

GAP®-IgG
GAP®-IgM
GAP®-IgA
FDA CLEARED (IgG)

HELICOBACTER PYLORI

*Detection of IgG, IgA,
or IgM antibodies to H.pylori*

Helicobacter Pylori: The GAP® tests offer proven performance with excellent sensitivity and specificity in independent studies

Comprehensive assay range:

- GAP®-IgG: IgG Antibodies to H. pylori
- GAP®-IgA: IgA Antibodies to H. pylori
- GAP®-IgM: IgM Antibodies to H. pylori

Simple

Same procedure for all kits. One sample dilution for all procedures.

Unique

4-point calibration curve

Flexible

Performs in manual or fully automated systems

Accurate

Excellent and extensive patient sample correlation vs. gold standard

Quick

1 hour 40 minute total incubation time



BIOMERICA

INTENDED USE

GAP® microwell ELISA kits measure the levels of IgG, IgA and IgM antibodies to *Helicobacter pylori* (*H. pylori*) in serum or plasma. Numerous studies have found a correlation between *H. pylori* infection to peptic ulcers, gastric lesions, chronic gastritis, and gastric cancer.

GAP®-IgG test kit is intended for *in vitro* determination of the levels of IgG antibodies to *H. pylori*.

GAP®-IgM test kit is intended for *in vitro* determination of the levels of IgM antibodies to *H. pylori*.

GAP®-IgA test kit is intended for *in vitro* determination of the levels of IgA antibodies to *H. pylori*.

BACKGROUND

Helicobacter pylori has been found in biopsy samples from gastric epithelium from patients showing active type B gastritis.^{1,2,3,4,5} Although the route of infection is unknown, reports have shown that *H. pylori* infection is associated with chronic gastritis.^{6,7} A correlation has been found between the presence of *H. pylori* and gastric lesions in some cases of duodenal ulcers.⁸ Complete resolution of gastritis after eradication of the organism has also been reported.⁹

H. pylori is a gram negative, curved, spiral-shaped rod, 0.2 - 0.8 µ in width by 0.5 - 5.0 µ in length. It colonizes the deep portion of the mucous gel layer and the apical surface of the gastric mucosal epithelial cells. It may also be located in the junction between adjacent mucosal epithelial cells.

The presence of *H. pylori* can be detected by both invasive and non-invasive methods. Invasive methods include testing biopsy specimens by culture, histology, and rapid urease. Due to the patchy distribution of *H. pylori* in tissue, false negative results are common. Non-invasive procedures include serum tests for antibodies against *H. pylori* and the urea breath test which utilizes radiolabelled urea.

PERFORMANCE

Assay Time: 1hr. 40 min.

Result Type: Quantitative (international); Qualitative (USA only)

GAP® -IgG ELISA

	Positive (+)	Equiv. (±)	Negative (-)	Total
Biopsy ⁽¹⁾				
+	172	0	1	173
-	6	11 ⁽²⁾	87	104
Total Samples				277

Relative Accuracy = 97.4%

Relative Specificity = 93.5%

Relative Sensitivity = 99.4%

(1) By histological techniques (culture or urease on the biopsy samples).

(2) Equivocal results have not been considered in the calculations for percent accuracy and percent specificity. Equivocal results (± values) are considered negative in the GAP-IgG ELISA procedure.

PUBLISHED CLINICAL STUDIES USING GAP®

Publication	Sensitivity	Specificity
<i>Euro J Gastro Hepatol</i>	96%	80.5%
<i>Gastroenterol Clin Biol</i>	90%	90%
<i>J. Medicine & Pharm</i>	93%	97%
<i>Euro J Clin Micro Infect Dis</i>	95%	91%
<i>Research Forum Digest Dis</i>	95%	83%
<i>Euro J Cancer Prevention</i>	93%	76%

Eradication of *Helicobacter pylori* infection *Hepatogastroenterology* 2003 Jan-Feb

Of the 4 kits in the study (GAP®-IgG, Hel-P™, Helico-G™, and HM-CAP™), the GAP®-IgG kit was able to detect whether or not *H. pylori* was eradicated in shortest time period (100% uniformity ratio at 3 months).

CONCLUSIONS: monitoring serum IgG levels after treatment may provide an early indicator of the efficacy of therapy in eradicating *H. pylori* infection. Additionally, the serum IgG level can provide evidence of infection in chronic gastritis patients even when the biopsy specimens are negative by microbiological and/or histological tests.

ORDERING

Catalog No.	Description
7004	GAP®-IgG <i>H.pylori</i> ELISA kit - Quantitative (Int'l); Qualitative (USA) (96 tests)
7006	GAP®-IgM <i>H.pylori</i> ELISA kit - Quantitative (Int'l); Qualitative (USA) (96 tests)
7008	GAP®-IgA <i>H.pylori</i> ELISA kit - Quantitative (Int'l); Qualitative (USA) (96 tests)

Bibliography

- Marshall, B.J. and Warren, J.R.: "Unidentified Curved Bacillus on Gastric Epithelium in Active Chronic Gastritis" (letter), *Lancet*, 1:1273, 1983.
- Rollason, T.P. et al: "Spiral Organisms in Endoscopic Biopsies of the Human Stomach," *J. Clin. Pathol.*, 37:23, 1984.
- Steer, H.W.: "The Gastro-duodenal Epithelium in Peptic Ulceration," *J. Pathol.*, 146:355, 1985.
- Buck, G.E. et al: "Relation of *Campylobacter pyloridis* to Gastritis and Peptic Ulcer," *J. Infect. Dis.*, 153:664, 1986.
- Jones, D.M. et al: "Campylobacter-like Organisms on the Gastric Mucosa Culture, Histological and Serological Studies," *J. Clin. Pathol.*, 37:1002, 1984.
- Strickland, R.G. and Mackay, I.R.: "A Reappraisal of the Nature and Significance of Chronic Atrophic Gastritis," *Amer. J. Diag. Dis.*, 18:426, 1973.
- Petross, C.W. et al: "Campylobacter pylori Relationship to Peptic Disease, Gastric Inflammation and Other Conditions," (Abstract) *Gastroenterology*, 90:1585, 1986.
- McKenna, D. et al: "Campylobacter pylori and Histological Gastritis in Duodenal Ulcer: A Controlled Prospective Randomized Trial," (Abstract) *Gastroenterology*, 91:1528, 1987.
- McNulty, C.A., et al: "Campylobacter pylori and Associated Gastritis: Investigator Blind, Placebo Controlled Trial of Bismuth Salicylate and Erythromycin Perethylsuccinate," *Br. Med. J.*, 293:645, 1986.
- Jones, D.M. et al: "Antibody to the Gastric Campylobacter-like Organism (*Campylobacter pyloridis*) - Clinical Correlation and Distribution in the Normal Population," *J. Med. Microbiol.*, 22:57, 1986.
- Rathbone, B.J. et al: "Systemic and Local Antibody Response to Gastric *Campylobacter pylori* in Nonulcerous Dyspepsia," *Gut*, 27:642, 1986.
- Morris, A.G. et al: "Seroprevalence of *Campylobacter pyloridis*," *N. Z. Med. J.*, 99:657, 1986.
- Forman, D. et al: "An International Association Between *Helicobacter pylori* Infection and Gastric Cancer," *Lancet*, 341:1359, 1993.

GAP JUN 2010

CE and EN ISO 13485:2003 Compliant



BIOMERICA