COMPARISON OF *H. PYLORI* TESTING METHODOLOGIES

	BreathTek™ UBT	Serology (ELISA)	Stool (HpSA)	Endoscopy
Accuracy	95% sensitivity[1] 95% specificity[1]	85% sensitivity[2] 79% specificity[2]	93% sensitivity[2] 93% specificity[2]	90-95% sensitivity[3] 100% specificity[3]
Administration	Non-invasive	Requires drawing blood	Inconvenient, requires handling fecal material	Requires invasive procedure
Consistent results	Tests for active infection reducing the chance of false positives[4]	Serologic testing (for *H. pylori*) is not accurate enough for use in routine clinical practice.[5]	Antibody capture may differ in test lots due to varying standardization[3]	Careful sample preparation is necessary for optimal results[3]
Scope of test	BreathTek™ UBT tests the entire gastric mucosa for active *H. pylori* infection[1]	Inactive antibody testing is 17 times more likely to cause unnecessary treatment[4]	Second office visit is required	Endoscopic biopsies only target small areas of the stomach[3]
Eradication	Indicated for the post-treatment monitoring of *H. pylori* infection to confirm eradication 4 weeks following completion of therapy[1]	Cannot confirm eradication[3]	Must wait 6 to 8 weeks after therapy to confirm eradication[3]	Requires second invasive procedure to confirm eradication

[1] BreathTek™ UBT Package Insert, Lafayette, Colorado: Meretek Diagnostics; 2005.
[2] Vaira D, Vakil N. Blood, urine, stool, breath, money and *Helicobacter pylori*. GUT. 2001;48-287-289.
[3] Graham KS, Graham DY, *Contemporary Diagnosis and Management of H. pylori-Associated Gastrointestinal Diseases*, Newtown, PA; Handbooks in Health Care Co.; 2002.
[4] Chey WD, Abrahamse PH, Fendrick MA. Active or antibody testing to diagnose *H. pylori* infection? Examining the clinical and economic tradeoffs using decision analysis (abstract). Gastroenterol. 2000;118 (suppl 2):2699.
[5] Vakil N., Fendrick M. How to test for *Helicobacter pylori* in 2005. Cleveland Clinic Journal of Medicine. 2005;72 (suppl 2):S8-S13.