

The virulence factor genes on GI-MAP® are found exclusively on the genome of *H. pylori*.

These genes code for proteins that will predispose one to more serious *H. pylori* infections.

The chart below provides details of each virulence factors tested on the GI-MAP.

Gene Acronym	Gene Name	Genetic Characteristics	Associations with Disease
<b>BabA</b>	Blood Group Antigen Binding Adhesion	<ul style="list-style-type: none"> <li>Promotes DNA breakage in host cell</li> <li>Improves <i>H. pylori</i> adherence (“stickiness”) to epithelial cells</li> <li>May promote other virulence factors, especially CagA</li> </ul>	May promote carcinogenesis
<b>CagA</b>	Cytotoxin Associated Gene A	<ul style="list-style-type: none"> <li>Promotes <i>H. pylori</i> adhesion and colonization</li> <li>Affects barrier function of gastric epithelial tight junctions</li> <li>Promotes loss of cell polarity</li> <li>Antagonizes VacA</li> <li>Evades the immune system and affects the activity of dendritic cells and B-cells.</li> <li>Considered part of the “pathogenicity island” which includes VirB and VirD virulence factors. This is a closely associated group of genes that work synergistically and often transfer as a unit.</li> </ul>	Promotes carcinogenesis, strong association. Also associated with peptic ulcer disease
<b>DupA</b>	Duodenal Ulcer-Promoting Gene A	<ul style="list-style-type: none"> <li>Promotes inflammation</li> </ul>	Associated with duodenal ulcers, specifically

Gene Acronym	Gene Name	Genetic Characteristics	Associations with Disease
<b>IceA</b>	Induced by Contact with Epithelium A	<ul style="list-style-type: none"> <li>• Transcription of this gene is only initiated after adhesion to the gastric epithelium</li> <li>• Promotes inflammation and associated with elevated IL-8</li> </ul>	<p>Associated with dyspepsia and gastric &amp; duodenal ulcers</p> <p>NOT associated with gastric cancer</p>
<b>OipA</b>	Outer Inflammatory Protein A	<ul style="list-style-type: none"> <li>• Promotes inflammation</li> <li>• Drives IL-8 production</li> </ul>	Associated with carcinogenesis and peptic ulcer disease
<b>VacA</b>	Vacuolating Toxin A	<ul style="list-style-type: none"> <li>• Enters the host cell by endocytosis</li> <li>• Affects mitochondrial function</li> <li>• Disrupts tight junctions</li> <li>• Causes a programmed necrosis by inducing the production of large vacuoles inside the host cells; inducing cellular swelling; disrupting cell barrier thus causing nutrient leakage</li> <li>• Facilitates nutrient acquisition (iron, minerals, amino acids, etc.)</li> <li>• Inhibits antigen presentation in vitro</li> <li>• Antagonizes CagA</li> </ul>	Associated with gastric inflammation, peptic ulcer disease, and gastric cancers
<b>VirB &amp; VirD</b>		<ul style="list-style-type: none"> <li>• Part of the CagA “pathogenicity island”</li> <li>• Both genes can potentiate CagA virulence factor by aiding in its transmission to host epithelial cells</li> <li>• In the absence of CagA, these virulence factors are unlikely to change clinical outcome of <i>H. pylori</i> infections.</li> </ul>	Evaluate next to CagA virulence factors. VirB & VirD, if positive, can potentiate CagA virulence and clinical associations

## How To Target Treatments in the Presence of Virulence Factors:

Generally, when virulence factors are present, the treatment goal will be to fully eradicate the *H. pylori* population. This can be confirmed by retesting the full GI-MAP, the pathogen panel, or the *H. pylori* panel 4–6 weeks after completing treatment. The goal is to achieve a result of <dl on the retest. The exception to this may be VirB and VirD if they are found in isolation (without CagA present).

Below is a chart of treatment considerations for each of the virulence factors. These would be used in addition to the standard treatments for *H. pylori* alone.

Virulence Factor	Special Treatment Considerations
<b>BabA</b>	More aggressive treatment may be warranted; consider the use of adhesion inhibitions, particularly cranberry
<b>CagA</b>	Target inflammatory support, promote T-cell activity, consider curcumin, resveratrol/red wine, ginger, Nigella sativa, low salt diet
<b>DupA</b>	Consider the use of demulcents for mucosal protection
<b>IceA</b>	Inflammatory support, consider the use of adhesion inhibitors
<b>OipA</b>	Inflammatory support
<b>VacA</b>	Mitochondrial support, consider Nigella sativa, green tea, red wine/resveratrol, Scutellaria baicalensis
<b>VirB &amp; VirD</b>	No additional treatments necessary

### References

- Backert, S., & Clyne, M. (2011). Pathogenesis of *Helicobacter pylori* infection. *Helicobacter*, 16, 19-25.
- Chung, J. M., Sheedlo, M. J., Campbell, A. M., Sawhney, N., Frick-Cheng, A. E., Lacy, D. B., ... & Ohi, M. D. (2019). Structure of the *Helicobacter pylori* Cag type IV secretion system. *Elife*, 8, e47644.
- Galmiche, A., & Rassow, J. (2010). Targeting of *Helicobacter pylori* VacA to mitochondria. *Gut microbes*, 1(6), 392-395.
- Guttman, J. A., & Finlay, B. B. (2009). Tight junctions as targets of infectious agents. *Biochimica et Biophysica Acta (BBA)-Biomembranes*, 1788(4), 832-841.
- Kusters, J. G., Van Vliet, A. H., & Kuipers, E. J. (2006). Pathogenesis of *Helicobacter pylori* infection. *Clinical microbiology reviews*, 19(3), 449-490.
- Peek Jr, R. M., Thompson, S. A., Donahue, J. P., Tham, K. T., Atherton, J. C., Blaser, M. J., & Miller, G. G. (1998). Adherence to gastric epithelial cells induces expression of a *Helicobacter pylori* gene, *iceA*, that is associated with clinical outcome. *Proceedings of the Association of American Physicians*, 110(6), 531-544.
- Salama NR, Hartung ML, Müller A. *Life in the human stomach: persistence strategies of the bacterial pathogen Helicobacter pylori*. *Nat Rev Microbiol*. 2013 Jun;11(6):385-99. doi: 10.1038/nrmicro3016. Epub 2013 May 8. PMID: 23652324; PMCID: PMC3733401.
- Shiota, S., Watada, M., Matsunari, O., Iwatani, S., Suzuki, R., & Yamaoka, Y. (2012). *Helicobacter pylori* *iceA*, clinical outcomes, and correlation with *cagA*: a meta-analysis. *PloS one*, 7(1), e30354.
- Testerman, T. L., & Morris, J. (2014). Beyond the stomach: an updated view of *Helicobacter pylori* pathogenesis, diagnosis, and treatment. *World journal of gastroenterology: WJG*, 20(36), 12781.
- van Doorn, L. J., Figueiredo, C., Sanna, R., Plaisier, A., Schneeberger, P., de Boer, W., & Quint, W. (1998). Clinical relevance of the *cagA*, *vacA*, and *iceA* status of *Helicobacter pylori*. *Gastroenterology*, 115(1), 58-66.