Pitfalls of Physician-Directed Treatment of Helicobacter pylori Infection: Results from Two Phase 3 Clinical Trials and Real-World Prescribing Data

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INTRODUCTION

Helicobacter pylori (‘H. pylori’) infection affects approximately 30% of Americans and can lead to serious sequelae if untreated. Clarithromycin (CLR)-based therapies have become non-steroidal alternatives of choice for H. pylori due to increased resistance rates.1,2

Despite the prevalence of CLR resistance, a substantial proportion of physicians continue to prescribe clarithromycin-based regimens.3

METHODS

Supplemental clinical data from two phase 3 clinical trials (ERADICATE Hp [NCT01980095]/ ERADICATE Hp2 [NCT02331950]) and real-world prescription data were evaluated to assess contemporary utilization of CLR in the US.

OBJECTIVE

To evaluate current physician prescribing patterns of clarithromycin-based therapy with clarithromycin for the treatment of H. pylori and to understand contemporary utilization of CLR in the US.

RESULTS

Care Rates in Subjects Who Failed Initial Treatment

- Failure rate for clarithromycin-resistant strains of H. pylori: 56.2%
- Cure rates among patients who failed initial treatment: 50.0%
- Cure rates among patients who failed initial treatment and then completed treatment: 40.0%

Prescription Data of Clarithromycin-Based Regimen by Subspecialty

- Internal Medicine: 60.0%
- Gastroenterology: 55.0%
- Other: 45.0%

CONCLUSION

Despite sub-optimal eradication rates and ACS recommendations, inappropriate use of clarithromycin persists.

REFERENCES