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## Blood test kit rolled out to detect gastric cancer early

Non-invasive test being evaluated for use in primary care settings such as polyclinics

**GASTRIC CANCER** In Singapore, gastric cancer is the fifth leading cause of cancer deaths in men and the sixth in

lives yearly.

to treat.

women, claiming around 300

It is the third leading cause of cancer deaths worldwide,

claiming 780,000 lives annually, as it is often detected at the

later stages, making it difficult

experiencing higher rates. Patients at high risk include

those who are aged 50 years

Patients who had previous

stomach, are also at higher risk However, the source of H. pylori infection is currently unknown More than half the gastric

cancer patients are elderly

discomfort in the upper

be fewer

Common symptoms of gastric cancer include stomach

abdomen, vomiting, weight loss, and black-coloured stool.

In the early stages of the

cancer, the symptoms tend to

Helicobacter Pylori (H. pylori) infection, which is bacteria infection of the lining of one's

and above, with higher prevalence among Singaporean

Chinese males.

The cancer is more common in Asia, with countries such as South Korea, Japan and China

## **Cheryl Tan**

A blood test kit that can accurately A blood test fit that can accurately detect gastric cancer in its early stages is being rolled out in local hospitals and evaluated for use in primary care settings such as poly-clinics, said the National University Health System (NUHS) on Friday. The tott lift, however as Costro The test kit, known as Gastro

clear, is the first of its kind in the world. It has been progressively rolled out in public hospitals such as National University Hospital (NUH) and Tan Tock Seng Hospital, some private general practitioner clinics and specialist clinics for pre-

This form of gastric cancer. This form of cancer is usually diag-nosed through endoscopy, a proce-dure perceived to be expensive and invasive, as it involves inserting a thin tube with a camera into the pa-tient's mouth and all the way down to the stomach.

to the stomach. According to the Ministry of Health's website, an endoscopy costs around \$200 to \$800 with medical subsidy. Using the blood test would be more cost-effective – it is priced at under \$200 at public hospitals. The test is also non-invasive, can en-courage bioler untake among the courage higher uptake among the

courage higher uptake among the public for early detection of the can-cer and reduce reliance on en-doscopy. The test can detect 87 per cent of all gastric cancers, including 87.5 per cent of stage one cancers, compared with conventional blood tests which have only an accuracy. tests which have only an accuracy rate of between 50 per cent and 60

per cent. This is because conventional tests are usually used for monitoring the patient's response to cancer treatment or cancer recurrence, and are not suitable for identifying cancer patients.

The project to develop the new

From left: NUS Yong Loo Lin School of Medicine's Associate Professor Too Heng-Phon, MiRXES co-founder and CEO Zhou Lihan, NUH's Division of Gastroenterology and Hepatology consultant Calvin Koh and NUH's Professor Jimmy So with the gastric cancer test kit. It is priced at under \$200 at public hospitals. ST PHOTO: GAVIN FOO

blood test began in 2012. It was led by Professor Jimmy So, head and senior consultant with NUH's Division of General Surgery (upper gastrointestinal surgery); Professor Yeoh Khay Guan, senior consultant with NUH's Division of Gastroenterology and Hepatology; and Associate Professor Too Heng-Phon from the National University of Singapore Yong Loo Lin School of Medicine's Department of Biochemistry. The team also included clinicians

and scientists from NUHS, the Bioand scientists from NUHS, the Bio-processing Technology Institute (BTI) of the Agency for Science, Technology and Research (A\*Star), national platform Diagnostics De-velopment (DXD) Hub, and MiRXES, a molecular diagnostic company which was spun off from BTI BTI.

The test kit was first manufactured in 2012, and has been able to differentiate between gastric cancer patients and normal patients us ing 12 microRNA biomarkers with an accuracy rate of 92 per cent. Between 2013 and 2018, it was val-

idated among some 5,000 subjects from Singapore and received ap-proval from the Health Sciences Au-thority last year. Said Prof So: "The majority of gas-

tric cancer patients are diagnosed

at advanced stages, for which the five-year survival rate is lower than 5 per cent. "On the other hand, the five-year

"On the other hand, the five-year survival rate for stage one cancer is at more than 90 per cent. Early de-tecting is thus key to reducing death from gastric cancer." As it costs less than endoscopy, the test could potentially be used as part of the national screening pro-gramme for gastric cancer in high risk groups. Assoc Prof Too, however, empha-

sised that the test does not replace endoscopy, and instead provides an option to patients who may not be keen on initial endoscopic screen-

ing. This is because endoscopy still re-mains the gold standard for accu-rately diagnosing gastric cancer, as it involves a biopsy of the affected

tissue. Instead, the test "adds to the cur-rent cancer detection tool arma-mentarium" by offering a pre-screening option for at-risk pa-tients, so that those with gastric can-cer can be identified early. The team is now looking to de

The team is now looking to develop similar blood tests for early diagnosis of lung, liver and breast cancers.

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## How the blood test works

The new blood test for early detection of gastric cancer takes around three hours to process in a clinical lab and patients can expect results to be delivered to their doctor in a week.

The blood test detects the patterns of mi-croRNA – a type of genetic material present in the blood sample.

Most cancers, including gastric cancer, secrete abnormal levels of certain microRNA sequences into the blood. MicroRNAs are also stable in the blood, making

this method of detection for cancer a reliable one The blood test is processed using a polymerase chain reaction to amplify a panel of 12 microRNA biomarkers, developed by molecular diagnostics company MiRXES, and the results are then con-

verted into a risk score. Patients are then profiled according to their risk scores. High risk scores could be an identifier of gastric cancer, and the patient would be encouraged to

cancer, and the patient would be encouraged to undergo an endoscopy to confirm the diagnosis. The endoscopy is generally divided into two parts – a gastroscope examination and a tissue biopsy. The gastroscope examination typically takes 15 minutes, and results will be released on the same day. However, if doctors suspect that the patient might have cancer, a tissue biopsy will be done and the report will typically take up to a week. week.

**Cheryl Tan**