

TOWARDS GASTRIC CANCER SCREENING IMPLEMENTATION IN THE EUROPEAN UNION

CONFERENCE



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SVP Head of Europe, BeiGene

07 September 2023
Antwerp



Chairman and Founder of SAIL

www.sailinbhutan.com



UNIVERSITY OF LATVIA
**INSTITUTE OF CLINICAL
AND PREVENTIVE
MEDICINE**



TOWARDS GASTRIC CANCER SCREENING
IMPLEMENTATION IN THE EUROPEAN UNION



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Imagine...

...you can prevent cancer

...for a handful of dollars.

...wouldn't you do it ?



SAIL in Bhutan - Mission Statement:

Our mission is to **Save And Improve Lives**

- via free H-pylori eradication programs verified by free urea breath test
- in a high risk population for severe gastric disease
- while generating new scientific data
- to increase awareness for prevention of gastric cancer worldwide.

www.sailinbhutan.com

is a registered non-profit organisation



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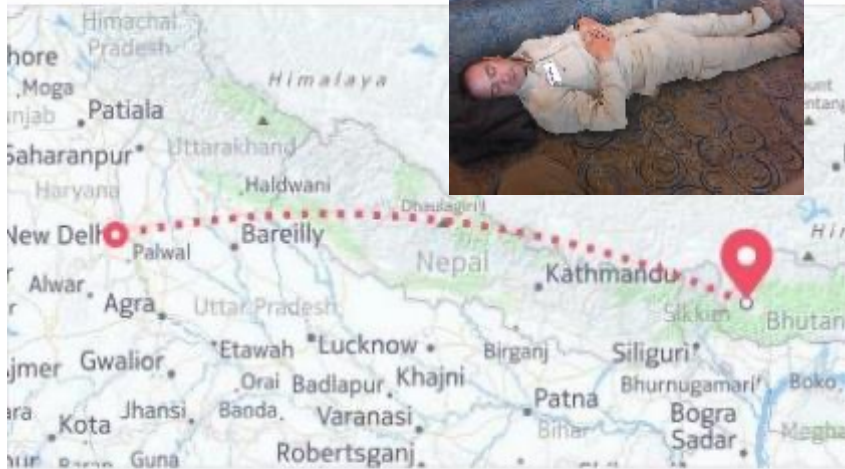
How can you get to Bhutan?



Gerwin Winter is ✈️ travelling to **Paro, Bhutan from Delhi Airport.**

Just now · Delhi · 👤

Enjoying the Delhi airport carpet for some rest...



CITY
Paro, Bhutan



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Tibet (CHINA)

BHUTAN

- ★ National Capital
- City
- District Headquarter
- Town
- Village/Camp
- ✈ Airport
- Int'l Boundary
- - - Disputed Border
- District Boundary
- Main Road
- Feeder Road
- Trek



Background: Incidence of gastric cancer is highest in the world (5fold)

W J G World Journal of
Gastroenterology

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BRJEF ARTICLE

Extremely high prevalence of *Helicobacter pylori* infection in Bhutan

Ratha-korn Vilaichone, Varocha Mahachai, Seiji Shiota, Tomohisa Uchida, Thawee Ratanachu-ek, Lotay Tshering, Nguyen Lam Tung, Toshio Fujioka, Masatsugu Moriyama, Yoshio Yamaoka

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BRJEF ARTICLE

Antibiotics resistance rate of *Helicobacter pylori* in Bhutan

Ratha-korn Vilaichone, Yoshio Yamaoka, Seiji Shiota, Thawee Ratanachu-ek, Lotay Tshering, Tomohisa Uchida, Toshio Fujioka, Varocha Mahachai

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Abstract

AIM: To survey the antibiotic resistance pattern of *Helicobacter pylori* (*H. pylori*) strains isolated from Bhutanese population.

Note: Previous H-pylori eradication treatment in Bhutan was Metronidazol, Amoxi, Omeprazol



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SAIL „ETIB registry“:

Eradication Treatment In Bhutan

- ETIB registry was planned as mono center conducted in Jigme Dorji Wangchuck National Referral Hospital in Thimpu, supervised by Dr. Guru Dhakal and Dr. Sonam Dargey (Gastroenterologists).
- ETIB was coordinated by Kesang Tshering (Microbiologist) who also entered the data in the database.
- Diagnosis conducted via endoscopy / RUTs, and UBTs from company Richen.
- Eradication of H-pylori conducted with „PAC“ bid (Pantoprazol 40mg, Amoxicillin 1000mg, Clarithromycin 500mg)
- Proof of eradication success only via non-invasive „UBT“
- Interim analysis on 8.11.2019 to monitor effect of treatment. 367 patients had received PAC bid for 10 days - classified as cohort A. As a consequence of relatively disappointing treatment effect Dr. Dhakal and Dr. Dargey decided to prolong treatment duration from 10 to 14 days - as cohort B.
- Pain and quality of life questionnaires were conducted
- Compliance support was provided

ETIB baseline data:

- 55% of patients were female / 45% of patients were male
- Mean age was 42 years / mean height was 154 cm / mean body weight 66 kg
- FPFV on 29.3.2018. LPLV on 12.11.2020.
- Compliance support was provided with daily phone calls / whatsapp messages.
- Based on 298 records, specific abdominal pain duration before inclusion into the registry was almost 2 years (1.98) and prevalent in the family (74%).
- Pain severity before inclusion into the registry was mean 5.6 (std.-error 1.83) on a scale from 1 to 10. 1 being defined as „almost none“ and 10 as „not bearable“.
- Pain severity dropped from mean 5.6 to 1.75 (std.-error 1.39) after therapy.

ETIB

Results:

Cohort A (PAC bid 10 days)	n	%		Cohort B (PAC bid 14 days)	n	%
No. of patients	367			No. of patients	58	
No. of patients with treatment success	229	62.4		No. of patients with treatment success	56	95.6
No. of patients with treatment failure	138	37.6		No. of patients with treatment failure	2	3.4



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Summary and conclusions:

Saving And Improving Lives (SAIL) in Bhutan

- Bhutan with highest incidence of gastric cancer in the world (5fold)
- Infection rate in Bhutan is up to 90% with highly virulent H-pylori
- SAIL registry showed that eradication of H-pylori was successful with „PAC“ bid (Pantoprazol 40mg, Amoxicillin 1000mg, Clarithromycin 500mg)
- In Bhutan 14 day PAC seems more effective than 10 day PAC (96% vs. 62%)
- Quality of life questionnaire data suggest that successful H-pylori eradication causes improvement in quality of life and pain reduction

Other SAIL activities:

Saving And Improving Lives (SAIL) in Bhutan

- >\$250.000 donations received since 2018 – 97% already invested
- SANDOZ medicines for >5.000 patients delivered directly to Bhutan
- 3 Spectrometers + UBT tests kits for >5.000 patients delivered directly to Bhutan
- Endoscopy devices from Japan donated directly to 2 Bhutan hospitals
- 2nd line eradication medicine Bismut also delivered directly to Bhutan
- Program extension from capital Thimphu to Mongar and Gelephu
- \$20.000 donation to royal foundation programs in Covid pandemic

And just one more thing...

- SAIL became „advisor“ to Minister of Health in Bhutan – Dr. Dechen Wangmo
- The MoH initiated „project flagship“ (budget of about \$15million):
<https://www.moh.gov.bt/hspd/health-flagship/>
- Reduce incidence + mortality in Bhutan through screening and prevention !

=> All population (18-75 years) will be screened using a Rapid Stool Test / UBT.

=> All population with H-pylori infection will be given eradication therapy.

=> All population aged 40-75 years with risk factors for gastric cancer will be screened through endoscopy services and provided the necessary treatment.

Bhutan has a total population of 777.486

How could SAIL be successful?

- Dasho Kado






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7gerwin.winter@gmail.com



**If you could help end gastric
cancer in a whole country,
would you do it?**

Save And Improve Lives in Bhutan by eradicating H-pylori

Every patient counts...



Donations help to Save And Improve Lives

SAIL in Bhutan e.V.

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