Moderated posters

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MOST FREQUENT HELICOBACTER PYLORI FIRST-LINE EMPIRICAL ERADICATION THERAPIES: DATA FROM THE LATIN AMERICAN REGISTRY ON H. PYLORI MANAGEMENT (HP-LATAMREG).

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Introduction: In Latin America, the Helicobacter pylori infection is a common problem (prevalence of 47-63%)1,2. There is limited information regarding the best approach for Helicobacter pylori infection management in Latin America.

Aims & Methods: Our aim was to describe the most frequent eradication therapies, their effectiveness, adherence, and safety. A multicenter, prospective, international registry (Hp-LATAMReg; HpWorldReg partner) was conducted. Information about therapies used by gastroenterologists in seven countries (Argentina, Chile, Colombia, Costa Rica, Ecuador, Mexico, and Peru) from 2015 to 2024 was registered at e-CRF AEG-REDCap platform. The modified intention-to-treat (mITT) effectiveness, safety, and adherence were analysed for the first-line regimens. The length of the treatment and the proton pump inhibitor (PPI) dose prescribed were also evaluated.

Results: Overall, 2,511 patients were registered, of which 2,323 (93%) were treatment-naïve. The most commonly prescribed first-line therapies (n=2,216, 88%) were: standard clarithromycin-based triple therapy (PPI-amoxicillin-clarithromycin; n=801, 30%), PPI-clarithromycin-amoxicillin-metronidazole (n=369, 14%), dual therapy (PPI-amoxicillin; n=274, 10%), PPI-metronidazole-doxycycline-bismuth (n=201, 7.6%), PPI-metronidazole-tetracycline-bismuth (n=186, 7.1%), PPI-amoxicillin-metronidazole-bismuth (n=156, 5.9%), PPI-clarithromycin-amoxicillin-bismuth (n=119, 4.5%), and PPI-amoxicillin-levofloxacin (n=110, 4.2%).

Most of those regimens (n=2,055, 93%) were optimized, that is prescribed for 14 days and almost 50% of the patients were administered high-dose PPIs (54 to 128 mg omeprazole equivalents b.i.d.) (n=967, 46%) with significant differences between schemes (p<0.01)(Table 1).

	Prescription (%, n)							
	PPI-C-A (27%, n=801)	PPI-C-A-M (15%, n=366)	PPI-A (11%, n=274)	PPI-M-Tc-B (7.3%, n=185)	PPI-C-A-B (4.2%, n=118)	PPI-A-M-B (6.7%, n=156)	PPI-A-L (3.7%, n=109)	PPI-M-D-B (7.9%, n=201)
mITT eradication rate (%, n) (p<0.01*)	75%, n=595	89%, n=327	88%, n=241	87%, n=160	79%, n=93	95%, n=148	74%, n=81	87%, n=172
Side effects rate (%, n) (p<0.01*)	35%, n=281	41%, n=151	7.3%, n=20	12%, n=23	18%, n=21	47%, n=72	20%, n=22	48%, n=97
Adherence rate (%, n) (p<0.01*)	98%, n=779	99%, n=363	98%, n=269	97%, n=181	98%, n=117	97%, n=152	99%, n=109	96%, n=193
High-dose PPIs use (%, n) (p<0.01*)	25%, n=192	31%, n=105	98%, n=267	73%, n=132	22%, n=25	65%, n=100	43%, n=44	52%, n=102
High-dose PPIs mITT cure rate (%, n) (p<0.01*)	69%, n=131	85%, n=88	88%, n=236	93%, n=123	72%, n=18	97%, n=97	77%, n=34	83%, n=85
14 days use (%, n) (p<0.01*)	89%, n=697	98%, n=358	99%, n=273	99%, n=184	95%, n=105	100%, n=156	90%, n=99	97%, n=195
14-days and high-dose PPIs use (%, n) (p<0.01*)	23%, n=185	26%, n=96	99%, n=266	71%, n=131	21%, n=25	64%, n=100	37%, n=40	49%, n=98
14-days and high-dose PPIs mITT cure rates (%, n) (p<0.01*)	74%, n=115	90%, n=84	89%, n=236	93%, n=122	72%, n=18	97%, n=97	80%, n=32	85%, n=83

Table 1. Effectiveness by modified intention-to-treat, safety, and compliance of first-line empirical therapy.
**Chi square test. mITT = modified intention to treat; PPI = Proton pump inhibitor; C = clarithromycin; A = amoxicillin; B = bismuth salts; M = metronidazole; L = levofloxacin; Tc = tetracycline; D = doxycycline; high-dose PPIs (54 to 128 mg omeprazole equivalents b.i.d.).*

The first-line mITT overall effectiveness ranged from 74% to 95%, being the PPI-amoxicillin-metronidazole-bismuth the only therapy achieving optimal (90%) cure rates. However, when therapies were optimised (i.e.; 14 days and high-dose PPIs) the following also provided optimal (>90%) effectiveness: PPI-clarithromycin-amoxicillin-metronidazole (90%); PPI-metronidazole-tetracycline-bismuth (93%) and PPI-amoxicillin-met ronidazole-bismuth (97%). The dual therapy PPI-amoxicillin provided encouraging mITT results (89%) and had the lowest incidence rate of side effects (7.3%); whereas the highest was reported with PPI-metronidazole-doxycycline-bismuth (48%). Good adherence, defined as >90% of drug intake, was observed in 98% (n=2,163) of cases (Table 1). **Conclusion**: In Latin America, bismuth quadruple therapy with PPI-amoxicillin-metronidazole-bismuth and optimized (14-day and high-dose PPIs) quadruple therapies either with PPI-clarithromycin-amoxicillin-metronidazole and PPI-metronidazole-tetracycline-bismuth provided optimal (>90%) effectiveness. Dual therapy with PPI-amoxicillin provided encouraging results (close to 90% cure rates) and had the lowest incidence rate of adverse events. References: 1. Li Y, Choi H, Leung K, Jiang F, Graham DY, Leung WK. Global prevalence of Helicobacter pylori infection between 1980 and 2022: a systematic review and meta-analysis. Lancet Gastroenterol Hepatol. 2023 Jun;8(6):553–64. 2. Curado MP, de Oliveira MM, de Araújo Fagundes M. Prevalence of Helicobacter pylori infection in Latin America and the Caribbean populations: A systematic review and meta-analysis. Cancer Epidemiol. 2019 Jun;60:141–8. Disclosure: Nothing to disclose.

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AN UPDATE OF THE HELICOBACTER PYLORI DIAGNOSTIC TESTS AND INDICATIONS FOR TREATMENT FROM THE LATIN AMERICAN REGISTRY ON HELICOBACTER PYLORI MANAGEMENT (HP-LATAMREG)

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Introduction: In Latin America, the Helicobacter pylori infection is a common problem (prevalence of 47-63%)1,2. There is limited information regarding the best approach for Helicobacter pylori infection management in Latin America.

Aims & Methods: Our aim was to describe the H. pylori diagnostic tests and treatments' indications in Latin America. A multicenter, prospective, international registry (Hp-LATAMReg; HpWorldReg partner) was conducted. Data were collected by gastroenterologists in seven countries (Argentina, Chile, Colombia, Costa Rica, Ecuador, Mexico, and Peru) from 2015 to 2024 and registered at e-CRF AEG-REDCap platform. The most frequent indications for treatment and diagnostic tests before and after eradication treatment were evaluated.

Results:Overall, 2,497 patients were registered, of which 1,680 (67%) were female. The mean (SD) age of the patients was 53 (14) years, with 1,087 patients (44%) from Mexico, 446 (18%) from Peru, 343 patients (14%) from Chile, 274 (11%) from Argentina, 200 (8%) from Colombia, 104 (4.2%) from Costa Rica, and 43 (1.7%) from Ecuador. Among those, 2,186 (88%) were treatment-naïve cases. The most frequent indications for treatment were non-investigated dyspepsia (n=995, 40%) and dyspepsia with normal endoscopy (n=690, 28%) (Table 1). The main H. pylori diagnostic methods before the eradication treatment were histology (n=1,642, 66%), rapid urease test (n=354, 14%) and 13C-urea breath test (UBT) (n=298, 12%). One diagnostic test was used in 2,471 (99%) cases, and 1,985 (80%) patients were diagnosed with invasive tests. To assess post-treatment eradication, the most frequent H. pylori diagnostics tests used were stool antigen monoclonal test (n=1,016, 41%), 13C-UBT (n=635, 25%) and 14C-UBT (n=516, 21%). There were statistical differences between the countries regarding the indication for treatment and the diagnostic methods before and after the eradication therapy.

Country	Argentina (n=274)	Chile (n=343)	Colombia (n=200)	Costa Rica (n=104)	Ecuador (n=43)	Mexico (n=1,087)	Peru (n=446)	Overall (n=2,497)
Indication of Helicobacter pylori eradication								**p<0.001***
Non-investigated dyspepsia	27 (9.9%)	45 (4.5%)	36 (18%)	2 (1.9%)	0 (0%)	700 (65%)	185 (42%)	995 (40%)
Dyspepsia with normal endoscopy	201 (74%)	202 (58%)	16 (8%)	15 (14%)	1 (2.3%)	33 (3%)	176 (39%)	644 (26%)
Duodenal Ulcer	13 (4.8%)	8 (2.3%)	5 (2.5%)	8 (7.7%)	1 (2.3%)	45 (4.1%)	9 (2%)	89 (3.6%)
Gastric Ulcer	13 (4.8%)	7 (5.1%)	13 (6.5%)	8 (7.7%)	7 (16%)	75 (6.9%)	14 (3.1%)	137 (5.5%)
Preneoplastic lesions	0 (0%)	2 (0.6%)	0 (0%)	19 (18%)	31 (67%)	67 (6.1%)	33 (7.4%)	152 (6.1%)
First-degree relatives of patients with gastric cancer	2 (0.7%)	12 (3.5%)	9 (4.5%)	10 (9.6%)	2 (4.7%)	19 (1.8%)	16 (3.6%)	70 (2.8%)
Screening to prevent gastric cancer	0 (0%)	0 (0%)	0 (0%)	1 (1%)	1 (2.3%)	17 (1.6%)	10 (2.2%)	29 (1.2%)
Other	6 (2.2%)	64 (19%)	109 (54%)	41 (39%)	0 (0%)	121 (11%)	2 (0.4%)	343 (14%)

Conclusion: This is an update3 of the first multicenter international registry on H. pylori management in Latin America (Hp-LATAMReg). There was marked heterogeneity between the countries regarding the main treat ment indications and the most frequently used diagnostic tests for H. pylori infection. The inclusion of more countries is necessary to improve the representativeness of the region. References: 1. Li Y, Choi H, Leung K, Jiang F, Graham DY, Leung WK. Global prevalence of Helicobacter pylori infection between 1980 and 2022: a systematic review and meta-analysis. Lancet Gastroenterol Hepatol. 2023 Jun;8(6):553–64. 2. Curado MP, de Oliveira MM, de Araújo Fagundes M. Prevalence of Helicobacter pylori infection in Latin America and the Caribbean populations: A systematic review and meta-analysis. Cancer Epidemiol. 2019 Jun;60:141–8. 3. European Helicobacter and Microbiota Study Group (EHMSG). Abstracts. Microb Health Dis 2023; 5: e857. DOI: 10.26355/mhd_20239_857 Disclosure: Nothing to disclose.