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[Lancet](#). 2013 Jan 19;381(9862):205-13. doi: 10.1016/S0140-6736(12)61579-7. Epub 2012 Nov 16.

Sequential versus triple therapy for the first-line treatment of *Helicobacter pylori*: a multicentre, open-label, randomised trial.

[Liou JM](#), [Chen CC](#), [Chen MJ](#), [Chen CC](#), [Chang CY](#), [Fang YJ](#), [Lee JY](#), [Hsu SJ](#), [Luo JC](#), [Chang WH](#), [Hsu YC](#), [Tseng CH](#), [Tseng PH](#), [Wang HP](#), [Yang UC](#), [Shun CT](#), [Lin JT](#), [Lee YC](#), [Wu MS](#); [Taiwan Helicobacter Consortium](#).

Collaborators (31)

Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan.

Abstract

BACKGROUND: Whether sequential treatment can replace triple therapy as the standard treatment for *Helicobacter pylori* infection is unknown. We compared the efficacy of sequential treatment for 10 days and 14 days with triple therapy for 14 days in first-line treatment.

METHODS: For this multicentre, open-label, randomised trial, we recruited patients (≥ 20 years of age) with *H pylori* infection from six centres in Taiwan. Using a computer-generated randomisation sequence, we randomly allocated patients (1:1:1; block sizes of six) to either sequential treatment (lansoprazole 30 mg and amoxicillin 1 g for the first 7 days, followed by lansoprazole 30 mg, clarithromycin 500 mg, and metronidazole 500 mg for another 7 days; with all drugs given twice daily) for either 10 days (S-10) or 14 days (S-14), or 14 days of triple therapy (T-14; lansoprazole 30 mg, amoxicillin 1 g, and clarithromycin 500 mg for 14 days; with all drugs given twice daily). Investigators were masked to treatment allocation. Our primary outcome was the eradication rate in first-line treatment by intention-to-treat (ITT) and per-protocol (PP) analyses. This trial is registered with ClinicalTrials.gov, number NCT01042184.

FINDINGS: Between Dec 28, 2009, and Sept 24, 2011, we enrolled 900 patients: 300 to each group. The eradication rate was 90.7% (95% CI 87.4-94.0; 272 of 300 patients) in the S-14 group, 87.0% (83.2-90.8; 261 of 300 patients) in the S-10 group, and 82.3% (78.0-86.6; 247 of 300 patients) in the T-14 group. Treatment efficacy was better in the S-14 group than it was in the T-14 group in both the ITT analysis (number needed to treat of 12.0 [95% CI 7.2-34.5]; $p=0.003$) and PP analyses (13.7 [8.3-40], $p=0.003$). We recorded no significant difference in the occurrence of adverse effects or in compliance between the three groups.

INTERPRETATION: Our findings lend support to the use of sequential treatment as the standard first-line treatment for *H pylori* infection.

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