

Eradication of *Helicobacter pylori*: meta-analysis-based or registry-based? A personal view

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Introduction. Registries have recently emerged as valuable databases reflecting the actual results and time trends of therapeutic methods.

Aim. Comparison of the results of first-line regimens used for eradication of *H.pylori* as published in the European Registry on *H. pylori* management with the results of recent meta-analyses.

Methods. The results of empirical first-line treatments used between 2013-2020 in Europe were extracted from the Registry and from the meta-analyses performed between 2015 and 2020. Results of the most used triple, sequential, concomitant and bismuth-based quadruple regimens on ITT and PP basis were extracted. Only high quality meta-analyses as judged by the Assessment of Multiple Systematic Reviews-2 questionnaire were considered. Differences between the registry and meta-analytic data were calculated by a chi-square test.

Results of eradication: registry-based and meta-analysis-based data

Regimen	Registry No.of cases	Eradication ITT/PP (%)	Meta-analysis No.of cases	Eradication ITT /PP (%)	p ITT/PP
PPI+A+C	8478	66.8/68.1	2451	74.8/81.3	0.04/0.01
PPI+C+A+M conc	4176	86.2/90.4	1136	86.0/92.5	0.50/0.15
PPI+C+A+T seq	1228	76.5/92.1	1564	82.9/90.1	0.03/0.22
PPI+C+A+B	1756	82.8/90.6	1560	84.6/92.4	0.35/0.39
PPI+single capsule	1351	81.6/95.5	4432	90.0/95.0.	0.01/0.36

Conclusion. The head-to-head analysis of registry and meta-analytic data showed that standard triple therapy achieved suboptimal results.. Concomitant, bismuth based quadruple and single capsule regimens all obtained over 90% rates on PP basis, without difference between the databases.. Implementation of registry data into the guidelines should be welcome: the of grade of evidence remains to be determined.

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