≥60 years old; OR Alarming signs and symptoms:
- Family history of proximal gastrointestinal cancer
- Previous malignancy of the esophagus or stomach
- Unexplained iron-deficiency anemia
- Palpable mass or lymphadenopathy

Endoscopy with biopsy

YES

Order: Histology (with or without rapid urease testing)²

Melena
- Dysphagia
- Hematemesis
- Anemia
- Gastrointestinal bleeding
- Odynophagia
- Persistent vomiting
- Unintentional weight loss

Order:³ HPFRP / Helicobacter pylori with Clarithromycin Resistance Prediction, Molecular Detection, PCR, Feces (preferred)⁴

OR

HPSA / Helicobacter pylori Antigen, Feces

Negativethis instrument have not been established for persons under age 3. For patients 3 to 17 years, age, weight and height must be included in test request for appropriate result interpretation.

3. Proton pump inhibitors, antiseretory drugs and antibiotics should be discontinued for at least 2 weeks prior to assessment for H pylori using a noninvasive test.

4. HPFRP / Helicobacter pylori with Clarithromycin Resistance Prediction, Molecular Detection, PCR, Feces has equivalent accuracy to HPSA / Helicobacter pylori Antigen, Feces for H pylori detection and predicts clarithromycin susceptibility or resistance in H pylori if H pylori is detected.

5. Consider HPFRP / Helicobacter pylori with Clarithromycin Resistance Prediction, Molecular Detection, PCR, Feces to assess for clarithromycin susceptibility if HELIS / Helicobacter pylori Culture with Antimicrobial Susceptibilities, Varies is not done.

6. Confirmation of eradication testing should not be ordered until 4 or more weeks after cessation of treatment.

Consider: Repeat treatment
- Repeat endoscopy
- HELIS / Helicobacter pylori Culture with Antimicrobial Susceptibilities, Varies for culture from GI biopsy and antimicrobial susceptibility testing of isolated organism OR submit isolated organism for ZMMLS / Antimicrobial Susceptibility, Aerobic Bacteria, MIC, Varies.

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