Digestive Disease Week®

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Abstract Discussion Forum **(0)**

Number: Tu1096

EFFICACY AND SAFETY OF VONAPRAZAN AS TREATMENT AND LONG TERM MANAGEMENT OF PEPTIC ULCER: A SYSTEMATIC REVIEW AND META-ANALYSIS

Society: AGA

Track: Clinical Practice

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Background: Peptic ulcer disease (PUD) has a prevalence of 5-10% and an annual incidence of 0.1-0.3% worldwide. Etiology involves H. pylori infection (60-90%) and chronic use of NSAIDs (15-30%). Proton Pump Inhibitors (PPIs), alone or in combination with other drugs, currently represent the first line therapy for both H. pylori- and NSAID-related PUD. This review aims to assess the efficacy and safety of Vonoprazan, an orally available potassium-competitive acid blocker (P-CAB), for the treatment and management of PUD.
Methods: We performed a systematic literature search of randomized controlled trials and observational studies on PubMed (MEDLINE), Embase, and clinicaltrials.gov databases from inception to October 1, 2024. We pooled dichotomous outcomes as risk ratio and continuous outcomes as mean differences with 95% confidence intervals, using random-effects models. Heterogeneity was assessed using I square and Chi square statistics. Statistical significance was defined by a p-value <0.05. All analyses were performed with RevMan 5.4.
Results: This meta-analysis included 6 RCTs involving 2656 patients, divided into three partially overlapping subgroups: ulcer healing (1108), recurrence (1263), and re-bleeding in high-risk patients (214). 1668 were males, the mean age was 61.6 years, 60.74% were H. pylori-positive, and 60.55% had a chronic use of NSAIDs. Vonoprazan was at least equal to PPIs in all efficacy outcomes, including healing rate (RR=0.98, 95% CI 0.95â€“1.01, I2=0%), 30-day re-bleeding in high-risk peptic ulcers (RR=0.67, 95% CI 0.29â€“1.58, I2=0%), and resolution of PUD-related symptoms. Vonoprazan caused an increased level of gastrin at 8 (mean difference to comparison 20mg: 283.34, 95% CI=122.89â€“443.79, I2=87%; 10mg: 222.81, 95% CI=177.42â€“268.21, I2=0%) and 24 weeks (20mg: 386.24, 95% CI=325.48â€“447.00, I2=0%; 10mg: 258.33, 95% CI=205.33â€“311.33, I2=0%).
Conclusion: Vonoprazan is a non-inferior alternative to PPIs in the treatment and management of PUD in terms of efficacy and safety.

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