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Summary

COMPARATIVE EFFICACY AND SAFETY OF KEVERPRAZAN-AMOXICILLIN DUAL THERAPY VERSUS BISMUTH-BASED QUADRUPLE THERAPY FOR HELICOBACTER PYLORI ERADICATION: A MULTICENTER, RANDOMIZED CONTROLLED STUDY

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Stomach & H. Pylori | Oesophagus

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Keverprazan-amoxicillin dual therapy for 10 or 14 days achieved H. pylori eradication rates of 83.89% and 90.26% (ITT analysis) in treatment-naive patients, with no significant difference compared to 14-day keverprazan-bismuth quadruple therapy (85.33%).

KEY POINTS

- In per-protocol analysis, eradication rates were 91.79% for 10-day dual therapy, 95.21% for 14-day dual therapy, and 93.94% for 14-day quadruple therapy, with no statistically significant differences among groups (p = 0.497).
- Adverse event incidence was lower in 10-day dual therapy (14.77%) compared to 14-day dual therapy (20.78%) and quadruple therapy (22.00%), with most events being mild.
- Treatment compliance exceeded 95% in all three groups.
- Cost-effectiveness ratios favored dual therapy, with 3.34 CNY for 10-day dual therapy, 4.35 CNY for 14-day dual therapy, and 8.77 CNY for quadruple therapy per successful eradication.
- Keverprazan is a novel potassium-competitive acid blocker with exceptional acid suppression and favorable safety profiles.

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