>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

**YES**

Endoscopy with biopsy

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

POSITIVE □ NEGATIVE □

Treat for *H pylori* infection

Evaluate for other causes of symptoms or signs

**NEGATIVE**

Monitor treatment efficacy or confirmation of eradication.135 OR HELIS / *Helicobacter pylori* Culture with Antimicrobial Susceptibilities, Varies

POSITIVE □ NEGATIVE □

STOP

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

3 to 59 years old

Order: HPFRP / *Helicobacter pylori* with Clarithromycin Resistance Prediction, Molecular Detection, PCR, Feces (preferred)4 OR UBT / *Helicobacter pylori* Breath Test1

UREA BREATH TEST POSITIVE □ NEGATIVE □

PCR POSITIVE

Clarithromycin resistance predicted

Treat for *H pylori* infection using a regimen that does not contain clarithromycin.

Consider endoscopy with biopsy for culture and antimicrobial susceptibility testing: HELIS / *Helicobacter pylori* Culture with Antimicrobial Susceptibilities, Varies

Clarithromycin resistance not predicted

Treat for *H pylori* infection. May use clarithromycin-containing regimen

NEGATIVE

Evaluate for other causes of symptoms or signs

1. Mayo Clinic Laboratories utilizes the POCon Infrared Spectrophotometer for the Urea Breath Test; performance characteristics for this 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.
2. Consider HELIS / *Helicobacter pylori* Culture with Antimicrobial Susceptibilities, Varies.
3. Proton pump inhibitors, antisecretory 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 fecal antigen testing for *H pylori* detection and predicts clarithromycin susceptibility or resistance in *H pylori* if detected. Although, fecal antigen testing is available elsewhere, Mayo Clinic providers prefer and recommend the use of molecular testing for the detection of *H pylori*.
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.