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Summary

Potassium-competitive acid blocker (PCABs): New treatment on the block

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Stomach & H. Pylori | Mechanisms & Personalised Medicine

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The speaker reviewed evidence for potassium-competitive acid blockers (P-CABs) in acid-related disorders, concluding they should be used for Helicobacter pylori eradication but generally not as first-line therapy for GERD or peptic ulcer disease due to lack of superiority over PPIs and higher cost.

KEY POINTS

- The speaker stated that P-CABs achieve faster and more potent acid inhibition than PPIs, with maximum effect after one day versus 3-5 days for PPIs, and have a reversible binding mechanism with longer half-life.
- For Helicobacter pylori eradication, the speaker reported that meta-analyses showed Vonoprazan-based regimens were more effective than PPI regimens, with the largest advantage in clarithromycin-resistant strains.
- In erosive esophagitis, the speaker stated that P-CABs were at least as effective as single-dose PPIs for healing, with possible advantages in LA grade C and D disease, though no trials compared P-CABs to double-dose PPIs.
- The speaker noted that AGA best practice advice recommends against P-CABs as first-line therapy for most acid-related conditions because clinical superiority over PPIs has not been demonstrated and P-CABs are more expensive, requiring a 35% cost reduction to become cost-effective.
- The speaker reported higher serum gastrin levels with P-CABs than PPIs and noted concerns about potential long-term risks including neuroendocrine tumors and polyposis, with few long-term safety data available.

– The speaker estimated that true PPI-refractory GERD affects probably less than 5% of patients, with most apparent refractoriness due to non-compliance, limiting the population that might benefit from P-CABs.

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