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Summary

Panel discussion: H. pylori and precancerous conditions

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Stomach & H. Pylori

October 17, 2026

This Q&A panel addressed practical challenges in H. pylori management, surveillance of preneoplastic gastric lesions, and emerging screening strategies in Europe.

KEY POINTS

- Non-pylori Helicobacter species do not have a role in clinical routine at present, though gastric microbiota is an active research area.
- If H. pylori bacteria remain present in biopsies after treatment, retreatment is indicated with antibiotic susceptibility testing performed before second-line therapy unless bismuth quadruple therapy was not used initially.
- The panel stated that surveillance for intestinal metaplasia and atrophy should focus on high-risk phenotypes (especially extent of corpus involvement) rather than baseline country risk, with age to stop surveillance being approximately 75 years in forthcoming guidance.
- P-CABs (potassium-competitive acid blockers) are not yet available in Europe due to regulatory categorization and pricing; the panel suggested European studies are needed with appropriate amoxicillin dosing adjusted for body mass index differences from Asian populations.
- Faecal PCR testing for antibiotic resistance is currently not sensitive enough for clinical use and remains a research tool.
- The panel emphasized that endoscopy is not a screening tool and that organized screening programs should incorporate a priori risk assessment and biomarkers before endoscopy to optimize resource allocation.

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