eradication rates. However, these regimens have the drawbacks of severe side effects, high cost, and low compliance due to the use of multiple antibiotic agents. Furthermore, usage of multiple antibiotic agents in *H. pylori* treatment have some concern to increase future its antibiotic resistance. Thus, novel regimens that enable minimum antibiotic use, prevent future antibiotic resistance, and achieve sufficient eradication rates, are required. Vonoprazan and amoxicillin dual therapy could be an alternative treatment regimen for *H. pylori* eradication. This study aimed to investigate the efficacy of vonoprazan-based dual therapy as first-line *H. pylori* treatment compared with vonoprazan-based triple therapy.

**Methods** This study will enroll 320 patients with *H. pylori* infection, confirmed by culture test, at seven institutions in Japan. The enrolled patients will be randomly assigned to either VA-dual therapy (vonoprazan 20 mg + amoxicillin 750 mg twice/day for 7 days) or VAC-triple therapy (vonoprazan 20 mg + amoxicillin 750 mg + clarithromycin 200 mg twice/day for 7 days) at a 1:1 allocation ratio with stratification by age, sex, amoxicillin resistance of *H. pylori*, clarithromycin resistance of *H. pylori*, and institution. The primary outcome of this study is *H. pylori* eradication rates in both groups. Eradication success is evaluated at least 4 weeks after the treatment period using the 13C-urea breath test. Comparative non-inferiority of the two groups will be assessed through a derivation of a two-sided 95% confidence interval (CI) and hypothesis testing. The secondary endpoints are adverse events rates.

**Results** This study was approved by the Institutional Review Board of Nihon University School Hospital on September 18, 2018. The recruitment started from October 2018 and will continue for an 8-month period.

**Conclusions** The findings of this study will be submitted to a peer-reviewed journal. Abstracts will be submitted to relevant national and international conferences. This study is registered with the University Hospital Medical Information Network (UMIN) Clinical Trials Registry (www.umin.ac.jp/ctr/; identification No.: UMIN00003414).

---


Chien-Chih Tung*, Chi-Tan Hu, Chun-Jung Lin, Nan Kuo, Bor-Ru Lin, Hong-Long Wang, Jin-De Chen, Mu-Liang Cheng, Chia-Tung Shun, Huei-Mi Li, Ju-Sheng Hung, Wei-Yi Lei, Ming-Jiun Shieh, Jau-Min Wong, John Yung-Chong Kao. National Taiwan University Hospital, Taiwan; Buddhist Tzu Chi General Hospital, Taiwan; School of Pharmacy, National Taiwan University, Taiwan; National Taiwan University Hospital Hsin-Chu Branch, Taiwan; Department of Statistics, National Taiwan University, Taiwan; National Taiwan University Hospital Bei-Hu Branch, Taiwan; Menno insistence Mission Hospital, Taiwan; University of Michigan, USA.

IDDF2019-ABS-0151 CLINICAL UTILITY OF ENDOSCOPIC RETROGRADE APPENDIX STENTING IN THE OLDEST-OLD PATIENTS

Jia-Chuan Wu*, Biao Liang, Xiao-Qiao Yang, Rui-Yan Chen, Xiao-Dong Chen, Li-Fang Ye. Guangdong Second Provincial General Hospital, China.

**Background** The empiric therapies for *H. pylori* infection in clinical guidelines have been widely used. However, the cure rate is decreasing due to the increase of antibiotic resistance. The importance of antimicrobial susceptibility test (AST) has been documented in many consensuses. However, the effect of tailored therapy remains controversial because the AST is rarely offered in most areas. We compared the evolution of treatment efficacy among tailored therapy and some recommended empiric therapies through a trend survey from 1999 to 2018.

**Methods** This retrospective survey was performed at 2 medical centers and 3 community hospitals in Taiwan. A total of 16,370 treatment naive or failure patients were recruited. Successful *H. pylori* eradication was defined as a negative 13C-UBT. The empiric first-line regimens include tailored therapy, clarithromycin-containing triple therapy (CLA-TT), sequential therapy (ST), bismuth-containing triple therapy (BQT), and high-dose dual therapy (HDDT). The empiric rescue regimens include tailored therapy, levofloxacin-containing triple therapy (LEV-TT), BQT, and HDDT. We divided the 20 years of follow-up time into 4-year periods for evaluating the trend of treatment efficacies. The E-test was performed to evaluate *H. pylori* resistance. For the tailored therapy, CLA-TT, LEV-TT, BQT, or HDDT was chosen according to the resistance pattern of each patient.

**Results** The efficacies of tailored therapy, BQT, and HDDT maintain a stable and high efficacy in both first-line and rescue treatment during the study period. However, the efficacies of CLA-TT, ST, and LEV-TT are decreasing year by year. The eradication rate of tailored therapy is significantly higher than that of CLA-TT, ST, LEV-TT, and BQT in recent 4-year period. However, there is no significant difference between the efficacy of tailored therapy and HDDT. The prevalence of *H. pylori* resistance to CLA and LEV increased gradually. In contrast, the resistance rate to amoxicillin and tetracycline remained low.

**Conclusions** Over the past 20 years, we found that the efficacy of tailored therapy remains relatively stable. Of the recommended empiric therapies, HDDT and BQT have stable therapeutic efficacies and are a good choice of empiric treatment currently.