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Summary

TEGOPRAZAN-AMOXICILLIN DUAL THERAPY VERSUS ESOMEPRAZOLE-BASED BISMUTH QUADRUPLE THERAPY FOR FIRST-LINE HELICOBACTER PYLORI ERADICATION: A PROSPECTIVE, RANDOMIZED, MULTICENTER, SUPERIORITY TRIAL

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Stomach & H. Pylori | Oesophagus

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Fourteen-day tegoprazan-amoxicillin dual therapy was superior to esomeprazole-based bismuth quadruple therapy for first-line Helicobacter pylori eradication in a randomized trial of 370 treatment-naive adults.

KEY POINTS

- In intention-to-treat analysis, eradication was 94.1% with tegoprazan-amoxicillin versus 83.2% with esomeprazole-based quadruple therapy (risk difference 10.8%, 95% CI 3.9-17.7, P = 0.001 for superiority).
- Per-protocol analysis confirmed superiority with eradication rates of 94.4% versus 87.5% (P = 0.026).
- Adverse events were significantly less frequent with tegoprazan-amoxicillin than with quadruple therapy (9.7% vs 18.4%, P = 0.015).
- Nonadherence significantly reduced eradication in the quadruple therapy group but not in the tegoprazan-amoxicillin group, suggesting greater clinical forgiveness.
- The study used a prespecified sequential testing strategy, establishing noninferiority (margin -10%) before testing superiority.
- The presenter recommended tegoprazan-amoxicillin dual therapy as a preferred first-line option, particularly in regions with high clarithromycin resistance.

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