Oral Presentations
Monday, October 21, 2019

Clinical update on H.pylori management
10:30-12:00 / F3

OP035 European survey of *Helicobacter pylori* primary resistance to antibiotics - Evolution over the last 20 years

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Introduction: Antibiotic resistance of *Helicobacter pylori* is the main cause of failure of most current eradication regimens. As antimicrobial suscep-tibility testing (AST) is not performed in all cases, it is important to have regular surveys to infer the treatments which can be used. For this pur-pose, European surveys were performed in 1998, 2008 and we report here the results of 2018.

Aims & Methods: Centres were recruited on a voluntary basis, one for each small country (in the range of 10 million inhabitants) and several for larger countries. The request was to include 50 adult patients who had not re-ceived previous eradication treatment.
Information collected included demographic, clinical, and endoscopic re-sults as well as AST results (clarithromycin, levofloxacin, metronidazole, amoxicillin, tetracycline and rifampicin) performed by Etest or disk dif-fusion according to a standardized procedure. Control strains were also made available and a 10% random sample was sent to the coordinating centre at the end.

Results: The crude data show 1,246 *H. pylori* positive patients included in 24 centres from 19 countries (minimum: 20 cases per centre) The distribu-tion with regard to age, gender, reason for consultation and endoscopic examination is in the range of what is usually observed for this type of pa-tients. *H. pylori* resistance was present in 21.9% for clarithromycin, 16.6% for levofloxacin, and 38.5% for metronidazole; 30 strains were reported as resistant to amoxicillin (2.4%), 4 to tetracycline (0.3%) and 48 to ri-fampicin compounds (3.8%). These unusual resistance strains are now being controlled as well as a random sample of the other strains. The kit Amplidiag *H.pylori* (MobiDiag) will be used for clarithromycin and AST for the other antibiotics.

Conclusion: These results indicate a global and continuous rise in *H. pylori* primary resistance to clarithromycin but lower than in the previous decade (9.9% in 1998, 17.5% in 2008, and 21.9% in 2018), a slight increase to le-vofloxacin and a more important increase for metronidazole (from 33.1 to 38.5% since 2008).

Disclosure: The authors acknowledge the support of bioMérieux for pro-viding Etests and Mobidiag for providing with PCR kits.

United European Gastroenterology Journal
2019, Vol. 7(8S) iv | © Author(s) 2019
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DOI: 10.1177/2050640619854672 |
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OP036 Pan-European Registry on *H. pylori* Management (Hp-EuReg): Experience with single capsule bismuth quadruple therapy in 2,326 patients

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Introduction: Bismuth-quadruple therapy with a PPI, bismuth salts, tet-racycline and metronidazole has resurfaced in Europe thanks to a new single-capsule formulation (Pylera®).

Aims & Methods: Our aim was to evaluate the efficacy and safety of the sin-gle-capsule bismuth-quadruple therapy (Pylera®) in the European Registry on *Helicobacter pylori* management. Patients were systematically registered at an e-CRF by AEG-REDCap. *Variables included*: Patient's demographics, previous eradication attempts, prescribed treatment, adverse events, and outcomes. Intention-to-treat and per-protocol analyses were performed. Data monitoring was performed to ensure the quality of the data

Results: So far, 30,394 patients have been included. Of these, 2,326 valid patients treated with single-capsule bismuth-quadruple therapy have been evaluated. 1,900 (81.7%) were prescribed following the technical-sheet (10 days, 3 capsules q.i.d.), the remaining where excluded. Average age was 52 years, 64% women, and 13% had peptic ulcer. Table sum-marizes results. The majority of cases (63%) were naïve. PPI type or dose did not influence eradication rate. 33% of cases suffered from adverse events (severe in 3%, and only 1% withdrew treatment due to adverse events). Only two serious adverse events were reported: hospitalization for diarrhea, and an allergic reaction treated with anti-histamine drugs, both solved without complications.

Conclusion: Treatment with single-capsule bismuth-quadruple therapy (Pylera®) achieves *H. pylori* eradication in approximately 90% of patients by intention-to-treat in clinical practice, both in first- and second-line, with a favorable safety profile

	Frequency	Percent	mITT	PP
Naive (no previous treatment)	1,195	63%	92%	95%
2nd	412	22%	87%	90%
3rd	220	12%	84%	85%

mITT: Modified intention-to-treat; PP: per-protocol.

[Prescription and eradication rates of single-capsule bismuth quadruple therapy]

Disclosure: Prof. Gisbert has served as a speaker, consultant and advi-sor to, or has received research funding from, Almirall, Nycomed, Astra-Zeneca, Casen Recordati, Mayoly, and Allergan. Dr McNicholl has received retributions from Allergan and MSD for training activities, and he is an advisor for Mayoly.

Clinical perspectives on H. pylori infection

14:00-15:30 / B3

OP065 Efficacy of first-line regimens in Spain: results from the European Registry on *H. pylori* management (Hp-EuReg)

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Introduction: The best empirical treatment prescribed against *Helicobacter pylori (H. pylori)* infection must be chosen following local efficacies previously observed. Therefore, updated data concerning Spanish results, obtained in daily clinical practice, is needed to meet this objective.

Aims & Methods: The aim was to analyse the efficacy of the most commonly prescribed first-line therapies in a Spanish cohort. We conducted an observational, prospective, multicenter study, carried out in 48 Spanish hospitals as part of the ´Pan-European Registry on *H. pylori* management´. The database was provided by AEG-REDCap. Gastroenterologists included data obtained in their clinical medical practice from February 2013 to January 2018. A multivariate analysis was performed considering the most efficacious therapies, and considering the sex of the patient, type of PPI (first vs. second-generation), type of PPI dose (simple vs. double), treatment duration (10 vs. 14 days), compliance and penicillin allergy.