GastroPanel® report

is designed to assist clinicians in interpreting the test results. The GastroPanel® report is intended to be used by a healthcare professionals only.

GastroPanel® quick test NT example report:

Date	2025-06-19
Time	18:38:16
Product	GastroPanel® quick test NT
LOT number	240903
Operator	admin
Sample ID	Patient 01
Sample info	WB(40.2), B

Results

Analyte	Results	Refernce range
Pepsinogen I	26.01 µg/L *	30 - 160 µg/l
Pepsinogen II	5.22 µg/L	3 - 15 µg/l
Pepsinogen I/II	4.98	3 - 20
Gastrin-17b	16.99 pmol/L *	1.8-7 pmol/L
H. pylori	< 18.0 HPU	0-30 HPU

Interpretation

The results indicate atrophic corpus gastritis due to a past *H. pylori* infection or an autoimmune disease. Increased gastrin-17 level may indicate decreased acid secretion. Further examinations and treatment are recommended.

Notice! The final diagnosis shall be made by the clinician / medical doctor.

For GastroPanel® quick test NT a unique BIOHIT interpretation algorithm for reporting is included in the analyzer GP Reader NT.

For GastroPanel® Unified a software application GastroSoft® for reporting is available at www.gastropanel.com.

Literature

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GastroPanel® Concept

Innovation in the assessment of stomach health

- Triage tool
- Non-invasive
- Cost-effective

BIOHIT
Innovating for Health

Screening of asymptomatic and dyspeptic patients

Gastrointestinal health faces growing challenges worldwide, driven by an aging population and limited healthcare resources. In addition, the increasing prevalence of gastrointestinal disorders underscores the urgent need for innovative solutions and improved care strategies.

Need for reliable and cost-effective solutions

- Safe, non-invasive and efficient way to triage dyspepsia patients
- Prioritize patients with urgent need for gastroscopy
- Reduce unnecessary gastroscopies in lowrisk patients
- Efficient screening tool for early detection of risk factors for stomach cancer

The solution - GastroPanel®

- As a triage tool, it helps healthcare professionals prioritize patients for further investigations (e.g., gastroscopy)
- Intended as the first-line diagnostic test for patients suffering from dyspepsia
- Cost-effective and easily scalable diagnostic tool that detects the most clinically relevant precursor to gastric cancer
- Patient friendly, non-invasive, simple blood test to evaluate the function and structure of stomach mucosa
- Backed by strong scientific and clinical evidence

Benefits

- Faster access to clinical triage and earlier detection of precancerous lesions
- Patients can be treated conservatively in primary care
- Cost savings from fewer unnecessary appointments and procedures
- Improves patient safety by speeding up the referral to further examinations, treatment and follow-up
- Increases patient satisfaction through noninvasive testing methods
- As a Point-of-Care test, delivers fast, actionable results in any clinical setting

GastroPanel identifies:

Healthy stomach

With all four biomarkers within the normal reference range, gastric mucosa functions normally.

H. pylori infection and Atrophic gastritis

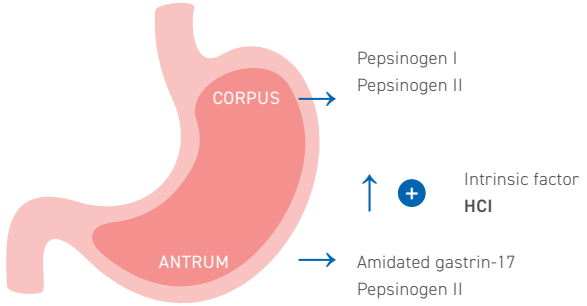
Atrophic gastritis can be caused by autoimmune disease or, more commonly, by *H. pylori* infection. Atrophic gastritis can increase the risk of various diseases (stomach cancer, duodenal ulcer, pepticulcer) and malabsorption of vitamin B12, iron, calcium and magnesium.

Acid output

Gastric acid (HCl) is produced by the highly specialized parietal cells mainly in the corpus. HCL secretion is controlled, among other things, by the secretion of gastrin-17. To identify increased acid output, gastrin-17 response can be measured after protein stimulation. The acid output may decrease do to long-term PPI medication.

Stomach specific biomarkers

GastroPanel® measures four stomach specific biomarkers in a blood sample to evaluate structure and function of stomach mucosa.



The stomach biomarkers reflect how the gastric mucosa and acid production function together as one integrated system. The GastroPanel® biomarkers are produced by specialized cells located in the corpus and antrum of the gastric mucosa.

Pepsinogen I (PGI)

The concentration of PGI reflect both the structure and function of the gastric corpus mucosa.

Pepsinogen II (PGII)

The high concentration of PGII is indicator for inflammation of the entire gastric mucosa.

Pepsinogen I/Pepsinogen II (PGI/PGII) ratio

The low PGI/PGII ratio level with high Gastrin-17 concentration are indicators of gastric corpus atrophy.

Gastrin-17 (G-17b)

The concentration of gastrin-17 in the blood (fasting concentration) is an indicator of the structure and function of the stomach antrum.

Antibodies to *Helicobacter pylori*

Helicobacter pylori antibody levels indicate *H. pylori* infection which can progress to atrophic gastritis.