de protocolo HOPE y resultados preliminares en Molina.

Muchas gracias.

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