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Blood test to rule out esophageal cancer

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Samples loaded for analysis. Credit: QIMR Berghofer Medical Research Institute

Proteomics International has launched PromarkerEso at the [ISDE World Congress](#) in Brisbane (18–20 September). [PromarkerEso](#) is a world-first protein biomarker-based blood diagnostic that can rule out esophageal adenocarcinoma (EAC). A paper on the technology was also [published](#) in the journal *Proteomes*.

Esophageal cancer (EAC) is one of the deadliest forms of cancer, with Barrett's esophagus—a precursor affecting up to 2% of adults—often going undiagnosed. PromarkerEso addresses this critical gap by enabling earlier detection in a primary care setting, improving access to prompt diagnosis and treatment, and identifying risks that may be presently missed.

The test is designed to make life easier and to reduce anxiety for those people living with chronic reflux. In Australia, more than 560,000 people live with chronic reflux, a condition known as gastric esophageal reflux disease (GERD). The Royal Australian College of General Practitioners (RACGP) reports that 11.5% of all GP visits are related to reflux.

Individuals living with GERD are commonly referred to a gastroenterology specialist for an invasive endoscopy procedure involving anesthesia. This procedure, often repeated at annual/bi-annual intervals, requires a fasting prep the night before, a day off work, and an assisted transport home from the hospital or clinic. In contrast, PromarkerEso uses a standard and quick visit to a local blood collection center.

With the release of PromarkerEso across Australia, people living with GERD may now have a quick, non-invasive alternative to endoscopy. Clinical validation of the test demonstrates a Negative Predictive Value (NPV) of 99.99% based on the estimated prevalence of EAC, supporting physician's ability to rule out EAC and to confidently manage their patient's GERD.

The high accuracy of the PromarkerEso test (91.4% sensitivity, 98.9% specificity and area under the curve of 0.98 (95%CI 0.96–1.00) gives clinicians critical knowledge to conduct follow-up investigations under endoscopy to better identify the presence of EAC, a cancer that is often detected too late and carries poor survival outcomes.

Recently, routine endoscopic surveillance to assess a patient's risk of EAC in the presence of Barrett's esophagus (a well-known precancerous condition of EAC) has been called into question with publication of the BOSS Trial results earlier this year.

As published in *Gastroenterology*, the [BOSS Trial](#) authors reported no difference in outcomes between bi-annual surveillance endoscopy and endoscopy at-need only. Thus, a recognized need for a better diagnostic tool for EAC in the presence of Barrett's esophagus opens a significant opportunity for PromarkerEso.

Proteomics International's Managing Director Dr. Richard Lipscombe says, "The national launch of PromarkerEso offers hope to thousands of Australians living with chronic reflux and are at risk of esophageal cancer. This blood test reduces reliance on costly multidisciplinary and invasive procedures, offers better accuracy, and improves patient experience."

The launch marks a major milestone in precision medicine. Original research into the protein biomarkers for the test was conducted at QIMR Berghofer Medical Research Institute. The PromarkerEso test was then designed and developed by Proteomics International. Release of this test positions Australia and Proteomics International (ASX: PIQ), at the forefront of global cancer diagnostics innovation and commercialization.

The test is now available across Australia to patients through a telehealth consultation via www.myTEST.health, and by physician referral. Blood collection is facilitated by the Healius Pathology network of more than 2,100 collection centers across Australia.

Publication details

Jordana Sheahan et al, A Clinical Validation of a Diagnostic Test for Esophageal Adenocarcinoma Based on a Novel Serum Glycoprotein Biomarker Panel: PromarkerEso, *Proteomes* (2025). DOI: [10.3390/proteomes13020023](https://doi.org/10.3390/proteomes13020023)

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