Biohit Oyj

A Finnish healthtech company operating on global markets

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Early Diagnostics: The Shift from Treating to Preventing

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Prevention

Regular maintenance helps reduce the risk of costly repairs.

Preventing sounds like a winning strategy, but when it comes to health, it is not only about our own choices.

Good health is not automatically a reward for making good choices, nor is illness a punishment for making bad ones.

Genetics and environmental factors also play a role.

High cholesterol is a good example: you can feel perfectly healthy, live a healthy lifestyle, and still carry a risk you cannot feel.

Role of diagnostics

If you can’t feel the risk, you need to measure it.

This is why diagnostics are essential to prevention.

Diagnostics

Early detection

Prevention

Identify risk early → Take targeted preventive action → Avoid significant harm

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Prevention framework

LEVEL	PURPOSE	EXAMPLE
Primary prevention	Prevent disease from developing	Vaccination, smoking cessation, healthy diet
Secondary prevention	**Detect disease early, before it causes significant harm**	**Cancer screening, blood pressure or cholesterol measurement**
Tertiary prevention	Reduce complications and progression of established disease	Diabetes management, cardiac rehabilitation
Quaternary prevention	Prevent harm from unnecessary medical intervention	Avoiding unnecessary tests, procedures, or treatments

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Early detection is the game changer

Good early detection isn’t simply about doing more testing.

It is about identifying the right patients early and directing scarce healthcare resources to those who need them most.

Link from secondary prevention to quaternary:

Detect important disease earlier while avoiding unnecessary invasive procedures in low-risk patients.

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We need two pathways for early detection

1. Screening and routine measurements for asymptomatic patients
   - Identifying hidden risk or early disease

2. Triage for symptomatic patients
   - Fast-tracking high-risk patients

Case Gastric Cancer

6th most diagnosed cancer in the EU

- 136 000 new cases diagnosed each year
- 52 085 deaths per year

The deadliest of the common cancers

- Can be symptomless for a long time
- Five-year survival rate < 30%
- Prostate cancer 90%
- Breast cancer 90%

Early detection changes everything in gastric cancer

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Asymptomatic patients

European Council's cancer screening recommendations

2003

- Breast
- Cervical
- Colorectal

Update 2022

- Lung
- Prostate
- **Gastric**

Symptomatic patients

Dyspepsia symptoms are increasing globally.

Gold standard: Upper endoscopy → Endoscopy units are overloaded

However, many low-risk patients do not need an urgent procedure. As a result, patients who truly need endoscopy face delays because capacity is tied up by lower-risk cases.

The key question:

How to identify 20% of patients who urgently need a gastroscopy?

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GastroPanel® – The Unique and Accurate Triage Tool

GastroPanel® quick test

Triage tool for symptomatic patients

Enables a more far-reaching diagnosis of the patient in primary healthcare.

There are benefits for both the patient and society:

- More efficient use of limited healthcare resources
- Better patient prioritisation and earlier identification of high-risk patients

Screening tool for asymptomatic patients

Screening tool to identify people with increased gastric cancer risk.

GastroPanel® identifies:

Helicobacter pylori – Class 1 carcinogen, global prevalence 43.1%

Atrophic gastritis – Abnormality of the gastric mucosa, the biggest known risk factor for gastric cancer

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Rock solid scientific support

GastroPanel is an accurate triage tool

A study conducted by the London-based Homerton University Hospital*
Confirms the accuracy of the GastroPanel® test:

Conclusion GastroPanel is a reliable dyspepsia triage test distinguishing patients who can be safely treated conservatively from those with moderate to severe corpus atrophic gastritis at high risk of developing GAC.

*BMJ Open Gastroenterelogy, January 2025

Evidence: Only a minority require prioritised endoscopy

Benberin et al. 2013
Roman et al. 2016
Koivurova et al. 2025
Papadia et al. 2025

Across studies, only 10–15% of patients require priority endoscopy.

High negative predictive value

Koivurova et al. 2025	**Near zero miss rate**
Papadia et al. 2025	**Reliable triage vs. biopsy**
HOPE Project (Chile) 2025	**No clinically significant findings in low-priority group**

The majority can be safely excluded due to very high negative predictive value.

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Which one would you choose?

Why start with a gastroscopy when there’s an 80% chance you don’t need one?

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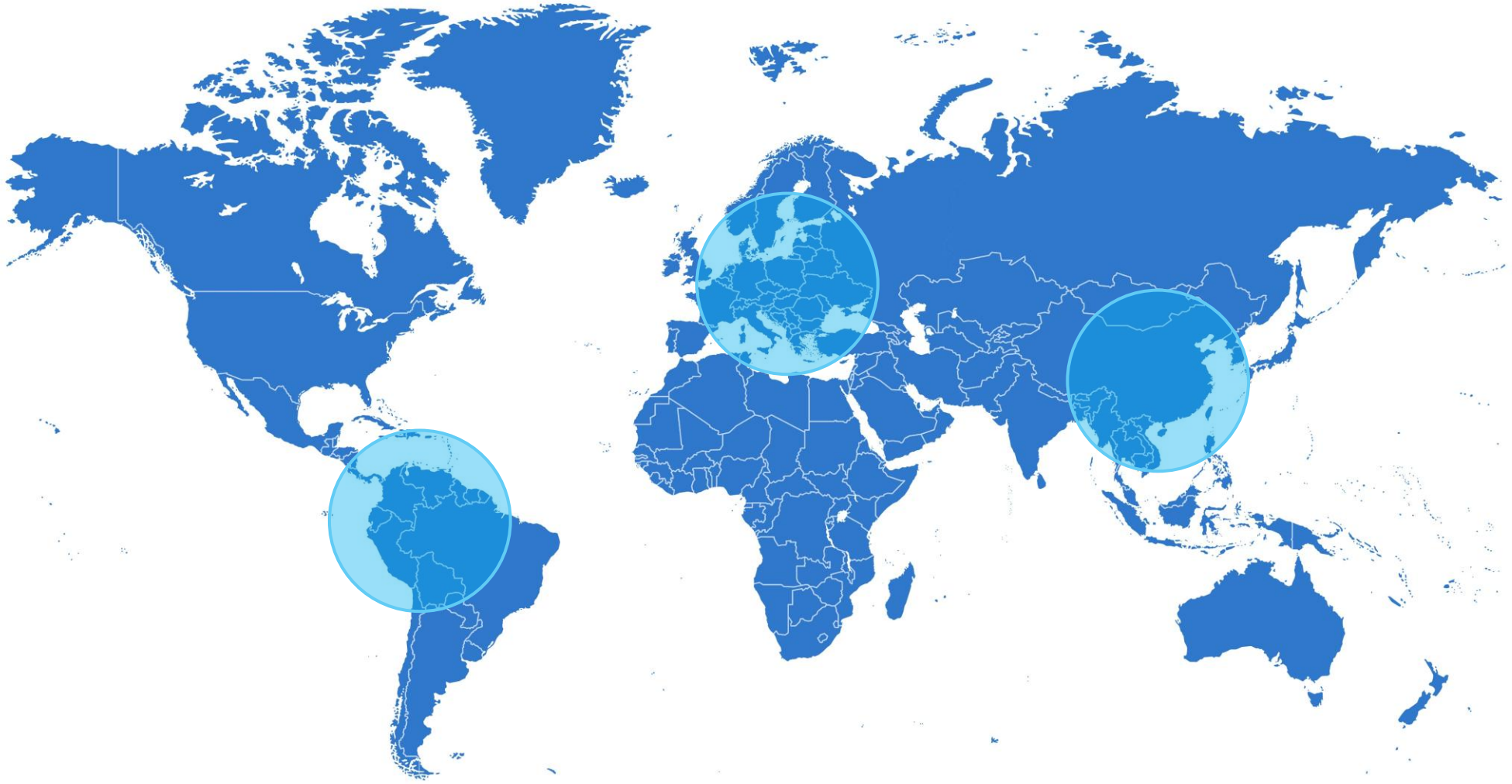
GastroPanel® is used globally



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Case Chile: New standard for a smart gastric triage

Chile Shows the Way: Proven Model for Smarter Endoscopy Prioritization

Chile is the *first country* to implement a gastric serological panel (Pepsinogen I & II, G-17, *H. pylori*) into a national digestive cancer prevention strategy*.

The approach is *validated locally*: >80% of premalignant lesions and 100% of gastric cancers correctly identified.

Up to two-thirds of unnecessary endoscopies eliminated, releasing capacity for high-risk patients.

Now supported by peer-reviewed evidence (Hope Hp-GC Project, *Helicobacter*)

Target group in Chile

The gastric cancer component is used for people aged 40+ who are awaiting upper endoscopy in the public health system.

Key takeaway

Chile demonstrates that biomarker-based gastric risk assessment is scalable, cost-effective, and guideline-compatible. The same gains, fewer unnecessary endoscopies, earlier detection, better resource allocation, are achievable in any healthcare system.

*Digestive Cancer Prevention Strategy 2025

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Mission

Revolutionizing gastric diagnostics

Non-invasive identification of the 20% of dyspepsia patients who urgently need gastroscopy

Next step – Seize on opportunity

Fact:
Healthcare resources are not going to increase

Silver lining:
Healthtech can help us make better use of the resources we have, particularly through early detection and prevention

Faster implementation needed to save resources and lives

Agile pilots and validation studies needed

At the end, it is all about attitude, flexible mindset and a will to drive the change towards healthier societies

Thank you

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