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BRAZILIAN REGISTRY ON *H. PYLORI* MANAGEMENT (HP-BRAZILREG): ANALYSIS OF 640 FIRST-LINE TREATMENTS

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Objective: Little is known about the first-line regimens used and their outcomes in real-life studies in Brazil. The aim of the study was to evaluate the effectiveness of the first-line eradication treatments in Brazil, as part of the Brazilian Registry on *Helicobacter pylori* management (Hp-BrazilReg).

Materials and Methods: Multicenter, prospective registry evaluating outcomes of *H. pylori* management by Brazilian gastroenterologists. Data were registered at e-CRF AEG-REDCap from March 2022 to April 2023. The effectiveness was evaluated by modified intention-to-treat. Data were subject to quality review.

Results: Up to now, 879 Brazilian patients were included (mean age 52 years, 64% women, and 2.3% penicillin allergy). Treatment indications were: 62% dyspepsia with normal endoscopy and 12% gastroduodenal ulcers. Endoscopy was performed in 96% of the cases to diagnose the infection, employing histology (91.5%) and the rapid urease test (16%). No pre-treatment resistance test was performed. Regarding first-line treatments, 640 patients were included. The main first-line regimens were triple-clarithromycin+amoxicillin (89%), and dual-amoxicillin (2.2%), with 14-day prescriptions in 97% of patients, low-dose and standard-dose PPIs in 37% each, and high-dose PPIs in 27% of cases. Probiotics were used in 18%. 99% were compliant (>90% drug intake). Confirmation of the eradication was mainly performed by endoscopy (74%), histology (70%), ^{14}C-urea breath test (14%), and rapid urease test (12%). Overall, both intention-to-treat and per-protocol effectiveness were 88%. 27% presented at least one adverse event, mainly nausea (10%) and diarrhea (7.2%).

Conclusions: Triple-clarithromycin+amoxicillin accounts for the vast majority of prescriptions in Brazil and achieves an acceptable eradication rate (88%).

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FIRST DESCRIPTION OF THE DATA FROM THE LATIN AMERICAN REGISTRY ON THE MANAGEMENT OF *HELICOBACTER PYLORI* INFECTION (Hp-LATAMReg)

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Objective: There is limited information regarding the best approach for *Helicobacter pylori* management in Latin America. Our aim was to describe the main characteristics of the *H. pylori* eradication treatment in Latin America.

Materials and Methods: A multicenter, prospective, international registry (Hp-LATAMReg) was conducted. Information about therapies used by gastroenterologists in five countries (Chile, Argentina, Mexico, Peru, and Colombia) from 2015 to 2023 was registered in an e-CRF AEG-REDCap database. The modified intention-to-treat (mITT) effectiveness, safety, and adherence was analyzed for the first-line regimens. Data were quality reviewed.

Results: We registered 681 patients, of which 599 (88%) were treatment-naïve. The most frequent indication for treatment was dyspepsia (n=443, 65%). The most commonly prescribed first-line therapies were: proton pump inhibitor (PPI)-amoxicillin (A)-clarithromycin (C), PPI-C-A-Metronidazole (M), PPI-A, PPI-C-A-Bismuth (B) and PPI-A-Levofloxacin (L). Most of the regimes were 14-day long (n=546,

93%), and administered low-dose PPIs (n=282, 47%). The first-line mITT overall effectiveness ranged from 80% to 91%, and PPI+C+A+M was the only regimen that achieved over 90% eradication (Table). The incidence of at least one adverse event was 35%, the most common being abdominal pain (17%). Acceptable adherence, defined as >90% of drug intake, was observed in 97%.

Conclusions: In Latin America, optimal (>90%) effectiveness was only obtained with 14-day concomitant non-bismuth quadruple therapy (PPI-C-A-M). Triple therapies and low-dose PPIs are still commonly prescribed, leaving room for improvement.

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TABLE 1. MOST COMMONLY USED FIRST-LINE ERADICATION THERAPIES FOR H. PYLORI INFECTION IN LATIN AMERICA, BY LENGTH OF TREATMENT AND PROTON PUMP INHIBITOR DOSE.

Prescriptions, n (%)	PPI-C-A272 (46%)	PPI-C-A-M107 (18%)	PPI-A44 (7%)	PPI-C-A-B36 (6%)	PPI-A-L33 (6%)
Length of treatment					
7 days	6 (2.2%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
10 days	17 (6.3%)	1 (0.9%)	1 (2.3%)	0 (0%)	5 (15.2%)
14 days	246 (91.4%)	106 (99.1%)	43 (97.7%)	36 (100%)	28 (84.8%)
PPI dose*					
Low	167 (61.6%)	42 (39.3%)	1 (2.3%)	13 (36.1%)	14 (45.2%)
Standard	34 (12.5%)	10 (9.3%)	3 (6.8%)	9 (25%)	1 (3.2%)
High	70 (25.8%)	55 (51.4%)	40 (90.9%)	14 (38.9%)	16 (51.6%)
mITT effectiveness	79.8% of 272	90.7% of 107	86.4% of 44	80.6% of 36	72.7% of 33

A: amoxicillin; B: bismuth; C: clarithomycin; L: levofloxacin, M: metronidazole; PPI: proton pump inhibitor; * Low dose PPI – 4.5 to 27 mg omeprazole equivalents. b.i.d.; standard dose PPI – 32 to 40 mg omeprazole equivalents. b.i.d.; high dose PPI – 54 to 128 mg omeprazole equivalents. b.i.d.