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BSG 2016 - Abstract Submission

Small bowel

BSG16-ABS-1460

DOES THE POINT OF CARE TEST, SIMTOMAX, DISTINGUISH BETWEEN COELIAC DISEASE AND NON-COELIAC GLUTEN SENSITIVITY?

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Introduction: Non coeliac gluten sensitivity (NCGS) is an emerging clinical entity with a prevalence of 0.5-13%. It is characterised by gluten related symptoms with a negative coeliac serology and no villous atrophy (VA). It is currently a diagnosis based on exclusion of coeliac disease (CD). We aimed to assess the role of Simtomax, an IgA/G deamidated gliadin peptide (DGP) based point of care test (POCT), in differentiating between NCGS and CD.

Methods: Group 1: we compared the sensitivities of 3 POCTs: Simtomax, Biocard [IgA-tissue transglutaminase (TTG)] and Celiac Quick Test (IgA/G/M-TTG). We prospectively recruited 100 patients referred with a positive endomysial antibody (EMA) attending for a gastroscopy. All patients undertook the 3 POCTs, EMA, TTG, and all underwent a gastroscopy with 5 duodenal biopsies. Sensitivities were measured based on their histology.

Group 2: the sensitivity of Simtomax in the general population was evaluated by prospectively recruiting 667 patients with gastrointestinal symptoms or ataxia attending for a gastroscopy. To reduce positive ascertainment bias, we excluded patients referred with a positive EMA, previous VA, known CD, self-reported gluten sensitivity, and those on a gluten free diet. All patients undertook Simtomax, EMA, TTG and a gastroscopy with 5 duodenal biopsies. Sensitivities were measured based on their histology.

Group 3: we demonstrated the sensitivities of Simtomax in a gluten sensitive population. 35 patients with self-reported gluten sensitivity attending for a gastroscopy were prospectively recruited. All patients undertook Simtomax, EMA, TTG and a gastroscopy with 5 duodenal biopsies. Sensitivities were measured based on their histology.

Results: Group 1 showed that Simtomax was the best POCT in detecting CD. The CD prevalence was 85%. In group 2, the sensitivity and negative predictive value (NPV) of Simtomax were comparable to that of EMA and TTG. The prevalence of CD was 4.95%. In group 3, Simtomax had 100% sensitivity and NPV in differentiating between CD and NCGS. 4 patients (11.4%) were diagnosed with CD, 4 (11.4%) with potential CD (positive serology but no VA) and 27 (77.1%) with NCGS (negative serology and no VA).

| Gp | Sensitivity, % | Specificity, % | PPV, % | NPV, % |
|-------------------|----------------|----------------|--------|--------|
| Gp 1 | | | | |
| Simtomax | 96.5 | 6.67 | 85.4 | 25 |
| Biocard | 71.8 | 53.3 | 89.7 | 25.0 |
| Celiac Quick Test | 67.1 | 33.3 | 85.1 | 15.2 |
| Gp 2 | | | | |
| Simtomax | 78.8 | 85.0 | 21.5 | 98.7 |
| EMA | 72.7 | 99.5 | 88.9 | 98.6 |
| TTG | 75.8 | 93.1 | 36.2 | 98.7 |
| Gp 3 | | | | |
| Simtomax | 100 | 80.6 | 40.0 | 100 |
| EMA | 75.0 | 96.8 | 75.0 | 96.8 |
| TTG | 75.0 | 87.1 | 42.9 | 96.4 |

Conclusion: Simtomax was the most accurate POCT for detecting CD. In a lower CD prevalence group 2 cohort, its sensitivity remained comparable to TTG and EMA. Simtomax had 100% sensitivity in detecting CD in patients with self-reported gluten sensitivity, and 100% NPV in identifying patients with NCGS.

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