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Ten-year trend of the cumulative *Helicobacter pylori* eradication rate for the “Japanese eradication strategy”

(日本の治療戦略として、ヘリコバクター・ピロリ累積除菌率の10年間の傾向)

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Abstract

In Japan, a systematic eradication strategy for *Helicobacter pylori* has been constructed. Which is PPI/AC (PPI, amoxicillin and clarithromycin) therapy as the first-line regimen and PPI/AM (PPI, amoxicillin and metronidazole) therapy as the second-line regimen. The cumulative rate of *Helicobacter pylori* eradication has not been reported. Therefore, we investigated the annual and cumulative eradication rate to verify the efficacy of the “Japanese eradication strategy”. Patients who received first line PPI/AC and, if necessary, second line therapy with PPI/AM between January 2000 and December 2009 were retrospectively analyzed. The annual cumulative eradication rate was calculated. Data were subjected to ITT analysis. PPI/AC was administered to 1973 patients (male n=1162, female n=811; mean age 55.8 y, range 15-87), and 250 patients (male n=125, female n=125; mean age 55.0 y, range 22-85) received PPI/AM. Eradication rate for the PPI/AC was 65.3%, and it gradually but significantly decreased in 10 years ($p=0.0243$). For the PPI/AM, the eradication rate was 84.0%, with no change in the annual eradication rate. Regarding the cumulative eradication rate, 76.0% in ITT and 98.4% in PP, respectively, which provided a consistent annual eradication rate without decreases in effectiveness. In conclusion, although the eradication rate for first line PPI/AC decreased over time, “Japanese eradication strategy” provided a sufficient eradication rate.