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### Introduction

- *Helicobacter pylori* (Hp) infection is the leading cause of gastric cancer (GC).
- Northern Central America is the principal LMIC region in the Western Hemisphere and has among the highest GC incidence in the western hemisphere.
- *H. pylori* prevalence is estimated to be 80-90%.
- We examined the *H. pylori* seroprevalence, active infection status, and the Hp virulence factors VacA/CagA positivity of **healthy individuals** in the region using a novel validated Hp assay.

# Methods and Materials

- Healthy volunteers from Western Honduras and Central Guatemala were recruited.
- The novel Hp Multiplex assay (DKFZ) was used to evaluate 13 Hp antigens (CagA, VacA, GroEl, UreA, HP0231, HP0305, NapA, HpaA, HcpC, HP1564, Catalase, Cad, HyuA).
- Hp positivity was defined as positivity for  $\geq 4$  antigens.
- Active infection was defined as positivity to a combination of 2 out of the 4 antigens (VacA, GroEl, HcpC, HP1564).
- Descriptive statistics for continuous variables and frequencies for categorical variables were computed.

### Contact

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# High Seroprevalence Of *Helicobacter Pylori* And CagA/VacA Virulence Factors in Northern Central America

# **Table 1.** General Characteristics of the population

|                             | Total                     | Guatemala         | Honduras                 |
|-----------------------------|---------------------------|-------------------|--------------------------|
| Ν                           | 1143                      | 444               | 699                      |
| Age, mean (SD)              | 54.2 (14.5)               | 55.4 (10.7)       | 53.4 (16.5)              |
| Sex                         |                           |                   |                          |
| Female                      | 615 (53.8%)               | 255 (57.4%)       | 360 (51.5%)              |
| Male                        | 528 (46.2%)               | 189 (42.6%)       | 339 (48.5%)              |
| Rural Setting               | 683 (59.8%)               | 272 (61.3%)       | 411 (58.8%)              |
| Altitude (mamsl), mean (SD) | 1087.9 (453.7)            | 1250.8 (644.6)    | 983.4(209.2)             |
| Altitude >1000 mamsl        | 641 (56.4%)               | 272 (61.3%)       | 369 (53.3%)              |
| BMI, median (IQR)           | 25.7 (22.7 <i>,</i> 29.7) | 27.4 (23.9, 30.7) | 24.8(21.9 <i>,</i> 28.7) |
| Tobacco smoker              | 310 (27.1%)               | 196 (44.1%)       | 114 (16.3%)              |
| Recent use of antibiotics   | 78 (6.8%)                 | 55 (12.4%)        | 23 (3.3%)                |
| Refrigerator                | 608 (53.2%)               | 200 (45.0%)       | 408 (58.4%)              |
| Alcohol                     | 488 (42.7%)               | 321 (72.3%)       | 167 (23.9%)              |
| Electric or gas stove       | 387 (33.9%)               | 265 (59.7%)       | 122 (17.5%)              |





- respectively.

• An extremely high seroprevalence of Hp and CagA/VacA is observed in Honduras and Guatemala and is representative of Northern Central America. • This correlates with the high burden of GC in the region, and has implications for regional prevention programs as well as immigrant populations in the U.S.



# Results

• 1,143 adults were tested with the multiplex assay (Guatemala n=444, Honduras=699).

• The mean age was 54.2±14.5 years, 46.2% were male, 60% of individuals were from rural settings and 56% lived above 1000 meters over sea level.

• The most frequent occupations were domestic work and agriculture (40% and 19% respectively).

• No significant differences were noted according to country, age group, gender, or rural/urban location. • Over half (53%) of individuals had a refrigerator, and 34% had an electric or gas stove.

• 44% and 16% were either current or former tobacco smokers in Guatemala and Honduras, respectively. • 43% noted alcohol use.

• Hp seropositivity was 87%, active infection was 83%. CagA and VacA seropositivity was 82% and 75%

### Conclusions

### **References:**

1. Pineros J. Global Onc. 2018.

2. Dominguez RL. CCC. 2013.

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4. Michel A, Helicobacter 2009.