
Letter: serum HBcrAg is a useful marker for disease monitoring, predicting treatment response and disease outcome of chronic hepatitis B virus infection—authors' reply



Hepatitis B core-related antigen (HBcrAg) levels in the natural history of hepatitis B virus infection in a large European cohort predominantly infected with genotypes A and D

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A critique and systematic review of the clinical utility of hepatitis B core-related antigen

[Celina Adraneda](#) [#] • [Yong Chuan Tan](#) [#] • [Ee Jin Yeo](#) • [Guan Sen Kew](#) • [Atefeh Khakpoor](#) • [Seng Gee Lim](#)   •

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CONCLUSIONS

HBcrAg has a mixed performance and has a poor correlation with HBsAg loss and antiviral therapy, hence HBcrAg results should be interpreted with caution.

Impact and implications

- Hepatitis B core-related antigen (HBcrAg) has been used to assess management of Chronic Hepatitis B (CHB) patients without a systematic and critical review of its performance
- We found that HBcrAg had false positive rate of 9% and false negative of 12-35% raises concerns although larger studies are need for validation



Review Article

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Forthcoming Step in Gastric Cancer Prevention: How Can Risk Stratification Be Combined with Endoscopic Screening for Gastric Cancer?

Although the concern for gastric cancer prevention has increased, gastric cancer has remained a heavy burden worldwide and is not just a local issue in East Asian countries. However, as several screening programs (listed below) have shown some success, it is important to determine whether the situation is changing in some other countries and whether similar methods should be recommended. Endoscopic screening has been performed as a national program in South Korea and Japan, and the results have shown a reduction in gastric cancer mortality. Although the efficacy of *Helicobacter pylori* eradication has been established, the efficacy of the screen-and-treat strategy is presently being evaluated in randomized controlled trials. The serum pepsinogen test and endoscopic examination can divide high-risk subjects with severe gastric atrophy from average-risk subjects. Risk stratification is anticipated to contribute to an efficient method of prediction of gastric cancer development when combined with endoscopic screening. Countries with a high incidence rate should realize the immediate need to reduce gastric cancer death directly by endoscopic screening and should recognize screen-and-treat as a second option to reduce future risk. However, all forms of gastric cancer prevention programs have some harms and potential to increase unnecessary examinations. A balance of the benefits and harms should be always considered. Although further study is needed to obtain sufficient evidence for gastric cancer prevention, the best available method should be examined in the context of each country.

Keywords: Stomach neoplasms, Mass screening, *Helicobacter pylori* antibodies, Serum pepsinogens, Endoscopes





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PMID: [25320514](https://pubmed.ncbi.nlm.nih.gov/25320514/)

Current issues and future perspectives of gastric cancer screening

[Chisato Hamashima](#)

Gastric cancer remains the second leading cause of cancer death worldwide. About half of the incidence of gastric cancer is observed in East Asian countries, which show a higher mortality than other countries. The effectiveness of 3 new gastric cancer screening techniques, namely, upper gastrointestinal endoscopy, serological testing, and “screen and treat” method were extensively reviewed. Moreover, the phases of development for cancer screening were analyzed on the basis of the biomarker development road map. Several observational studies have reported the effectiveness of endoscopic screening in reducing mortality from gastric cancer. On the other hand, serologic testing has mainly been used for targeting the high-risk group for gastric cancer. To date, the effectiveness of new techniques for gastric cancer screening has remained limited. However, endoscopic screening is presently in the last trial phase of development before their introduction to population-based screening. To effectively introduce new techniques for gastric cancer screening in a community, incidence and mortality reduction from gastric cancer must be initially and thoroughly evaluated by conducting reliable studies. In addition to effectiveness evaluation, the balance of benefits and harms must be carefully assessed before introducing these new techniques for population-based screening.

NEWS RELEASE 22-DEC-2022

COVID-19 booster increases durability of antibody response, research shows


Peer-Reviewed Publication

UNIVERSITY OF VIRGINIA HEALTH SYSTEM

FULL LENGTH ARTICLE | [VOLUME 130, ISSUE 1, P67-73, JANUARY 01, 2023](#)

Enhanced SARS-CoV-2 IgG durability following COVID-19 mRNA booster vaccination and comparison of BNT162b2 with mRNA-1273

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Background

BNT162b2 (Pfizer/BioNTech, Comirnaty) and mRNA-1273 (Moderna, Spikevax) are messenger RNA (mRNA) vaccines that elicit antibodies against the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) spike receptor-binding domain (S-RBD) and have been approved by the US Food and Drug Administration to combat the coronavirus disease 2019 (COVID-19) pandemic. Because vaccine efficacy and antibody levels waned over time after the 2-shot primary series, the US Food and Drug Administration authorized a booster (third) dose for both mRNA vaccines to adults in the fall of 2021.



Photon-Counting CT Shows More Post-COVID-19 Lung Damage





Researchers detect subtle abnormalities not seen in conventional CT

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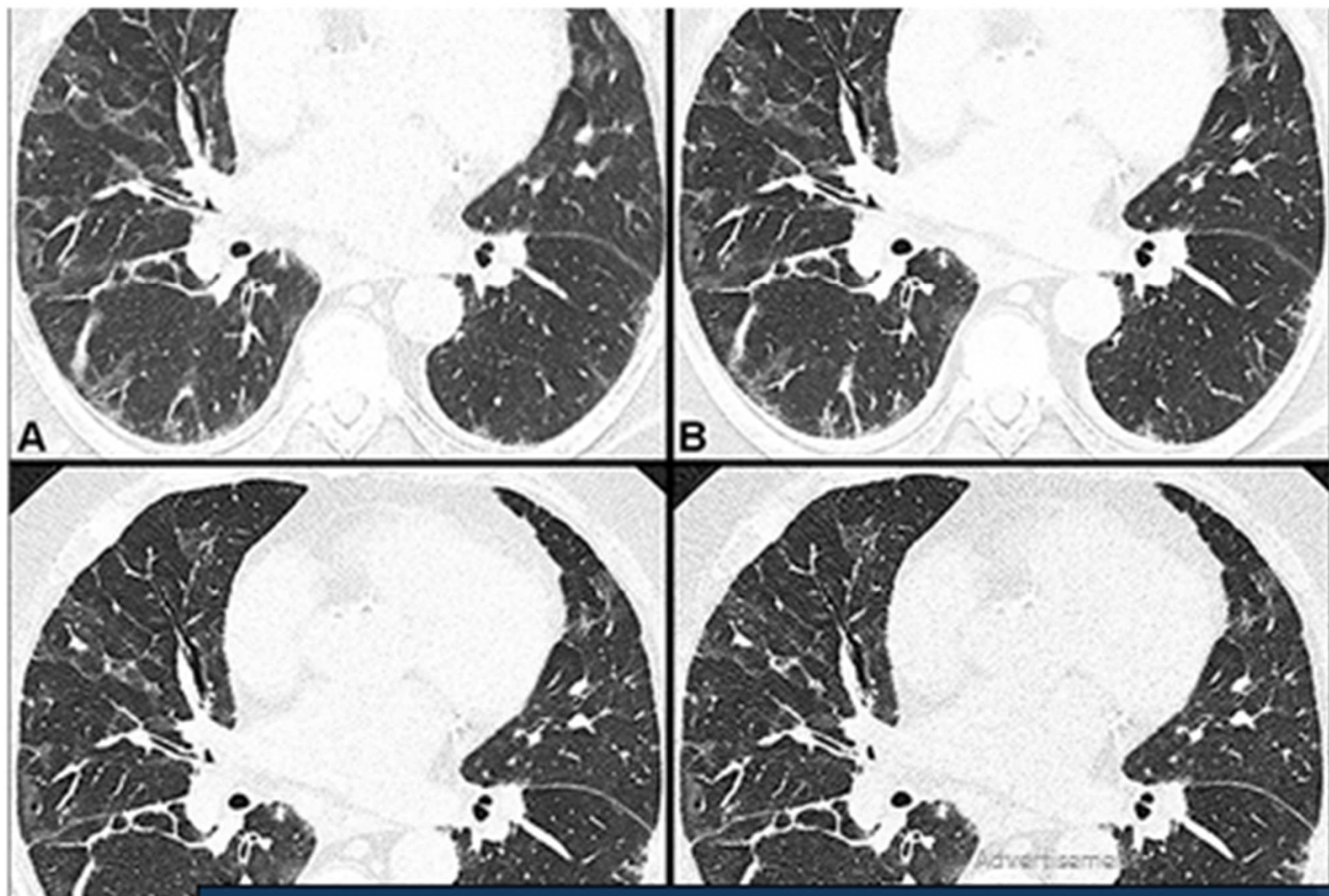
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Detection of Post-COVID-19 Lung Abnormalities: Photon-counting CT versus Same-day Energy-integrating Detector CT

 Florian Prayer¹,  Patric Kienast¹,  Andreas Strassl¹, Philipp. T. Moser¹, Dominik Bernitzky²,  Christopher Milacek², Mariann Gyöngyösi³,  Daria Kifjak^{1,4},  Sebastian Röhrich¹, ... [Show all authors](#) ▼

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nature

No room for COVID complacency in 2023

Stark scenes from China show the pandemic is far from over. One solution is a laser-like focus on strengthening public-health systems.

In many places, life took on a semblance of pre-COVID normality in 2022, as countries shed pandemic-control measures. Governments ended lockdowns, reopened schools and scaled back or abandoned mask-wearing mandates. International travel resumed.

There were optimistic proclamations, too. In January, Danish Prime Minister Mette Frederiksen declared that SARS-CoV-2 no longer poses a threat to society. In September, US President Joe Biden remarked during an interview that the pandemic was over. Even Tedros Adhanom Ghebreyesus, director-general of the World Health Organization (WHO), has expressed hope that COVID-19's designation as a global emergency will end in 2023.

This belies the devastation that the disease continues to cause. The starkest example is in China, one of the last countries to ease pandemic-control measures in the face of the fast-spreading Omicron variant. Scenes emerging from Chinese hospitals over the past few weeks have been reminiscent of the havoc that Omicron wrought in Hong Kong nearly a year ago. China might have been under great

pressure to ease measures, but the uptake of boosters has been dismal, and though these substantially reduce death and severe illness.

One path to renewing vaccination efforts lies with technology. Development of mucosal vaccines is under way. These are designed to be delivered through the nose, mouth and it's hoped they can trigger sterilizing immunity that blocks transmission – not just severe illness. China approved an inhalable booster dose and a nasal vaccine, and India a two-dose nasal-drop primary vaccine. Iran and Russia have also each approved a mucosal vaccine. Researchers are waiting on data to check whether any of these deliver on their promise of stopping SARS-CoV-2.


One thing that could shake COVID complacency is the emergence of one or more 'variants of concern' (VOCs). New variants of the virus will emerge over the next year as they did in 2022. But a VOC designation (and a corresponding Greek letter from the WHO) will be given only if a variant is better at evading the immune system, causes more severe disease or is much more transmissible than those currently circulating. A new VOC must spur action to ensure that fully vaccinated people – especially those who are older or immunocompromised – receive booster doses.

A new variant must also prompt redoubled vaccination efforts in lower-income nations. Global collaborations such as COVAX, were established to deliver vaccines equitably. But they faltered as wealthy nations prioritized vaccinating their own populations. Too often, vaccine supplies in low- and middle-income countries (LMICs) were delivered sporadically and close to their date of expiry, exacerbating the challenge of rolling them out in places with limited health-care infrastructure.

The result is that only one-quarter of people in low-income countries have received at least one dose of a coronavirus vaccine. Many low-income countries need to get their

“Overall death rates in many countries remain higher than before COVID-19 hit.”

Long COVID: The latest manifestations, mechanisms, and potential therapeutic interventions

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Abstract

COVID-19 caused by SARS-CoV-2 infection affects humans not only during the acute phase of the infection, but also several weeks to 2 years after the recovery. SARS-CoV-2 infects a variety of cells in the human body, including lung cells, intestinal cells, vascular endothelial cells, olfactory epithelial cells, etc. The damages caused by the infections of these cells and enduring immune response are the basis of long COVID. Notably, the changes in gene expression caused by viral infection can also indirectly contribute to long COVID. We summarized the occurrences of both common and uncommon long COVID, including damages to lung and respiratory system, olfactory and taste deficiency, damages to myocardial, renal, muscle, and enduring inflammation. Moreover, we provided potential treatments for long COVID symptoms manifested in different organs and systems, which were based on the pathogenesis and the associations between symptoms in different organs. Importantly, we compared the differences in symptoms and frequency of long COVID caused by breakthrough infection after vaccination and infection with different variants of concern, in order to provide a comprehensive understanding of the characteristics of long COVID and propose improvement for tackling COVID-19.

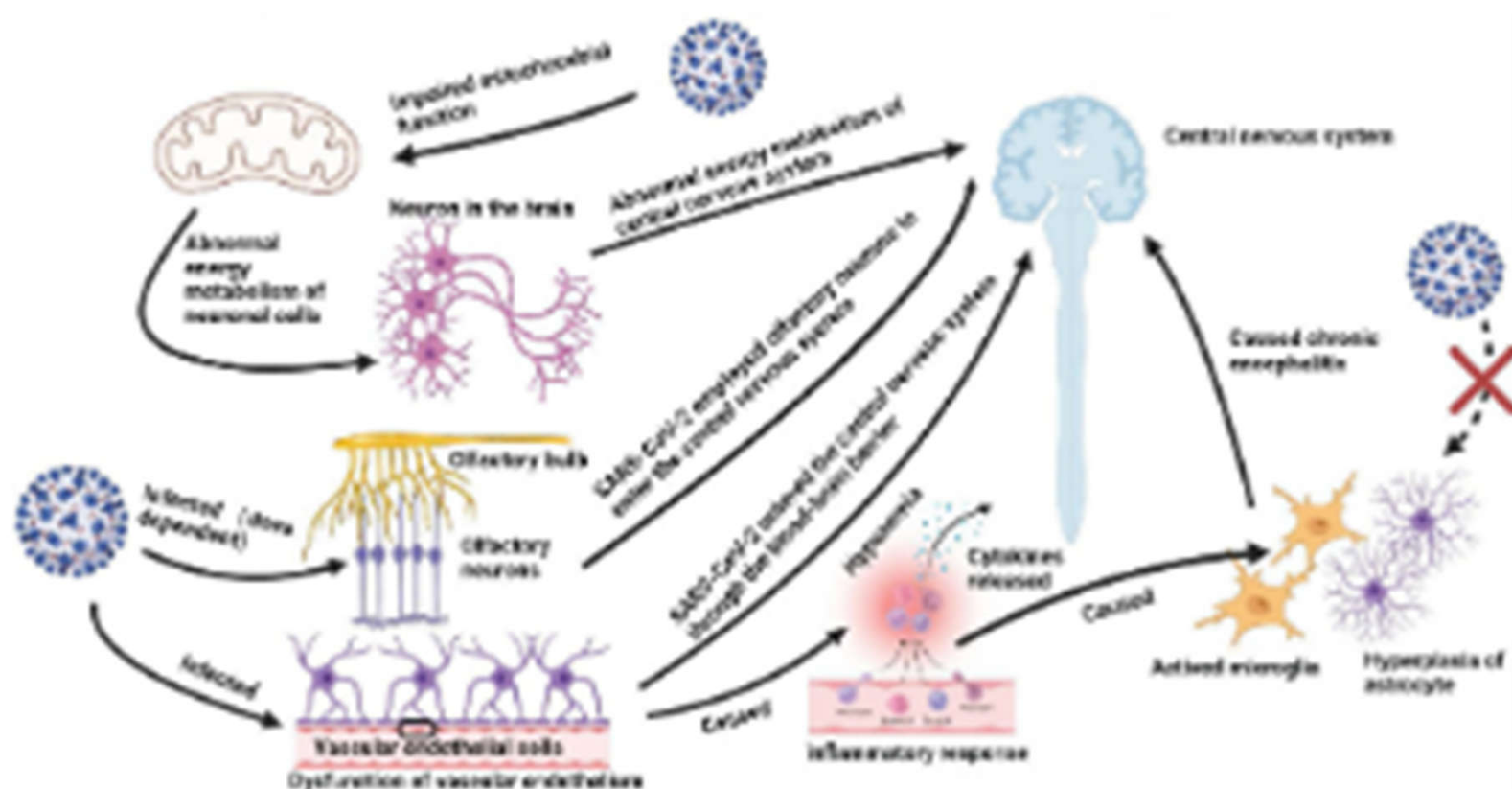


FIGURE 1 Putative mechanisms of neurological involvement. (1) SARS-CoV-2 employs olfactory neurons to enter the central nervous system. (2) SARS-CoV-2 enters the central nervous system through the blood-brain barrier. (3) SARS-CoV-2 infection induces mitochondrial dysfunction, leading to the abnormal energy metabolism of neurons. (4) SARS-CoV-2 infection induces cytokine release.

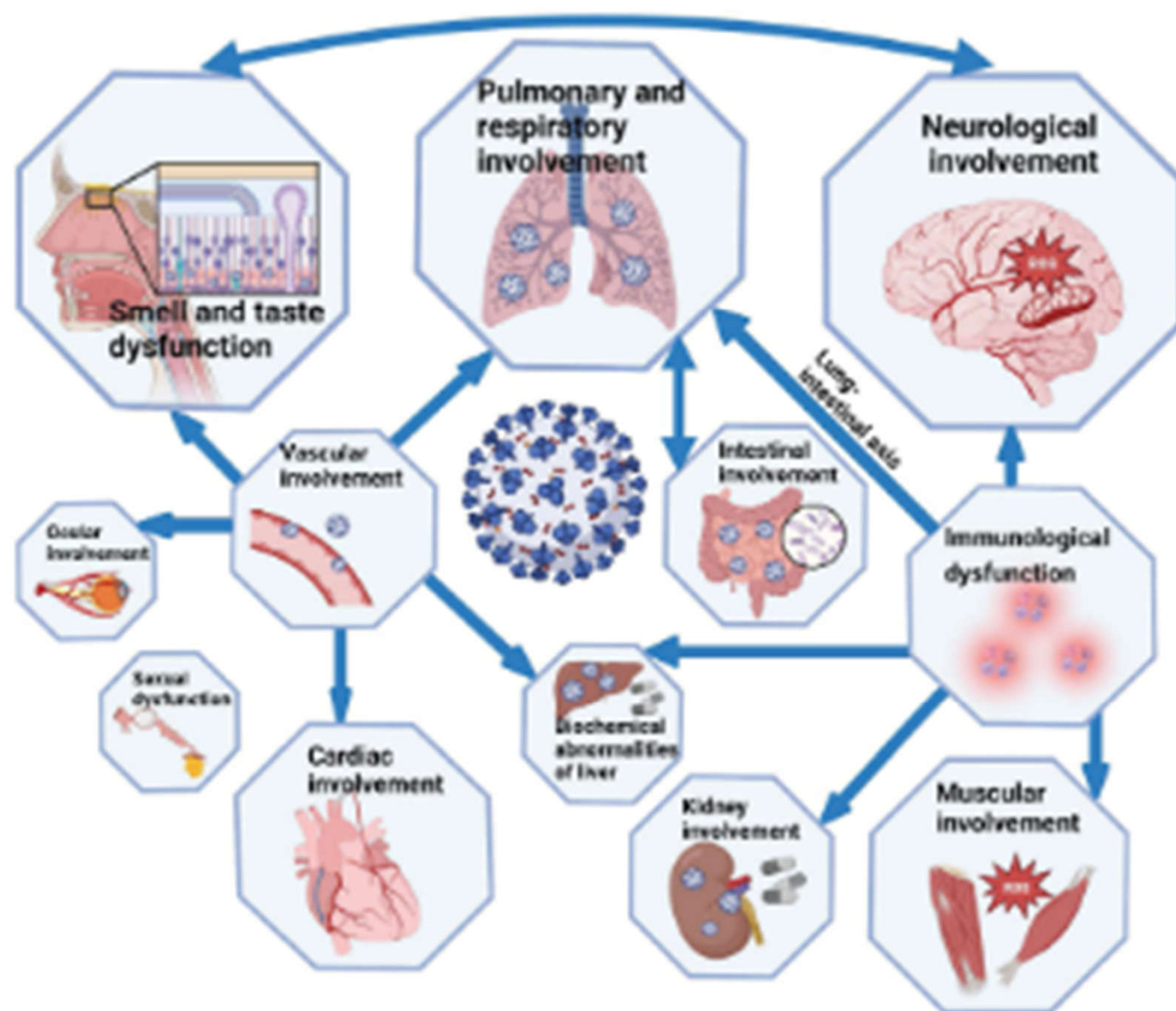


FIGURE 4 Long COVID symptoms discussed in the review. Correlations between different symptoms are showed by arrows. The relation mentioned in the figure matches the First clinical syndrome in Long COVID-19 condition.