Poster presentations
Sunday, October 5, 2025

PP0252

VONOPRAZAN IS HIGHLY EFFECTIVE AND SAFE AS AN ADJUVANT IN DIFFERENT REGIMENS IN FIRST- AND RESCUE-LINE THERAPIES FOR *H. PYLORI* INFECTION IN BRAZIL

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Introduction: Data about the effectiveness and safety of vonoprazan (VPZ) as an adjuvant for treating *H. pylori* are lacking in Brazil. Previous studies suggest that greater acid suppression might improve effective-ness, with an acceptable eradication rate around 90%.

Aims & Methods: To evaluate VPZ in eradication therapy in Brazil, as part of the Hp-BrazilReg, WorldHpReg's partner, a multicenter and prospective real-life registry was performed, assessing outcomes of *H. pylori* man-agement by Brazilian gastroenterologists. Data were registered at e-CRF AEG-REDCap from March 2022 to October 2024. The effectiveness was as-sessed by modified intention-to-treat (mITT) analysis. Data were subject to quality review.

Results: 2,132 Brazilian patients, with a mean age of 52 years, 61% of whom were women, were included in the mITT analysis. The main treat-ment indications were: 63% dyspepsia, 10% gastroduodenal ulcers, and 5% premalignant gastric lesions. Endoscopy was performed in 95% of the cases, using histology (90%) and/or the rapid urease test (15%) for diagnosing the infection. No pre-treatment bacterial resistance test was performed.

First-line treatments were administered to 73% (n=1,560) of cases, second-line to 18% (n=386), and rescue to 9% (n=186), with 94% of pa-tients receiving 14-day prescriptions. Low-dose (between 4.5 and 27mg of omeprazole equivalent BID), standard- dose (between 32 and 40mg of omeprazole equivalent BID), and high-dose (between 54 and 128mg of omeprazole BID) of proton pump inhibitor (PPIs) as well as 20mg BID of vonoprazan (VPZ) were used in 39%, 38%, 23%, and 15% of treatment cas-es, respectively.Probiotics were used as adjuvant in 15% of patients. Compliance (>90% drug intake) was reported in 99% of the patients.Eradication was mostly confirmed by endoscopy in 88% (histology [74%] and/or rapid urease test [14%]). The ^{14}C-urea breath test was used in 8% of the cases. At least one adverse event was reported by 25% of patients, mainlynausea(13%), dysgeusia(8%) anddiarrhea(7%).

The regimens reaching 90% eradication were: dual-VPZ+amoxicillin for first-line and rescue treatments (96% and 100%, respectively), quadru-ple VPZ+bismuth+tetracycline+metronidazole for second- and third-line treatments (92% and 90% respectively), and quadruple PPI+bis-muth+levofloxacin+amoxicillin (100%) for second-line treatment.Prescribing VPZ (vs PPI) was an independent factor associated with high-er effectiveness both in first-line (OR 2.95; IC 95%: 1.71-5.09) and in sec-ond-line and rescue treatments (OR 2.87; IC 95%: 1.69-5.13). There was no difference in adverse effects between VPZ and PPI-based regimens (p<0.01).

Conclusion: VPZ, when prescribed as an adjuvant for treating *H. pylori* infection, shows highly effective results as part of dual therapy with amox-icillin for first-line and rescue treatments, as well as in quadruple therapy with bismuth+metronidazole+ tetracycline or bismuth+amoxycillin and rifabutinforrescuetreatments.

Disclosure: Nothing to disclose.

PP0257

EFFECTIVENESS OF FIRST-LINE EMPIRICAL *HELICOBACTER PYLORI* TREATMENT OUTSIDE EUROPE: RESULTS OF 10,000 CASES FROM THE WORLD-WIDE REGISTRY ON *H. PYLORI* MANAGEMENT (WORLDHPREG)

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Introduction: *H. pylori* infection represents a significant global health challenge. Despite international efforts to standardise eradication pro-tocols, treatment success varies substantially across regions due to dif-ferences in antibiotic resistance patterns and healthcare practices and accessibility.

Aims & Methods: This study aimed to assess the effectiveness of empiri-cal first-line therapies for *H. pylori* infection outside Europe.

The WorldHpReg, an international, multicenter, prospective registry, was created to evaluate the management and clinical outcomes of *H. pylori* infection by gastroenterologists world-wide. Data were collected via the AEG-REDCap e-CRF from March 2022 to April 2025. Modified inten-tion-to-treat (mITT) and per-protocol (PP) analyses were performed to as-sess therapy effectiveness. A regimen was considered optimally effective if the mITT cure rate was ≥90%. The data were stratified by country and by specific first-line therapeutic regimen.

Results: A total of 9,973 cases were collected, with 7,738 (78%) first-line empirical prescriptions analysed across several non-European countries including: Latin America (LATAM), Brazil, Africa, Australia, Canada, Egypt, India, Jordan, Pakistan, and Saudi Arabia. Overall, 90 different first-line

therapeutic regimens were prescribed, achieving an overall mITT and PP effectiveness of 84% and 85%, respectively. Optimal (≥90%) mITT cure rates were achieved, overall, in Australia (95%), India (99%), Jordan (96%) and Saudi Arabia (91%). Optimal treatment effectiveness was observed in LATAM with following therapies: non-bismuth quadruple therapy con-taining amoxicillin-clarithromycin-metronidazole (91%) or with various combinations of bismuth-containing quadruple therapies, such as amoxi-cillin-metronidazole (94%), metronidazole-doxycycline (90%), and amox-icillin-doxycycline (97%). Additionally, high effectiveness was achieved also in LATAM with the single-capsule formulation (94%) and with the combination of metronidazole-tetracycline in the classical format (91%), this latter also obtaining optimal results in Brazil (97%). Standard triple therapy with amoxicillin-clarithromycin achieved over 90% mITT cure rates in Africa (92%), Australia (95%), Egypt (100%), India (100%), and Jordan (100%), although the number of patients was still very low. The remaining regimens provided suboptimal results. Complete results by treatment scheme and country are detailed in Table 1.

Country	LATAM	Brazil	Africa	Australia	Canada	Egypt	India	Jordan	Pakistan	Saudi Arabia
Treatment[a]					N (% mITT)					
Triple-C+A	1,041 (75%)	1,826 (80%)	25 (92%)	19 (95%)	NA	4 (100%)	61 (100%)	14 (100%)	53 (59%)	7 (86%)
Concomitant-C+A+M	613 (91%)	1 (100%)	NA NA	NA NA	6 (83%) NA	NA NA	NA NA	29 (86%)	NA NA	NA NA
Dual-A	340 (86%)	116 (89%)	NA	NA	NA	NA	NA	NA	NA	NA
Quadruple-A+M+B	259 (90%)	NA 16	NA NA	NA NA	NA NA	45 (100%) NA	NA NA	NA NA	12 (42%)	1 (100%)
Quadruple-M+D+B	267 (90%)	2 (100%)	1 (100%)	NA NA	1 (100%) NA	NA NA	NA NA	NA NA	11 (100%) 2	
Triple-A+L	126 (82%)	30 (97%)	NA	NA	NA	NA	NA	1 (100%)	NA	NA
Quadruple-M+Tc+B	177 (90%)	43 (67%)	NA 19	NA	NA 3	NA 27	80 (99%)	NA NA	NA 93	NA 40
Quadruple-C+A+B	187 (78%)	6 (100%) NA	3 (100%)	(95%)	(67%) 10	(100%) 76	141 (99%)	50 (100%)	(74%) 158	(88%) NA
Quadruple-A+D+B	177 (N9A7)	NA 2,N08A2	72 (78%)		(80%)	(100%)		94 (96%)	(67%)	3 (100%)
Triple-C+T	483 (81%)									
Single-	104	85								64

[a]Treatments were categorised in 11 categories encompassing over 90% of first-line prescriptions world-wide.

LATAM: Latin America; ASEAN: Association of South-East Asian Nations; A: amoxicillin; B: bismuth salts; C: clarithromycin; D: doxycycline; L: levofloxacin; M: metronidazole; T: tinidazole; Tc: tetracycline; *Three-in-one single-capsule containing metronidazole, tetracycline and bismuth; N: total number of patients analysed; %: total number of patients with H. pylori eradicated; mITT: modified intention-to-treat.

Table 1. Modified intention-to-treat effectiveness of most frequent first-line empirical treatments world-wide.

Conclusion: In this large, real-world cohort from several non-European countries, first-line *H. pylori* empirical eradication therapies yielded un-satisfactory overall results. However, optimal (≥90%) eradication rates were consistently observed in Australia, India, Jordan, Egypt and Saudi Arabia. In LATAM and Brazil, the highest cure rates were predominantly obtained with bismuth and non-bismuth quadruple therapies. Triple ther-apy with amoxicillin-clarithromycin remained highly effective in select-ed regions. These findings reinforce the importance of tailoring first-line empirical therapy to regional performance in order to optimise *H. pylori* eradicationsuccess.

Disclosure: Javier P. Gisbert has served as speaker, consultant, and advi-sory member for or has received research funding from: Mayoly, Allergan/ Abbvie, Diasorin, Richen, Juvisé and Biocodex.
Olga P. Nyssen received research funding from: Mayoly, Allergan/Abbvie, Richen, Juvisé and Biocodex.

Moderated posters
Sunday, October 5, 2025

MP505

PRESCRIPTION OF FIRST-LINE EMPIRICAL TREATMENTS FOR *HELICOBACTER PYLORI* INFECTION OUTSIDE EUROPE: RESULTS OF 10,000 CASES FROM THE WORLD-WIDE REGISTRY ON *H. PYLORI* MANAGEMENT (WORLDHPREG)

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Introduction: *H. pylori* infection remains a major global health issue, and although effective treatment exists, changing clinical practices and regional differences require ongoing review of treatment guidelines.

Aims & Methods: This study aimed to assess the various first-line empirical therapies used for *H. pylori* infection in regions outside Europe.

The WorldHpReg is a global, multicenter, prospective registry designed to assess how gastroenterologists manage *H. pylori* infection and its clinical outcomes. Data were collected at AEG-REDCap e-CRF from March 2022 to April 2025, with descriptive analyses and Chi-square tests used to evalu- ate associations.

Results: Overall, 9,973 cases, with 7,738 (78%) first-line empirical prescriptions were analysed across several non-European countries, including: Latin America (LATAM), Brazil, Africa, Association of South-East Asian Nations (ASEAN), Australia, Canada, Egypt, India, Jordan, Pakistan, and Saudi Arabia. The average patient was 50 years old, with 62% being women. Ethnicities included Caucasian (33%), Asian (15%), Black (6.1%), and others (40%). Most patients (85%) had never smoked, while 11% were cur-

rent smokers. At baseline, 38% used concurrent medications, primarily proton pump inhibitors (PPIs) (27%). Common symptoms were dyspepsia (59%) and heartburn (23%). *H. pylori* diagnosis was mainly by histology (75%), with limited use of 13C-urea breath test (5.8%), stool antigen test (4.7%), and culture (2%). A total of 90 different first-line therapeutic regimens were prescribed, with triple therapy using either Potassium-Competitive Acid Blockers (P-CABs) or PPIs plus amoxicillin-clarithromycin being the most common (41%), especially in Brazil (87% of their prescrip- tions), India (45%) and LATAM (27%). Quadruple non-bismuth concomi- tant therapy with PPI-amoxicillin-clarithromycin-metronidazole was the second most common (9% overall), with higher usage in Canada (77% of their prescriptions), Jordan (30%) and LATAM (16%). Bismuth quadruple therapy using a single-capsule formulation of PPI-metronidazole-tetracy- cline was prescribed in LATAM (2.7% of their prescriptions) and Saudi Ara- bia (60%); while bismuth quadruple therapy with P-CABs or PPIs and oth- er antibiotic combinations was less common (3% globally). Region-spe- cific alternatives like triple therapy with PPI-amoxicillin-levofloxacin were prescribed in LATAM or Egypt, and PPI-clarithromycin-tinidazole was more frequent in Africa. Dual therapy with P-CAB or PPI plus amoxicillin was prescribed overall in 6.2% of cases, mainly in LATAM and Brazil (Table 1). Most treatments lasted 14 days (86%), with PPIs prescribed at either low-dose (20 mg omeprazole equivalent b.i.d.) in 42% of cases or high- dose (80 mg omeprazole equivalent b.i.d.) in 36% of cases. Vonoprazan, tegoprazan and fexuprazan were prescribed in 5%, 2% and 1.3% of cases.

Country Treatment[a]	N (%)	LATAM	Brazil	Africa	ASEAN	Australia	Canada	Egypt	India	Jordan	Pakistan	Saudi Arabia
Triple-C+A	3,187 (41%)	1,069 (27%)	1,907 (87%)	39 (17%)	NA	19 (100%)	1 (3.2%)	4 (5.1%)	69 (45%)	15 (14%)	53 (34%)	11 (14%)
Concomitant-C+A+M	692 (8.9%)	635 (16%)	1 (0%)	NA	1 (0.1%)	NA	24 (77%)	NA	NA	31 (30%)	NA	NA
Dual-A	476 (6.2%)	360 (9.2%)	116 (5.3%)	NA	NA	NA	NA	NA	NA	NA	NA	NA
Quadruple-A+M+B	273 (3.5%)	273 (7%)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Quadruple-M+D+B	272 (3.5%)	269 (6.9%)	2 (0.1%)	NA	NA	NA	NA	NA	NA	NA	NA	1 (1.3%)
Triple-A+L	221 (2.9%)	133 (3.4%)	16 (0.7%)	NA	NA	NA	NA	46 (59%)	NA	1 (1%)	12 (7.6%)	13 (16.3%)
Quadruple-M+Tc+B	221 (2.9%)	178 (4.5%)	38 (1.7%)	1 (0.4%)	NA	NA	1 (3.2%)	NA	NA	NA	NA	3 (3.8%)
Quadruple-C+A+B	204 (2.6%)	197 (5%)	6 (0.3%)	NA	NA	NA	NA	NA	1 (0.7%)	NA	NA	NA
Quadruple-A+D+B	177 (2.3%)	177 (4.5%)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Single-capsule*	153 (2%)	104 (2.7%)	NA	NA	NA	NA	NA	NA	NA	1 (1%)	NA	48 (60%)
Overall	7,736 (100%)	3,916 (51%)	2,183 (28%)	224 (2.9%)	791** (10%)	19 (0.2%)	31 (0.4%)	78 (1%)	152 (2%)	104 (1.3%)	158 (2%)	80 (1%)
Triple-C+T	128 (1.7%)	NA	NA	128 (57%)	NA	NA	NA	NA	NA	NA	NA	NA

[a]Treatments were categorised in 11 categories encompassing over 90% of first-line prescriptions world-wide; LATAM: Latin America; ASEAN: Association of South-East Asian Nations; A: amoxicillin; B: bismuth salts; C: clarithromycin; D: doxycycline; L: levofloxacin; M: metronidazole; T: tinidazole; Tc: tetracycline. *Three-in-one single-capsule containing metronidazole, tetracycline and bismuth; N: number of prescriptions; NA: non-available. **From other treatment combinations.

Table 1. Most frequent first-line empirical treatments worldwide.

Conclusion: WorldHpReg reveals substantial heterogeneity in first-line empirical *H. pylori* treatments, with standard triple therapy predom- inating mainly in Africa, India, Pakistan, Latin America and Brazil; while quadruple therapies were underutilised in most regions except in Latin America, Jordan, Saudi Arabia and Canada. These findings highlight a critical need for region-specific protocols to optimise *H. pylori* eradication outcomes globally.

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EMPIRICAL ERADICATION THERAPY FOR *HELICOBACTER PYLORI* INFECTION IN SECOND AND SUBSEQUENT TREATMENT LINES: EXPERIENCE FROM 500 CASES OF THE BRAZILIAN REGISTRY ON *H. PYLORI* MANAGEMENT (HP-BRAZILREG)

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Introduction: The effectiveness of anti-*Helicobacter pylori* treatment decreases as therapy failure accumulates. Different consensuses recommend knowing the regional performance of therapeutic regimens to achieve better eradication results in real clinical practice.

Aims & Methods: To evaluate the effectiveness of empirical therapy in second and subsequent treatment lines in Brazil.

Real-life, multicenter, prospective, non-interventional registry evaluating outcomes of *H. pylori* management by Brazilian gastroenterologists (Hp-BrazilReg, WorldHpReg's partner). Data were registered at e-CRF AEG-RedCap from March 2022 to October 2024. The effectiveness was evaluated by modified intention-to-treat (mITT) analysis. Data were subject to quality review.

Results: 572 patients, with a mean age of 52 years, 64% women, were evaluated. The main treatment indications were dyspepsia (64%) and gastroduodenal ulcer (9.2%). 386 (67%) patients received a second-line therapy, and 186 (32%) received third-line or subsequent therapy. Low-dose (between 4.5 and 27 mg of omeprazole equivalent BID), standard-dose (between 32 and 40 mg of omeprazole equivalent BID), and high-dose (between 54 and 128 mg of omeprazole BID) proton pump inhibitor (PPIs) were used in 40%, 10%, and 24%, respectively. Vonoprazan (VPZ) 20 mg BID, was used in 26% of cases. With the second-line treatment, the over- all eradication rate was 74%. The most frequently used regimen was the triple therapy with PPI+amoxicillin+levofloxacin for 10-14 days, in 55% of the patients. This regimen, recommended as an alternative by the Bra- zilian Consensus, achieved an eradication rate of 84% (14 days) and 55% (10 days). By adding bismuth to this same 14-day regimen the effective- ness increased to 100% (p=0.016). Regarding the third-line, the regimen containing PPI-bismuth-tetracycline-metronidazole was used in 24% of the cases, achieving 87% mITT cure rate. Within the fourth-line, dual therapy including amoxicillin-VPZ was the most common regimen (33%), achieving 100% eradication, followed by bismuth quadruple therapy with PPI+bismuth+amoxicillin+rifabutin (14%), showing 100% effectiveness. Dual therapy with VPZ+amoxicillin was also the most used regimen in the fifth-line and subsequent treatment lines, encompassing 43% of the cases, and achieving also 100% effectiveness. Overall, 23% of the patients presented mild adverse events being nausea the most frequent (14%), and compliance was 99%.

Conclusion: In Brazil, the overall effectiveness of second-line therapy showed suboptimal (≤90%) cure rate; however, the combination of bismuth-amoxicillin-levofloxacin prescribed for 14 days reported successful effectiveness. In the third-line, the classical bismuth-quadruple therapywith metronidazole-tetracycline provided encouraging results (87%). Al- ternatively, dual therapy with VPZ and amoxicillin and rifabutin-based bis- muth quadruple therapy showed promising results in third- and fifth-line rescue treatment.

Disclosure: Nothing to disclose.