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Summary

KIDNEY SAFETY VALIDATION OF TEGOPRAZAN IN THE CONTEXT OF REAL-WORLD PPI-ASSOCIATED KIDNEY RISK

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Stomach & H. Pylori | Oesophagus

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Tegoprazan, a P-CAB, was not associated with increased acute kidney injury risk compared with H2RA or PPI in a Korean active-comparator cohort study of 58,175 patients stratified by baseline kidney function.

KEY POINTS

- In the non-CKD cohort (eGFR ≥60 mL/min/1.73 m^2), tegoprazan showed no increased AKI risk versus H2RA (HR 0.83, 95% CI 0.68–1.02) or PPI (HR 0.90, 95% CI 0.75–1.07).
- In the CKD cohort (eGFR <60 mL/min/1.73 m^2), comparisons were similarly non-significant for tegoprazan versus H2RA (HR 1.37, 95% CI 0.81–2.31) and versus PPI (HR 1.11, 95% CI 0.76–1.60).
- The positive-control comparison of PPI versus H2RA showed no elevated AKI risk in either the non-CKD cohort (HR 0.84, 95% CI 0.70–1.00) or the CKD cohort (HR 1.27, 95% CI 0.75–2.17), failing to reproduce prior PPI–AKI signals.
- Findings for the composite outcome of AKI or new renal replacement therapy were similar, with no dose–response relationship observed.
- The consistent directional pattern across pairwise comparisons in the CKD cohort suggests these associations may reflect kidney vulnerability rather than drug-specific nephrotoxicity.

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