

From H. pylori to cancer: Optimising current antibiotic therapy and exploring future targeted treatments

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This session addressed optimizing current H. pylori eradication strategies in the face of rising antimicrobial resistance and reviewed the expanding landscape of biomarker-driven targeted therapies for gastric cancer.

KEY POINTS

- The speaker reported that in Europe only 40% of H. pylori strains from treatment-naïve patients show no resistance to any antimicrobial, one-fifth are already clarithromycin-resistant, and 5% are multi-drug resistant, with clarithromycin resistance exceeding 15% in many regions.
- Molecular methods can detect resistance mutations directly from biopsy or stool samples and return results in 1 to 2 days, versus 7 to 10 days for culture, though commercial assays are currently available only for clarithromycin and levofloxacin resistance.
- The speaker stated that in Irish registry data, clarithromycin triple therapy achieved only an 81% eradication rate, but extending treatment to 14 days and using high-dose proton pump inhibitors improved outcomes, leading to updated national guidelines recommending bismuth quadruple therapy as first line.
- For gastric cancer, the speaker described emerging biomarker-based treatments including zolbetuximab for claudin 18.2-positive disease, FGFR2-targeted antibodies, multiple antibody-drug conjugates, and bispecific antibodies, all of which the speaker characterized as very expensive and requiring cost-effective tailoring.
- The speaker advised gastroenterologists to obtain at least 16 biopsies in two separate containers from gastric cancer patients to ensure sufficient tissue for the expanding panel of biomarker tests, noting that Her2 and PD-L1 staining can be highly heterogeneous across biopsy fragments.

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