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POSTER PRESENTATIONS

POSTER SESSION 01 - HELICOBACTER 1

P01.04.

FIRST-LINE EMPIRICAL ERADICATION THERAPY FOR HELICOBACTER PYLORI INFECTION: EXPERIENCE FROM 1,500 CASES OF THE BRAZILIAN REGISTRY ON *H. PYLORI* MANAGEMENT (HP-BRAZILREG/WORLDHPREG)

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Objective: Standard triple therapy has long been the first-line empirical treatment for *Helicobacter pylori* (*H. pylori*) eradication in Brazil. The aim of the study is to evaluate the effectiveness of first-line empirical *H. pylori* treatment in real clinical practice in Brazil.
Patients and Methods: This was a prospective, multicenter Brazilian registry on H. pylori management (Hp-BrazilReg, WorldHpReg partner) conducted from March 2022 to October 2024. Effectiveness was evaluated through "modified intention-to-treat analysis".
Results: We included 1,577 adults (mean age 52 years; 60% women). Main indications were dyspepsia (66%) and gastroduodenal ulcers (11%). Diagnosis and eradication control were mostly performed through histology (93% and 87%), and rapid urease test (15% and 14%); 14C-urea breath test was used to confirm eradication post-treatment in 8%. Triple, dual, and quadruple regimens were prescribed in 95%, 4%, and 1%, respectively; 14-day regimens in 93%, and probiotics in 14%. Low-, standard-, and high-dose proton-pump inhibitors (PPIs) were used in 31%, 40%, 18%, respectively, and vonoprazan (VPZ) in 11%. Compliance was 99%. Main regimens and eradication rates (ER) were: PPI-clarithromycin(C)-amoxicillin(A) (85%; ER: 78%), VPZ-C-A (6%; ER: 86%), and VPZ-A (4%; ER: 97%). In the multivariate analysis, higher effectiveness was associated with 14-day therapy, VPZ-dual therapy, good adherence (≥90%), and VPZ use. Adverse events occurred in 25% of patients, mainly nausea (12%) and diarrhea (8%), were generally mild (63%), and lasted <7 days (52%).
Conclusions: PPI-C-A empirical first-line therapy showed suboptimal effectiveness (78%) in Brazil and should be reconsidered. VPZ-C-A may be a potential alternative, achieving cure rates close to 90%. VPZ-A was the only regimen exceeding 90% effectiveness.

Conflicts of Interest
Sandro R. Chaves: None, Olga P. Nyssen: Research Grant: None for this topic.; Consultant/Advisory Board: Juvisé., Julio Cesar S. Veloso: None, Leonardo S. Silva: None, James R. Marinho: None, Hoiti Okamoto: None, Gustavo Couto: None, Helenice P. Breyer: None, Christiane S. Alencar: None, Ernesto Comelli: None, Luiz A. S. Sousa: None, Mariana Horn: None, Maria José G. Massote: None, Marcela T. R.

Loures: None, Maria de Fatima Pietroluongo Vidal: None, Jussiane N. Goncalves: None, Leticia Moreira: Research Grant: None.; Consultant/Advisory Board: Juvisé., Pablo P. Parra: None, Javier P. Gisbert*: Research Grant: None for this topic; Consultant/Advisory Board: Dr. Gisbert has served as speaker, consultant, and advisory member for or has received research funding from: Mayoly, Diasorin, Juvisé, Biocodex, Zambon., Luiz G. V. Coelho*. *Both seniors authors contributed equally to the study: Consultant/Advisory Board: EMS, Takeda.

POSTER SESSION 04 - HELICOBACTER 4

P04.11.

EFFECTIVENESS OF EMPIRICAL FIRST-LINE ERADICATION THERAPY FOR *HELICOBACTER PYLORI* INFECTION ACCORDING TO AGE: DATA FROM THE LATIN AMERICAN REGISTRY ON THE MANAGEMENT OF *H. PYLORI* INFECTION (HP-LATAMREG).

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Background: *Helicobacter pylori* (*H. pylori*) infection is highly prevalent in Latin America. Age may influence eradication effectiveness; however, comparative evidence across regions remains limited.
Patients and Methods: We evaluated the effectiveness of empirical first-line regimens and safety in patients aged <60 *vs.* ≥60 years. Observational, prospective, multicenter study (2018-2025) conducted across 12 countries (Hp-LATAMReg, Hp-WorldReg partner). Data were registered at AEG-REDCap e-CRF. Effectiveness was analyzed by intention-to-treat (ITT), modified ITT (mITT), and per-protocol (PP).
Results: A total of 3,806 patients were included, of whom 33% were aged ≥60 years. Overall effectiveness was similar between the <60 and ≥60 groups: ITT 82% *vs.* 83% (p=0.28), mITT 84% *vs.* 85% (p=0.65), and PP 85% in both groups (p=0.99). As shown in the table, mITT eradication rates for dual, triple, and quadruple therapies showed no significant differences by age. Quadruple therapy with amoxicillin-metronidazole-bismuth achieved the highest eradication rate: 95% (<60) and 92% (≥60) (p=0.34). Adverse events were more frequent in patients <60 years (35%) than in those ≥60 years (28%) (p<0.001).
Conclusions: In Latin America, the effectiveness of first-line *H. pylori* treatment is similar between patients <60 and ≥60 years, although older patients experience fewer adverse events. Suboptimal triple and dual therapy outcomes support quadruple therapies—with or without bismuth—as the preferred first-line regimens.

Conflicts of Interest
Diego Reyes-Placencia: None, Oscar Corsi Sotelo: None, José María Remes-Troche: None, Oscar Laudanno: None, William Otero: None, Alejandro Piscoya: None, Oscar Varas Maire: None, Guillermo Otoya: None, Christian Von Muhlenbrock: None, Rodrigo Quera: None, Rodrigo Castaño-Llano: None, Juan Ramirez García: None, Christian Campos Nuñez: None, Silvia Portillo: None, Alba Singla: None, Pablo Parra: None, Olga P. Nyssen: None, Leticia Moreira: None, Javier P. Gisbert: None, Arnoldo Riquelmee: None.

POSTER SESSION 08 - HELICOBACTER 6

P08.04.

EFFECTIVENESS OF FIRST-LINE EMPIRICAL *HELICOBACTER PYLORI* TREATMENT OUTSIDE EUROPE: RESULTS OF 15,000 CASES FROM THE WORLD-WIDE REGISTRY ON *H. PYLORI* MANAGEMENT (WORLDHPREG)

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Objective: *Helicobacter pylori* (*H. pylori*) infection remains a major global health concern, with treatment effectiveness varying across regions due to antibiotic resistance, healthcare practices, and access to care.
Materials and Methods: We aimed to evaluate the effectiveness of empirical first-line therapies for *H. pylori* infection outside Europe. Data were obtained from the global, multicenter, prospective registry on *H. pylori* management (WorldHpReg; AEG-REDCap; 2022-2025). Effectiveness was analyzed using a modified intention-to-treat (mITT) analysis. Optimal effectiveness was defined as a mITT cure rate ≥90%.
Results: Overall, 15,559 empirical first-line treatments were analyzed. More than 100 regimens were prescribed, though most cases involved only 12. Overall effectiveness was 86%. Bismuth-based quadruple therapies achieved the highest effectiveness (≈90%), particularly those including amoxicillin-levofloxacin, metronidazole-tetracycline (single-capsule or traditional formulation), amoxicillin-metronidazole, and amoxicillin-doxycycline. Clarithromycin-amoxicillin triple therapy, concomitant quadruple therapy (clarithromycin-amoxicillin-metronidazole), and dual amoxicillin therapy reached optimal ef-

fectiveness only in specific regions. Multivariate analysis showed higher effectiveness for concomitant quadruple and dual therapies. The remaining regimens were suboptimal (Table 1). Adherence was the strongest predictor of success. Only 10-day regimens with high-dose proton pump inhibitors or potassium-competitive acid blockers (PCABs) achieved approximately 90% effectiveness. Higher effectiveness was independently associated with PCAB use and 14-day treatment duration.

Conclusions: Outside Europe, bismuth-based quadruple therapies are the most consistently effective first-line treatments. Treatment success is strongly influenced by adherence, longer duration (10-14 days), and use of PCABs.

Conflicts of Interest

Olga P. Nyssen*: None, Pablo Parra*: None, Arnoldo Riquelme: None, Diego Reyes-Placencia: None, Luiz Gonzaga Vaz Coelho: None, Mohamed Alboraie: None, Shivaram Prasad Singh: None, Ratha-korn Vilaichone: None, Stella I. Smith: None, Shailja C. Shah: None, Lubna Kamani: None, Fahad Alsohaibani: None, Sander Veldhuyzen van Zanten: None, Maisam Waid Akroush: None, Stephen J. Inns: None, Peter Katelaris: None, Ibrahim A. Naqid: None, Gantuya Boldbaatar: None, Leticia Moreira**: Consultant/ Advisory Board: -, Javier P. Gisbert**, on behalf of the WorldHpReg investigators. *Both first authors contributed equally to the study, **Both senior authors contributed equally to the study: None.

TABLE 1. First-line empirical modified intention-to-treat effectiveness in non-European countries/regions.

Treatment	LATAM	Brazil	North Africa	Sub-Saharan Africa	ASEAN	India	Pakistan	United States	Jordan	Saudi Arabia	Canada	New Zealand	Australia	Total
Triple-C+A	1,811 (80.3%)	2,208 (79.3%)	397 (86.1%)	53 (92.5%)	445 (68.3%)	526 (99.6%)	69 (62.3%)	81 (100%)	14 (100%)	4 (50%)	2 (50%)	35 (94.3%)	19 (94.7%)	5,664 (81.5%)
Concomitant-C+A+M	867 (91.2%)	1 (100%)	167 (82.6%)	40 (90%)	185 (57.8%)	—	—	1 (100%)	29 (86.2%)	—	45 (91.1%)	— —	— —	1,335 (85.4%)
Dual-A	656 (84%)	218 (86.7%)	—	—	38 (92.1%)	—	—	—	—	—	—	—	—	912 (85%)
Quadruple-A+M+B	302 (93.7%)	—	—	—	—	—	—	—	—	—	—	—	—	302 (93.7%)
Quadruple-M+D+B	385 (83.9%)	4 (100%)	—	—	2 (50%)	—	—	49 (98%)	—	—	—	—	—	440 (85.5%)
Triple-A+L	318 (83%)	24 (70.8%)	346 (88.2%)	14 (100%)	41 (80.5%)	345 (99.7%)	17 (35.3%)	5 (100%)	—	11 (100%)	1 (100%)	—	—	1,122 (89.1%)
Quadruple-M+Tc+B	187 90.9%)	51 (98%)	—	2 (100%)	33 (51.5%)	—	—	29 (100%)	—	1 (100%)	6 (100%)	—	—	309 (89%)
Quadruple-C+A+B	267 (80.9%)	12 (91.7%)	—	—	58 (72.4%)	—	—	—	—	—	—	—	—	337 (79.8%)
Quadruple-A+D+B	183 (97.3%)	—	—	—	—	—	—	—	—	—	—	—	—	183 (97.3%)
Single-capsule*	519 (94.6%)	—	7 (100%)	— —	— —	— —	— —	3 (100%)	1 (100%)	68 (88.2%)	—	—	—	598 (94%)
Triple-C+T	—	—	—	46 (69.6%)	—	—	—	—	—	—	—	—	—	46 (69.6%)
Others	446 (85.7%)	88 (78.4%)	572 (96.5%)	24 (91.7%)	387 (80.4%)	874 (99.4%)	102 (73.5%)	15 (100%)	46 (100%)	1 (100%)	—	2 (100%)	—	2,557 (91.7%)
Overall	**5,941 (85.9%)**	**2,606 (80.3%)**	**1,489 (90.3%)**	**179 (86.6%)**	**1,189 (71.5%)**	**1,745 (99.5%)**	**188 (66%)**	**183 (99.5%)**	**90 (95.6%)**	**85 (88.2%)**	**54 (90.7%)**	**37 (94.6%)**	**19 (94.7%)**	**13,805 (85.8%)**

A: amoxicillin; C: clarithromycin; M: metronidazole; Tc: tetracycline; T: tinidazole; B: bismuth; D: doxycycline; L: levofloxacin; Single cap-sule: single-capsule bismuth quadruple therapy containing metronidazole, tetracycline and bismuth salts; LATAM: Latin America – Mex-ico, Argentina, Chile, Colombia, Peru, Bolivia, Costa Rica, Honduras, Ecuador, Paraguay, Uruguay, and Guatemala; North Africa: Egypt, Tunisia, Mauritania, and Morocco; Sub-Saharan Africa: Zambia, Cameroon, Namibia, Nigeria, and Tanzania; ASEAN: Association of South-east Asian Nations – Thailand, Cambodia, Myanmar, Laos, and Vietnam.

P08.06.

PRESCRIPTION OF FIRST-LINE EMPIRICAL TREATMENTS FOR *HELICOBACTER PYLORI* INFECTION OUTSIDE EUROPE: RESULTS FROM 15,000 CASES IN THE WORLD-WIDE REGISTRY ON *H. PYLORI* MANAGEMENT (WORLDHPREG)

PABLO PARRA*[1], *LETICIA MOREIRA**[2], *ARNOLDO RIQUELME*[3], *DIEGO REYES-PLACENCIA*[4], *LUIZ GONZAGA VAZ COELHO*[5], *MOHAMED ALBORAIE*[6], *SHIVARAM PRASAD SINGH*[7], *RATHA-KORN VILAICHONE*[8], *STELLA I. SMITH*[9], *SHAILJA C. SHAH*[10], *LUBNA KAMANI*[11], *FAHAD ALSOHAIBANI*[12], *SANDER VELDHUYZEN VAN ZANTEN*[13], *MAISAM WAID AKROUSH*[14], *STEPHEN J. INNS*[15], *PETER KATELARIS*[16], *IBRAHIM A. NAQID*[17], *GANTUYA BOLDBAATAR*[18], *OLGA P. NYSSEN***[1], *JAVIER P. GISBERT***, *ON BEHALF OF THE WORLDHPREG INVESTIGATORS.*

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Objective: *Helicobacter pylori* (*H. pylori*) infection is a global health problem. We evaluated non-European empirical first-line prescription patterns.
Materials and Methods: Data were retrieved from the global, multicenter, prospective registry on *H. pylori* management (WorldHpReg; AEG-REDCap; 2022-2025). Descriptive analyses were performed.
Results: Overall, 19,377 non-European cases were included, of whom 15,559 (80%) received empirical first-line therapy. The mean age was 48 years, with 59% female, 26% Caucasian, 22% Asian, and 4.5% Black. Main symptoms were dyspepsia (68%) and heartburn (26%). The main diagnostic methods used were histology (60%), the rapid urease test (19%), and the monoclonal stool antigen test (14%). Over 100 regimens were prescribed (Table 1). PPI-amoxicillin-clarithromycin triple therapy was the most frequent (47%) in New Zealand (100%), Pakistan (80%), and India (61%). PPI-amoxicillin-clarithromycin-metronidazole concomitant quadruple therapy was prescribed in 11% of cases in Canada (82%) and Jordan (65%). Other regimens included PPI-amoxicillin-levofloxacin triple therapy (9.1%) and PPI-amoxicillin dual therapy (8.1%). Single-capsule therapy was mainly used in Saudi Arabia (78%) and Latin America (6.2%); other bismuth-containing combinations accounted for 18%. Dual therapy with amoxicillin and a potassium-competitive acid blocker was used in Latin America (89%) and ASEAN (11%). Most treatments lasted 14 days (82%), with low-dose (33%) or high-dose (37%) PPIs. Vonoprazan, tegoprazan, and fexuprazan were used in 9.2%, 2.8%, and 1%, respectively.

Conclusions: Marked regional heterogeneity exists in empirical first-line *H. pylori* therapies, with predominance of PPI-amoxicillin-clarithromycin triple therapy and limited use of quadruple regimens, highlighting the need for improved local protocols to increase eradication rates.

TABLE 1. First-line empirical prescriptions in non-European countries/regions.

Treatment	LATAM	Brazil	North Africa	Sub-Saharan Africa	ASEAN	India	Pakistan	United States	Jordan	Saudi Arabia	Canada	New Zealand	Australia	Total
Triple-C+A	1,811 (30.5%)	2,208 (84.7%)	397 (26.7%)	53 (29.6%)	445 (37.4%)	526 (30.1%)	69 (36.7%)	81 (44.3%)	14 (15.6%)	4 (4.7%)	2 (3.7%)	35 (94.6%)	19 (100%)	5,664 (41%)
Concomitant-C+A+M	867 (14.6%)	1 (0%)	167 (11.2%)	40 (22.3%)	185 (15.6%)	—	—	1 (0.5%)	29 (32.2%)	—	45 (83.3%)	—	—	1,335 (9.7%)
Dual-A	656 (11%)	218 (8.4%)	—	—	38 (3.2%)	—	—	—	—	—	—	—	—	912 (6.6%)
Quadruple-A+M+B	302 (5.1%)	—	—	—	—	—	—	—	—	—	—	—	—	302 (2.2%)
Quadruple-M+D+B	385 (6.5%)	4 (0.2%)	—	—	2 (0.2%)	—	—	49 (26.8%)	—	—	—	—	—	440 (3.2%)
Triple-A+L	318 (5.4%)	24 (0.9%)	346 (23.2%)	14 (7.8%)	41 (3.4%)	345 (19.8%)	17 (9.0%)	5 (2.7%)	—	11 (12.9%)	1 (1.9%)	—	—	1,122 (8.1%)
Quadruple-M+Tc+B	187 (3.1%)	51 (2.0%)	—	2 (1.1%)	33 (2.8%)	—	—	29 (15.8%)	—	1 (1.2%)	6 (11.1%)	—	—	309 (2.2%)
Quadruple-C+A+B	267 (4.5%)	12 (0.5%)	—	—	58 (4.9%)	—	—	—	—	—	—	—	—	337 (2.4%)
Quadruple-A+D+B	183 (3.1%)	—	—	—	—	—	—	—	—	—	—	—	—	183 (1.3%)
Single-capsule*	519 (8.7%)	—	7 (0.5%)	—	—	—	—	3 (1.6%)	1 (1.1%)	68 (80.0%)	—	—	—	598 (4.3%)
Triple-C+T	—	—	—	46 (25.7%)	—	—	—	—	—	—	—	—	—	46 (0.3%)
Others	446 (7.5%)	88 (3.4%)	572 (38.4%)	24 (13.4%)	387 (32.5%)	874 (50.1%)	102 (54.3%)	15 (8.2%)	46 (51.1%)	1 (1.2%)	—	2 (5.4%)	—	2,557 (18.5%)
Overall	**5,941 (100%)**	**2,606 (100%)**	**1,489 (100%)**	**179 (100%)**	**1,189 (100%)**	**1,745 (100%)**	**188 (100%)**	**183 (100%)**	**90 (100%)**	**85 (100%)**	**54 (100%)**	**37 (100%)**	**19 (100%)**	**13,805 (100%)**

A: amoxicillin; C: clarithromycin; M: metronidazole; Tc: tetracycline; T: tinidazole; B: bismuth; D: doxycycline; L: levofloxacin; Single cap-sule: single-capsule bismuth quadruple therapy containing metronidazole, tetracycline and bismuth salts; LATAM: Latin America – Mex-ico, Argentina, Chile, Colombia, Peru, Bolivia, Costa Rica, Honduras, Ecuador, Paraguay, Uruguay, and Guatemala; North Africa: Egypt, Tunisia, Mauritania, and Morocco; Sub-Saharan Africa: Zambia, Cameroon, Namibia, Nigeria, and Tanzania; ASEAN: Association of South-east Asian Nations – Thailand, Cambodia, Myanmar, Laos, and Vietnam.

Conflicts of Interest

Pablo Parra*: None, Leticia Moreira*: None, Arnoldo Riquelme: None, Diego Reyes-Placencia: None, Luiz Gonzaga Vaz Coelho: None, Mohamed Alboraie: None, Shivaram Prasad Singh: None, Ratha-korn Vilaichone: None, Stella I. Smith: None, Shailja C. Shah: None, Lubna Kamani: None, Fahad Alsohaibani: None, Sander Veldhuyzen van Zanten: None, Maisam Waid Akroush: None, Stephen J. Inns: None, Peter Katelaris: None, Ibrahim A. Naqid: None, Gantuya Boldbaatar: None, Olga P. Nyssen**: Consultant/Advisory Board: -, Javier P. Gisbert**, on behalf of the WorldHpReg investigators. *Both first authors contributed equally to the study, **Both senior authors contributed equally to the study: None.

P08.09.

FIRST CANADIAN DATA OF THE WORLD-WIDE REGISTRY ON *HELICOBACTER PYLORI* MANAGEMENT (WORLDHPREG)

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*Both senior authors contributed equally to the study

Objective: The optimal treatment regimen for *Helicobacter pylori* (*H. pylori*) infection remains uncertain. Canadian data on treatment practices, effectiveness, and adverse events are limited.
Patients and Methods: This was a multicenter, prospective registry evaluating the management of *H. pylori* infection and its outcomes by Canadian gastroenterologists (Hp-CanadaReg, a WorldHpReg partner). Data were collected using the AEG-REDCap electronic case report form (e-CRF). Treatment success was evaluated by modified intention-to-treat analysis.
Results: Since August 2024, 147 patients were enrolled across Canada; most were treatment-naïve (76%, 112/147) and 90% (73/81) achieved eradication after treatment (Table 1). Most patients (95%, 140/147) received treatment for 14 days. Patients received treatment with low-dose (71%, 103/145), standard-dose (8%, 12/145), or high-dose (21%, 30/145) proton-pump inhibitors (PPIs). Among first-line treatments, eradication rates were 90% (45/50) with the non-bismuth quadruple concomitant therapy, consisting of PPI-amoxicillin-metronidazole-clarithromycin (PAMC), and 100% (7/7) with the bismuth quadruple therapy, consisting of PPI-bismuth-metronidazole-tetracycline (PBMT). At least one adverse event occurred in 62% (68/110) of patients, most commonly diarrhea (30%, 33/110), nausea (23%, 25/110), dysgeusia (20%, 22/110), and vomiting (9%, 10/110). One patient who received PAMC experienced a serious adverse event, requiring hospitalization for suspected penicillin allergy. Treatment compliance (>90% of prescribed medication) was 95% (91/96).
Conclusions: In Canada, most *H. pylori* eradication regimens are prescribed for 14 days and with low-dose PPIs. Both PAMC and PBMT achieved first-line treatment success rates ≥90% in treatment-naïve patients.

TABLE 1. Treatments for *H. pylori* and success rates by treatment line.

Treatment	1st line (mITT)	2nd line (mITT)	3rd line (mITT)	4th line (mITT)	5th line (mITT)	Total
PAMC	45/50 (90%)	0/1 (0%)				45/51 (88%)
PBMT	7/7 (100%)	6/7 (86%)	3/3 (100%)	1/3 (33%)	1/1 (100%)	18/21 (86%)
PAL	1/1 (100%)		1/1 (100%)	0/1 (0%)		2/3 (67%)
PAC	1/2 (50%)	1/1 (100%)				2/3 (67%)
PAR			0/1 (0%)	0/1 (0%)	2/2 (100%)	2/4 (50%)
HDDT		1/1 (100%)			1/2 (50%)	2/3 (67%)
PAMB			1/1 (100%)			1/1 (100%)
PACB		0/1 (0%)				0/1 (0%)

mITT (modified intention-to-treat); PAMC (PPI-amoxicillin-metronidazole-clarithromycin); PBMT (PPI-bismuth-metronidazole-tetracy-cline); PAL (PPI-amoxicillin-levofloxacin); PAC (PPI-amoxicillin-clarithromycin); PAR (PPI-amoxicillin-rifabutin); HDDT (high-dose dual ther-apy, consisting of PPI and amoxicillin); PAMB (PPI-amoxicillin-metronidazole-bismuth); PACB (PPI-amoxicillin-clarithromycin-bismuth).

Conflicts of Interest

Thomas Krahn: None, George Ou: None, Chris Rueda-Clausen: None, Matthew Miles: Speakers Bureau/ Honoraria: Knight Pharmaceutical and Lupin Pharmaceuticals, Ray Odsen: None, Tina Khalilzadehsabet: None, Nicholas Ting: None, Cherry Galorport: None, Micah Ten-Pow: None, Shari Smith: None, Natalie Willett: None, Pablo Parra: Research Grant: None for this topic, Leticia Moreira: Research Grant: None for this topic; Consultant/Advisory Board: Juvisé, Olga P. Nyssen: Research Grant: None for this topic; Consultant/Advisory Board: Juvisé, Javier P. Gisbert*: Research Grant: None for this topic; Consultant/ Advisory Board: Dr. Gisbert has served as speaker, consultant, and advisory member for or has received research funding from: Mayoly, Diasorin, Juvisé, Biocodex, Zambon, Sander Veldhuyzen van Zanten*: Speakers Bureau/Honoraria: Xediton Pharmaceuticals Inc.

POSTER SESSION 09 - HELICOBACTER 7

P09.08.

REAL-WORLD EVIDENCE ON EMPIRICAL FIRST-LINE TREATMENT OF *HELICOBACTER PYLORI* IN MEXICO: RESULTS FROM THE LATIN AMERICAN REGISTRY ON *H. PYLORI* MANAGEMENT (HP-LATAMREG)

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Objective: *Helicobacter pylori* (*H. pylori*) infection remains a significant public health problem, with rising antibiotic resistance reducing the effectiveness of empirical regimens. Real-world data from Mexico are limited.

Patients and Methods: We evaluated effectiveness and safety of most used empirical first-line treatments in the Mexican cohort of the Latin American Registry on the Management of *H. pylori* Infec-tion (Hp-LATAMReg, WorldHpReg partner) collected at AEG-REDCap. Adults receiving 14-day empirical first-line therapy in routine practice were included. Effectiveness was assessed by per-protocol, inten-tion-to-treat and modified intention-to-treat analyses.

Results: Overall, 1,739 patients were analyzed (68% women, mean age 53 years, dyspepsia 69%). Commonly prescribed regimens were: quadruple therapy with proton pump inhibitor (PPI)-bismuth-doxycycline-metronidazole (PPI+BDM, 21%); concomitant quadruple therapy with PPI-clarithromycin-amoxicillin-metronidazole (PPI+CAM, 43%); and triple therapy with PPI-clarithromycin-amoxicillin (PPI+CA, 36%), all for 14 days. PPI+BDM and PPI+CAM achieved effectiveness >90% (96% and 94%, respectively), whereas PPI+CA yielded <90% and decreased to 64% with high-dose PPIs. In the potassium-competitive acid blockers subanalysis, tegoprazan-based BDM quadruple therapy achieved effectiveness >90%, comparable to PPI+BDM regimens, whereas tegoprazan-based CA triple therapy remained <80%, similar to PPI+CA (Table 1). Adherence was ≥95% across regimens, and adverse events did not significantly affect compliance.

Conclusions: PPI+CA showed suboptimal effectiveness, whereas PPI+BDM and PPI+CAM achieved optimal eradication rates (>90%). Tegoprazan-based quadruple regimens showed effectiveness comparable to PPI-based quadruple therapy. Adverse events did not significantly affect compliance.

Conflicts of Interest

Ana Delfina Cano Contreras*: None, Diego Reyes Placencia*: None, Fatima Higuera de La Tijera: None, Jose Antonio Velarde Ruiz Velasco: None, Sarai Gonzalez Huezo: None, Luis Raul Valdovinos García: None, Francisco Bosques Padilla: None, Nayeli Ortiz Olvera: None, Eumir Israel Juárez Valdés: None, Jesus Kasuo Yamamoto Furusho: None, Guadalupe Morales Osorio: None, Guadalupe Quintero Aguilar: None, Enrique Coss Adame: None, Anna Cano Catalá: None, Pablo Parra Pineda: None, Olga Perez Nyssen: None, Leticia Moreira: None, Arnoldo Riquelme Perez**: None, Javier P. Gisbert**: None, Jose María Remes Troche**: None.

TABLE 1. Effectiveness evaluated per-protocol, intention-to-treat, and modified intention-to-treat, by proton pump inhibitor dose and tegoprazan-containing regimens, compliance and safety among the three most frequently used 14-day therapies in the Hp-MexReg.

PPI	BDM (15%, n=170)	CAM (36%, n=403)	CA (29%, n=328)
	Low-dose PPI*		
PP analysis (p<0.01**)	97%, n=38/39	93%, n=265/285	79%, n=181/229
ITT analysis (p<0.01**)	95%, n=39/41	89%, n=265/299	73%, n=181/247
mITT analysis (p<0.01**)	95%, n=39/41	91%, n=266/292	78%, n=181/231
	Standard-dose PPI*		
PP analysis (p=0.43**)	96%, n=44/46	94%, n=31/33	88%, n=30/34
ITT analysis (p=0.44**)	92%, n=47/51	87%, n=32/37	83%, n=30/36
mITT analysis (p=0.38**)	96%, n=47/49	94%, n=32/34	88%, n=30/34
	High-dose PPI*		
PP analysis (p<0.01**)	84%, n=65/77	92%, n=55/60	64%, n=27/42
ITT analysis (p<0.01**)	85%, n=66/78	88%, n=56/64	64%, n=28/44
mITT analysis (p<0.01**)	85%, n=66/78	90%, n=56/62	64%, n=28/44
	Compliance rate		
(%, n) (p=0.30**)	97%, n=164/170	98%, n=392/402	98%, n=322/328
	Adverse event rate		
(%, n) (p<0.01**)	48%, n=82/170	43%, n=173/403	33%, n=109/328
P-CAB	BDM (39%, n=43)	CAM (5.5%, n=6)	CA (55%, n=60)
PP analysis (p<0.01**)	93%, n=38/41	100%, n=3/3	77%, n=20/26
ITT analysis (p<0.01**)	93%, n=39/42	50%, n=3/6	74%, n=20/27
mITT analysis (p<0.01**)	93%, n=40/43	100%, n=3/3	77%, n=20/26
	Compliance rate		
(%, n) (p=0.048**)	95%, n=41/43	100%, n=6/6	100%, n=27/27
	Adverse event rate		
(%, n) (p<0.01**)	42%, n=18/43	17%, n=1/6	30%, n=8/27

C = clarithromycin; A = amoxicillin; B = bismuth salts; M = metronidazole; D = doxycycline; PPI = proton pump inhibitor; P-CAB= potassium-competitive acid blockers (tegoprazan); PP: per-protocol; ITT: intention-to-treat; mITT: modified intention-to-treat; *High-dose PPI (54 to 128 mg omeprazole-equivalent twice daily), Standard-dose PPI (32 to 40 mg omeprazole-equivalent twice daily), Low-dose PPI (4.5 to 27 mg omeprazole-equivalent twice daily); and **Chi-square test.

POSTER SESSION 10 - HELICOBACTER 8

P10.06.

REAL-WORLD EFFECTIVENESS AND SAFETY OF OPTIMIZED BISMUTH-BASED FEXUPRAZAN QUADRUPLE THERAPY FOR *HELICOBACTER PYLORI* ERADICATION IN CHILE: RESULTS FROM THE LATIN-AMERICAN REGISTRY ON *H. PYLORI* MANAGEMENT (HP-LATAMREG).

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Objective: *Helicobacter pylori* (*H. pylori*) therapies face challenges due to antimicrobial resistance and variable acid suppression with proton pump inhibitors (PPIs). Potassium-competitive acid blockers, such as fexuprazan, provide potent acid suppression that may improve eradication rates.

Patients and Methods: A prospective observational study using the Latin-American Registry on *H. pylori* Management (Hp-LATAMReg; WorldHpReg partner) evaluated treatment-naïve adults from Chile. Data were registered using the AEG-REDCap e-CRF (from October 2024 to March 2025). Pa-tients receiving three 14-day regimens, were evaluated: Standard Triple Therapy (STT: amoxicillin 1 g/12h, clarithromycin 500 mg/12h, omeprazole 20 mg/12h), Optimized Bismuth Quadruple Therapy with PPI (o-BQT-PPI: esomeprazole 40 mg/8h, amoxicillin 1 g/8h, metronidazole 500 mg/8h, bismuth 369 mg/8h, PPI 20 mg/8h), or Optimized Bismuth Quadruple Therapy with Fexuprazan (o-BQT-Fexu: fexuprazan 40 mg/12h, amoxicillin 50 mg/kg/day divided q8h, metronidazole 500 mg/8h, bismuth 369 mg/8h). Outcomes included modified intention-to-treat (mITT) effectiveness, adverse events, and adherence.

Results: Among 378 patients, mITT eradication rates were 85% (95% CI: 79-90%) for STT, 97% (95% CI: 92-99%) for o-BQT-PPI, and 96% (95% CI: 89-98%) for o-BQT-Fexu (p=0.032). Both quadruple regimens significantly outperformed STT. Adverse events occurred in 63% (95% CI: 56-70%) of STT patients, 54% (95% CI: 45-63%) of o-BQT-PPI patients, and 33% (95% CI: 24-43%) of o-BQT-Fexu patients, the latter associated with significantly (p<0.001) fewer adverse events than with other regimens. Adherence exceeded 90% across all groups.

Conclusions: Fourteen-day o-BQT-PPI and o-BQT-Fexu achieved similarly high *H. pylori* eradication rates, both superior to STT. Notably, o-BQT-Fexu was associated with fewer adverse events, positioning it as an effective and well-tolerated alternative.

Conflicts of Interest

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