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ASIA EDITION

Asia-Pacific Association of Gastroenterology (APAGE) and QIAGEN convene gastrointestinal experts to discuss rapid molecular diagnostics

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Key opinion leader from APAC reviewed clinical potentials of rapid molecular multiplex syndromic testing in gastrointestinal (GI) diagnostics to align regional practices to revive standards of care across the region

A Gastrointestinal (GI) consensus meeting in Malaysia brought together leading gastroenterology experts from across the Asia-Pacific region to establish clinical recommendations for the use of rapid molecular multiplex syndromic testing in diagnosing GI infections. The Asia-Pacific region is facing a high burden of diarrheal diseases, making this consensus have a positive impact on clinical practice and health policy in the region.

The two-day meeting organised by QIAGEN, held on September 20–21 in collaboration with the **Asia-Pacific Association of Gastroenterology (APAGE),** brought together key opinion leaders from **Singapore, Malaysia, Thailand, Indonesia,** the **Philippines** and **Australia**. Discussions focused on the clinical utility of syndromic testing in acute and chronic infective diarrheal diseases, particularly in high-risk groups such as pediatric, elderly, immunocompromised patients and those with underlying comorbidities.

Professor Ooi Choon Jin, President of APAGE said, “By bringing together experts from across Asia, this consensus helps align regional practices and highlights the importance of adopting innovative diagnostics that enhance standards of care across the region.”

Key opinion leaders (KOLs) from across the Asia-Pacific region shared valuable insights on the use of rapid molecular multiplex syndromic testing in gastrointestinal (GI) diagnostics.

Professor Gwee Kok Ann (***Singapore***) highlighted multiplex GI panel's ability to detect a broader range of diarrheal disease-causing pathogens, including viral, bacterial, and parasitic targets, as well as co-infections.

Associate Professor Jackrapong Bruminhent (***Thailand***) emphasized the advantage of rapid turnaround time (TAT), which enables clinicians to make faster and more informed treatment decisions.

Dr. Kwee Chin Liew (***Australia***) underscored the importance of utilizing multiplex GI syndromic testing in pediatric and elderly populations.

Dato Dr. Mahendra Raj (***Malaysia***) discussed the role and limitations of rapid multiplex GI syndromic testing in immunocompromised patients.

Professor Marcellus Simadibrata (***Indonesia***) noted benefits of using rapid multiplex GI syndromic testing for individuals with underlying conditions such as IBD/IBS, frequent GI infections, and acute or chronic diarrhea.

Dr. Angela Salvana (***Philippines***) pointed out role of rapid multiplex GI syndromic testing in managing outbreak clusters.

Professor Muhammad Miftahussurur (***Indonesia***) highlighted the significance of Ct values in the rapid syndromic GI panel, which provide clinicians with deeper insights into infections when combined with clinical history, assesment and epidemiological trends.

Finally, **Dr. Edsel Salvana** (***Philippines***) noted that rapid molecular GI syndromic testing supports antimicrobial stewardship programs by assisting clinical decisions to start, de-escalate, or stop unnecessary antimicrobials.

The experts concluded that rapid molecular syndromic testing has significant advantages over traditional stool tests and should be recommended as the preferred diagnostic method for infectious diarrheal diseases, particularly among vulnerable patient groups such as pediatricians, the elderly and immunocompromised individuals.

Alvin Lee, Director of Market Development for Infectious Diseases at QIAGEN, stated that Rapid multiplex syndromic testing is transforming the diagnosis of gastrointestinal infections by identifying viral, bacterial, and parasitic pathogens, including co-infections, enabling clinicians to make quicker and more informed treatment decisions.

Justin Chai, Director of Medical Affairs at QIAGEN, explained that multiplex GI testing supports antimicrobial stewardship by guiding physicians in determining when to initiate, de-escalate, or discontinue antibiotic treatment, thereby aiding in clinical decision-making.