

ORIGINAL ARTICLE

Global Estimate of Clarithromycin Resistance in Clinical Isolates of *Helicobacter pylori*: a Systematic Review and Meta-Analysis

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SUMMARY

Background: A high resistance rate to clarithromycin usually leads to failure to eradicate *Helicobacter pylori*. The aim of the present study was to review recent data on *H. pylori* resistance towards clarithromycin in clinical studies worldwide.

Methods: PubMed/Medline, Web of Science, and Embase were used for a systematic review from 1 January 2011 to 13 April 2021 to retrieve the clinical trial studies. Data were analyzed according to publication year, age, geographic area, and minimum inhibitory concentration (MIC). Statistical analysis was done by STATA version 14.0 (College Station, Texas).

Results: From a total of 4,304 articles, 89 articles related to clinical studies were selected for analysis. The overall *H. pylori* clarithromycin resistance rate was 34.95%. Based on continents, the highest and lowest pooled estimate of the bacterial resistance rates were observed in Asia (35.97%) and North America (7.02%), respectively. The highest and the lowest pooled estimate of *H. pylori* resistance rate to clarithromycin based on country were obtained in Australia (93.4%) and USA (7%), respectively.

Conclusions: *H. pylori* resistance to clarithromycin in most parts of the world is more than 15%, so it is recommended that each country, after estimating the rate of resistance to clarithromycin, determine the treatment/eradication pattern for *H. pylori* infection.

(Clin. Lab. 2023;69:1-10. DOI: 10.7754/Clin.Lab.2022.221032)

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Supplementary Data

Table S1. Characteristics of studies included in the meta-analysis.

First author (year)	Country	Enrollment time	Type of study	Number of patients	Mean age	Number of HP positive	Number of Clar-resistant isolates	Results of MIC ($\mu\text{g/mL}$)	Clinical Signs
Cosme et al. [1] (2018)	Spain	2013 - 2017	RCT	3,170	NR	3,170	582	> 0.5mg/L	NR
Tay et al. [2] (2012)	Australia	2007 - 2011	RCT	310	53	306	288	$\geq 1 \mu\text{g/mL}$	NR
Ong et al. [3] (2019)	Korea	2016 - 2018	RCT	125	NR	88	17	> 1mg/L	NR
Liou et al. [4] (2010)	Taiwan	2007 - 2009	RCT	432	48.9	324	39	> 1mg/L	NR
Iwanczak et al. [5] (2014)	Poland	2002 - 2003	RCT	6,565	NR	423	76	> 1 mg/L	DU _s = 15 (3.55%) MALT = 1 (0.23%) dysplasia = 3 (0.71%)
Okimoto et al. [6] (2016)	Japan	2012 - 2013	RCT	219	57.4	210	85	> 1 mg/L	DU _s = 52 (24.76%) GU = 37 (17.62%)
Liou et al. [7] (2011)	Taiwan	2009 - 2010	Clinical Trial	142	53.7	52	33	$\geq 1 \mu\text{g/mL}$	PU = 83 (58.45%)
Hsu et al. [8] (2018)	Taiwan	2015 - 2017	RCT	352	54.1	217	30	> 1 mg/L	PU = 152 (43.18%)
Nguyen et al. [9] (2012)	Sweden	2005 - 2006	RCT	222	NR	222	113	> 1 mg/L	NR
Kong et al. [10] (2020)	China	2016 - 2019	RCT	364	47.4	364	210	$\geq 1 \mu\text{g/mL}$	PU = 65 (17.86%)
Kwon et al. [11] (2019)	Korea	2016 - 2017	Clinical Trial	50	64.7	31	5	> 1 mg/L	PU = 8 (16%) Gastritis = 17 (54.84%)
Chotivitayatarakorn et al. [12] (2017)	Thailand	2015 - 2016	RCT	108	54.2	108	4	NR	NR
Liou et al. [13] (2018)	Australia	2012 - 2017	RCT	451	54.5	411	381	$\geq 1 \mu\text{g/mL}$	DU _s = 48 (11.68%) GU = 58 (14.11%)
Tursi et al. [14] (2012)	Italy	NR	Clinical Trial	119	48.3	73	53	NA	DU _s = 8 (10.96%) GU = 5 (6.85%)
Huang et al. [15] (2018)	Taiwan	2015 - 2017	Clinical Trial	70	58.5	39	31	$\geq 1 \mu\text{g/mL}$	PU = 31 (44.29%) DU _s = 8 (20.51%) GU = 25 (64.1%) Gastritis = 27 (69.23%)
Liou et al. [16] (2013)	Taiwan	2009 - 2012	Clinical Trial	135	53.3	96	83	$\geq 1 \mu\text{g/mL}$	PU = 71 (52.59%)
Pichon et al. [17] (2020)	France	2015 - 2018	Clinical Trial	1,086	51.4	154	28	> 0.5 $\mu\text{g/mL}$	NR

Table S1. Characteristics of studies included in the meta-analysis (continued).

First author (year)	Country	Enrollment time	Type of study	Number of patients	Mean age	Number of HP positive	Number of Clar-resistant isolates	Results of MIC (µg/mL)	Clinical Signs
Fiorini et al. [18] (2013)	Italy	2010 - 2012	Clinical Trial	254	52.5	236	64	> 0.5 mg/L	PU = 31 (12.2%)
Georgopoulos et al. [19] (2013)	Greece	2010 - 2012	Clinical Trial	510	NR	80	25	> 1 mg/L	NR
Hsu et al. [20] (2014)	Taiwan	NR	RCT	307	54.9	129	17	> 1 mg/L	DU = 57 (44.19%) GU = 106 (82.17%) Gastritis = 66 (51.16%)
Kudo et al. [21] (2012)	Japan	NR	RCT	52	53.8	52	45	≥ 1 µg/mL	GU = 30 (57.69%)
Nishizawa et al. [22] (2015)	Japan	2012 - 2014	RCT	124	60.8	47	17	1 mg/mL	NR
Martos et al. [23] (2014)	Spain	2011 - 2012	Clinical Trial	109	48.5	55	5	≥ 1 µg/mL	PU = 24 (22.02%) dysplasia = 67 (121.82%)
Loffeld et al. [24] (2013)	Netherlands	2004 - 2011	Clinical Trial	925	NR	746	146	> 0.5 µg/mL	DUs = 70 (9.38%) GC = 6 (0.8%) Gastritis = 326 (43.7%)
Long et al. [25] (2018)	China	2016 - 2017	RCT	66	50	66	16	> 2 mg/L	Peptic ulcer = 10 (15.15%) dysplasia = 106 (160.61%)
Zhang et al. [26] (2015)	China	2014	RCT	215	44.3	200	53	NR	Peptic ulcer = 49 (22.79%) dysplasia = 166 (83%)
Tsay et al. [27] (2017)	Taiwan	2013 - 2015	RCT	330	53.9	72	12	> 1 mg/L	Peptic ulcer = 172 (52.12%) Gastritis = 158 (219.44%)
Scaletsky et al. [28] (2011)	Brazil	2003 - 2004	Clinical Trial	217	10.8	45	12	> 1 mg/L	NR
Biernat et al. [29] (2012)	Poland	2008 - 2011	Clinical Trial	178	NR	50	12	> 1 mg/L	DUs = 7 (14%) Gastritis = 114 (228%)
Cosme et al. [30] (2016)	Spain	2012 - 2013	Clinical Trial	240	50	122	18	NR	NR
Caliskan et al. [31] (2015)	Turkey	2012 - 2013	RCT	98	46	98	36	≥ 0.5 µg/mL	NR
Quek et al. [32] (2016)	Vietnam	2015 - 2016	RCT	193	NR	193	165	> 0.5 µg/mL	NR

Table S1. Characteristics of studies included in the meta-analysis (continued).

First author (year)	Country	Enrollment time	Type of study	Number of patients	Mean age	Number of HP positive	Number of Clar-resistant isolates	Results of MIC ($\mu\text{g/mL}$)	Clinical Signs
Hong et al. [33] (2016)	China	2014	RCT	399	40.2	374	52	NR	NR
Chuah et al. [34] (2016)	Taiwan	2013 - 2015	RCT	164	55.9	48	41	$\geq 1 \mu\text{g/mL}$	PU = 25 (15.24%) DU _s = 37 (77.08%) GU = 52 (108.33%) Gastritis = 66 (137.5%)
Hsu et al. [35] (2015)	Taiwan	2012 - 2015	RCT	440	53	184	19	$> 1 \text{ mg/L}$	DU _s = 47 (25.54%) GU = 104 (56.52%) Gastritis = 232 (126.09%)
Kuo et al. [36] (2016)	Taiwan	2013 - 2015	Clinical Trial	268	NR	84	37	$> 1 \text{ mg/L}$	NR
Bang et al. [37] (2020)	Korea	2018 - 2019	RCT	233	53.5	180	57	$> 1 \text{ mg/L}$	PU = 146 (62.66%) GC = 13 (7.22%) Gastritis = 13 (7.22%)
Tai et al. [38] (2019)	Taiwan	NR	RCT	229	54.8	89	13	$\geq 1 \mu\text{g/mL}$	PU = 26 (11.35%) DU _s = 34 (38.2%) GU = 78 (87.64%)
Song et al. [39] (2020)	China	2017 - 2018	RCT	760	41.3	650	218	$> 0.5 \mu\text{g/mL}$	PU = 85 (11.18%) dysplasia = 675 (103.85%)
Zhou et al. [40] (2014)	China	2008 - 2010	RCT	280	43.4	280	112	$> 1 \text{ mg/L}$	NR
Lee et al. [41] (2014)	Korea	2010 - 2013	RCT	332	54.8	36	4	$> 1 \text{ mg/L}$	PU = 71 (21.39%) dysplasia = 181 (502.78%) GC = 80 (222.22%)
Wu et al. [42] (2019)	Taiwan	NR	RCT	177	55.5	67	9	$> 1 \text{ mg/L}$	DU _s = 33 (49.25%) GU = 30 (44.78%) Gastritis = 102 (152.24%)
Mori et al. [43] (2019)	Japan	2014 - 2015	Clinical Trial	55	48.9	38	31	$> 8 \text{ mg/L}$	NR
Wang et al. [44] (2016)	China	NR	Clinical Trial	323	40	42	10	$> 1 \text{ mg/L}$	NR

Table S1. Characteristics of studies included in the meta-analysis (continued).

First author (year)	Country	Enrollment time	Type of study	Number of patients	Mean age	Number of HP positive	Number of Clar-resistant isolates	Results of MIC ($\mu\text{g/mL}$)	Clinical Signs
Ji et al. [45] (2016)	China	2009 - 2014	RCT	29,034	48.18	9,687	1,720	$\geq 1 \mu\text{g/mL}$	NR
Ang et al. [46] (2015)	Singapore	2011 - 2014	RCT	462	48.6	106	19	$\geq 1 \text{ mg/ml}$	NR
Chung et al. [47] (2012)	Korea	2010 - 2011	RCT	159	49.6	93	17	$> 1.0 \mu\text{g/ML}$	NR
Xie et al. [48] (2018)	China	2013 - 2014	RCT	431	40.22	288	53	$> 1.0 \mu\text{g/ML}$	NR
Auesomwang et al. [49] (2018)	Thailand	2013 - 2014	RCT	120	49.6	90	9	$> 1 \text{ mg/L}$	NR
Yang et al. [50] (2017)	Taiwan	NR	RCT	797	NR	73	8	NR	NR
Zhou et al. [51] (2015)	China	2013 - 2014	RCT	1,050	43.83	1,050	464	$> 1.0 \mu\text{g/ML}$	NR
Luo et al. [52] (2020)	China	2018 - 2019	Clinical Trial	112	47.1	112	85	$> 0.5 \text{ mg/L}$	NR
Yu et al. [53] (2019)	China	2018	RCT	200	47.9	200	188	$> 0.5\text{mg/L}$	NR
Ji et al. [54] (2020)	China	2019	RCT	420	47.58	164	109	$> 1 \mu\text{g/mL}$	NR
Yang et al. [55] (2020)	China	2017 - 2018	RCT	133	NR	101	89	$> 0.5\text{mg/L}$	NR
Furuta et al. [56] (2013)	Japan	2009 - 2013	Clinical Trial	180	56.2	110	101	$\geq 1 \mu\text{g/mL}$	NR
Suzuki et al. [57] (2020)	Japan	2018 - 2019	RCT	335	61.25	335	82	$\geq 1 \mu\text{g/mL}$	NR
Tai et al. [58] (2015)	Taiwan	2012 - 2014	RCT	200	NR	68	2	$\geq 1 \mu\text{g/mL}$	NR
Liou et al. [59] (2013)	Taiwan	2009 - 2011	RCT	900	53.26	552	55	$\geq 1 \text{ mg/L}$	NR
Bontems et al. [60] (2011)	France	2007 - 2009	Clinical Trial	165	10.4	165	27	$\geq 1.0 \mu\text{g/mL}$	NR
Schwarzer et al. [61] (2015)	Sweden	2009 - 2011	Clinical Trial	232	11.2	209	30	$\geq 1.0 \mu\text{g/mL}$	NR
Liou et al. [62] (2015)	Taiwan	2012 - 2014	RCT	1,300	49.25	812	81	$\geq 1 \text{ mg/L}$	NR
Kang et al. [63] (2021)	Korea	2008 - 2019	RCT	257	58.3	257	63	$\geq 1.0 \mu\text{g/mL}$	NR
Tsay et al. [64] (2014)	Taiwan	2009 - 2010	RCT	122	51.6	95	10	$> 1 \mu\text{g/mL}$	NR
Fiorini et al. [65] (2017)	Italy	2016	Clinical Trial	116	49	80	64	$> 0.5 \text{ mg/L}$	NR
Georgopoulos et al. [66] (2016)	Greece	2012 - 2015	Clinical Trial	353	52.15	303	84	$> 0.5 \text{ mg/L}$	NR
Tepeš et al. [67] (2016)	Slovenia	2011 - 2014	RCT	356	48.4	356	36	$> 0.5 \text{ mg/l}$	NR
Chen et al. [68] (2019)	China	2017 - 2018	RCT	491	44.25	382	134	$> 1 \mu\text{g/mL}$	NR
Song et al. [69] (2016)	China	2013 - 2015	Clinical Trial	230	42.9	230	110	$> 0.5 \text{ mg/L}$	NR
Fiorini et al. (2018)	Italy	2016 - 2017	Clinical Trial	495	51.95	378	126	$> 0.5 \text{ mg/L}$	NR
Alsohaibani et al. [70] (2015)	Saudi Arabia	2011 - 2014	RCT	232	46.94	85	17	$\geq 1 \mu\text{g/mL}$	NR
Auttajaroon et al. [71] (2019)	Thailand	2017	RCT	100	54	69	9	NR	NR

Table S1. Characteristics of studies included in the meta-analysis (continued).

First author (year)	Country	Enrollment time	Type of study	Number of patients	Mean age	Number of HP positive	Number of Clar-resistant isolates	Results of MIC ($\mu\text{g/mL}$)	Clinical Signs
Infante et al. [72] (2012)	Spain	2010 - 2011	RCT	239	53	89	18	> 1 mg/L	NR
Xie et al. [73] (2018)	China	2013 - 2014	RCT	384	41.55	205	70	$\geq 1.0\text{mg/L}$	NR
Dong et al. [74] (2015)	China	2014 - 2014	Clinical Trial	297	NR	45	18	$\geq 1 \mu\text{g/mL}$	NR
Murakami et al. [75] (2013)	Japan	2009 - 2011	RCT	204	60.3	110	95	$\geq 1 \mu\text{g/mL}$	NR
Hsu et al. [76] (2011)	USA	2008 - 2010	Clinical Trial	117	54.3	57	4	$\geq 1 \mu\text{g/mL}$	NR
Pih et al. [77] (2020)	Korea	2018 - 2020	Clinical Trial	66	58	66	11	$\geq 1 \mu\text{g/mL}$	NR
Song et al. [78] (2016)	China	2013 - 2015	Clinical Trial	132	44.4	72	40	> 0.5mg/L	NR
Liou et al. [79] (2016)	Taiwan	2012 - 2015	RCT	600	54.55	187	112	$\geq 1 \text{mg/L}$	NR
Huang et al. [80] (2012)	China	2008 - 2010	RCT	169	52.56	79	9	NR	NR
Pan et al. [81] (2019)	China	2014	RCT	NR	48.97	467	134	$\geq 1 \mu\text{g/mL}$	NR
Byambajav et al. [82] (2019)	France	2013 - 2017	RCT	270	37.6	131	49	> 0.25 mg/L	NR
Hsiang et al. [83] (2013)	New Zealand	2012	Clinical Trial	592	60.6	73	12	NR	NR
Chen et al. [84] (2015)	Taiwan	2013 - 2014	RCT	175	53.35	124	19	> 1 $\mu\text{g/mL}$	NR
Song et al. [85] (2016)	China	2014 - 2015	Clinical Trial	200	44.8	147	66	$\geq 1 \text{mg/L}$	NR
Georgopoulos et al. [86] (2017)	Greece	2015 - 2016	RCT	155	50.5	135	35	> 1 $\mu\text{g/mL}$	NR
Yu et al. [87] (2019)	China	2018	RCT	160	47.65	145	46	> 0.5 mg/L	NR
Yang et al. [88] (2015)	Taiwan	2010 - 2013	RCT	618	53.45	617	211	> 1 mg/L	NR

RCT - randomized controlled trial, NR - not report, PU - peptic ulcer, DUs - duodenal ulcers, GU - gastric ulcer, GC: gastric cancer.

References:

- Cosme A, Torrente Iranzo S, Montes Ros M, Fernández-Reyes Silvestre M, Alonso Galán H, Lizasoain J, et al. Helicobacter pylori antimicrobial resistance during a 5-year period (2013-2017) in northern Spain and its relationship with the eradication therapies. *Helicobacter* 2019;24(1):e12557.
- Tay C, Windsor H, Thirriot F, Lu W, Conway C, Perkins T, et al. Helicobacter pylori eradication in Western Australia using novel quadruple therapy combinations. *Alimentary pharmacology & therapeutics* 2012;36(11-12):1076-83.
- Ong S, Kim SE, Kim JH, Yi NH, Kim TY, Jung K, et al. Helicobacter pylori eradication rates with concomitant and tailored therapy based on 23S rRNA point mutation: a multicenter randomized controlled trial. *Helicobacter* 2019;24(5):e12654.
- Liou J-M, Chang C-Y, Sheng W-H, Wang Y-C, Chen M-J, Lee Y-C, et al. Genotypic resistance in Helicobacter pylori strains correlates with susceptibility test and treatment outcomes after levofloxacin-and clarithromycin-based therapies. *Antimicrobial Agents and Chemotherapy* 2011;55(3): 1123-9.
- Iwanczak B, Laszewicz W, Iwanczak F, Dzierzanowska-Fangrat K, Rozynek M, Dzierzanowska D, et al. Genotypic and clinical differences of seropositive Helicobacter pylori children and adults in the Polish population. *J Physiol Pharmacol* 2014;65(6):801-7.
- Okimoto T, Mizukami K, Ogawa R, Okamoto K, Shuto M, Fukuda K, et al. Esomeprazole-or rabeprazole-based triple therapy eradicated Helicobacter pylori comparably regardless of clarithromycin susceptibility and CYP2C19 genotypes. *Journal of Clinical Biochemistry and Nutrition* 2016;59(2):149-53.

7. Liou J-M, Chen C-C, Chen M-J, Chang C-Y, Fang Y-J, Lee J-Y, et al. Empirical modified sequential therapy containing levofloxacin and high-dose esomeprazole in second-line therapy for *Helicobacter pylori* infection: a multicentre clinical trial. *Journal of antimicrobial chemotherapy* 2011;66(8):1847-52.
8. Hsu P-I, Tsay F-W, Graham DY, Tsai T-J, Tsai K-W, Kao JY, et al. Equivalent efficacies of reverse hybrid and bismuth quadruple therapies in eradication of *Helicobacter pylori* infection in a randomized controlled trial. *Clinical Gastroenterology and Hepatology* 2018;16(9):1427-33.
9. Nguyen TVH, Bengtsson C, Yin L, Nguyen GK, Hoang TTH, Phung DC, et al. Eradication of *Helicobacter pylori* in children in Vietnam in relation to antibiotic resistance. *Helicobacter* 2012;17(4):319-25.
10. Kong S, Huang K, Wang J, Wang X, Yang N, Dong Y, et al. Efficacy of tailored second-line therapy of *Helicobacter pylori* eradication in patients with clarithromycin-based treatment failure: a multicenter prospective study. *Gut pathogens* 2020;12(1):1-9.
11. Kwon YH, Jeon SW, Nam SY, Lee HS, Park JH. Efficacy of tailored therapy for *Helicobacter pylori* eradication based on clarithromycin resistance and survey of previous antibiotic exposure: A single-center prospective pilot study. *Helicobacter* 2019;24(4):e12585.
12. Chotivitayatarakorn P, Mahachai V, Vilaichone R-K. Effectiveness of 7-day and 14-day Moxifloxacin-Dexlansoprazole based triple therapy and probiotic supplement for *Helicobacter Pylori* eradication in Thai patients with non-ulcer dyspepsia: A double-blind randomized placebo-controlled study. *Asian Pacific Journal of Cancer Prevention: APJCP* 2017;18(10):2839.
13. Liou J-M, Chen P-Y, Luo J-C, Lee J-Y, Chen C-C, Fang Y-J, et al. Efficacies of genotypic resistance-guided vs empirical therapy for refractory *Helicobacter pylori* infection. *Gastroenterology* 2018;155(4):1109-19.
14. Tursi A, Picchio M, Elisei W. Efficacy and tolerability of a third-line, levofloxacin-based, 10-day sequential therapy in curing resistant *Helicobacter pylori* infection. *Journal of Gastrointestinal & Liver Diseases* 2012;21(2).
15. Huang HT, Wang H-M, Yang S-C, Tai W-C, Liang C-M, Wu K-L, et al. Efficacy of a 14-day quadruple-therapy regimen for third-line *Helicobacter pylori* eradication. *Infection and Drug Resistance* 2018;11:2073.
16. Liou J-M, Chen C-C, Chang C-Y, Chen M-J, Fang Y-J, Lee J-Y, et al. Efficacy of genotypic resistance-guided sequential therapy in the third-line treatment of refractory *Helicobacter pylori* infection: a multicentre clinical trial. *Journal of Antimicrobial Chemotherapy* 2013;68(2):450-6.
17. Pichon M, Pichard B, Barrioz T, Plouzeau C, Croquet V, Fotsing G, et al. Diagnostic accuracy of a noninvasive test for detection of *Helicobacter pylori* and resistance to clarithromycin in stool by the AmpliDiag H. pylori+ ClariR real-time PCR assay. *Journal of clinical microbiology* 2020;58(4):e01787-19.
18. Fiorini G, Vakil N, Zullo A, Saracino IM, Castelli V, Ricci C, et al. Culture-based selection therapy for patients who did not respond to previous treatment for *Helicobacter pylori* infection. *Clinical Gastroenterology and Hepatology* 2013;11(5):507-10.
19. Georgopoulos SD, Xirouchakis E, Martinez-Gonzalez B, Sgouras DN, Spiliadi C, Mentis AF, et al. Clinical Evaluation of a Ten-Day Regimen with E someprazole, M etronidazole, A moxicillin, and C larithromycin for the Eradication of H elicobacter pylori in a High Clarithromycin Resistance Area. *Helicobacter* 2013;18(6):459-67.
20. Hsu P-I, Wu D-C, Chen W-C, Tseng H-H, Yu H-C, Wang H-M, et al. Randomized controlled trial comparing 7-day triple, 10-day sequential, and 7-day concomitant therapies for *Helicobacter pylori* infection. *Antimicrobial agents and chemotherapy* 2014;58(10):5936-42.
21. Kudo T, Fujinami H, Ando T, Nishikawa J, Ogawa K, Hosokawa A, et al. Comparison of lafutidine and rabeprazole in 7-day second-line amoxicillin-and metronidazole-containing triple therapy for *Helicobacter pylori*: a pilot study. *Helicobacter* 2012;17(4):277-81.
22. Nishizawa T, Maekawa T, Watanabe N, Harada N, Hosoda Y, Yoshinaga M, et al. Clarithromycin versus metronidazole as first-line *Helicobacter pylori* eradication. *Journal of clinical gastroenterology* 2015;49(6):468-71.
23. Martos M, Bujanda L, Salicio Y, Sarasqueta C, Ibarra B, Mendarte U, et al. Clarithromycin for first-line treatment of *Helicobacter pylori* infection after culture in high-resistance regions. *European Journal of Gastroenterology & Hepatology* 2014;26(12):1380-4.
24. Loffeld R, Werdmuller B. Changes in antibiotic susceptibility of *Helicobacter pylori* in the course of eight years in the Zaanstreek region in the Netherlands. *Gastroenterology Research and Practice* 2013;2013.
25. Long X, Chen Q, Yu L, Liang X, Liu W, Lu H. Bismuth improves efficacy of proton-pump inhibitor clarithromycin, metronidazole triple *Helicobacter pylori* therapy despite a high prevalence of antimicrobial resistance. *Helicobacter* 2018;23(3):e12485.
26. Zhang W, Chen Q, Liang X, Liu W, Xiao S, Graham DY, et al. Bismuth, lansoprazole, amoxicillin and metronidazole or clarithromycin as first-line *Helicobacter pylori* therapy. *Gut* 2015;64(11):1715-20.
27. Tsay F-W, Wu D-C, Yu H-C, Kao S-S, Lin K-H, Cheng J-S, et al. A randomized controlled trial shows that both 14-day hybrid and bismuth quadruple therapies cure most patients with *Helicobacter pylori* infection in populations with moderate antibiotic resistance. *Antimicrobial Agents and Chemotherapy* 2017;61(11):e00140-17.
28. Scaletsky IC, Aranda KR, Garcia GT, Goncalves ME, Cardoso SR, Iriya K, et al. Application of real-time PCR stool assay for *Helicobacter pylori* detection and clarithromycin susceptibility testing in Brazilian children. *Helicobacter* 2011;16(4):311.
29. Biernat MM, Poniewierka E, Błaszczyk J, Czaplą L, Kempniński R, Książczyńska D, et al. Antimicrobial susceptibility of *Helicobacter pylori* isolates from Lower Silesia, Poland. *Archives of Medical Science: AMS*. 2014;10(3):505.
30. Cosme A, Lizasoan J, Montes M, Tamayo E, Alonso H, Mendarte U, et al. Antimicrobial susceptibility-guided therapy versus empirical concomitant therapy for eradication of *Helicobacter pylori* in a region with high rate of clarithromycin resistance. *Helicobacter* 2016;21(1):29-34.
31. Caliskan R, Tokman HB, Erzin Y, Saribas S, Yuksel P, Bolek BK, et al. Antimicrobial resistance of *Helicobacter pylori* strains to five antibiotics, including levofloxacin, in Northwestern Turkey. *Revista da Sociedade Brasileira de Medicina Tropical* 2015;48:278-84.
32. Quek C, Pham ST, Tran KT, Pham BT, Huynh LV, Luu NB, et al. Antimicrobial susceptibility and clarithromycin resistance patterns of *Helicobacter pylori* clinical isolates in Vietnam. *F1000Research* 2016;5.

33. Hong J, Shu X, Liu D, Zhu Y, Xie C, Xie Y, et al. Antibiotic resistance and CYP2C19 polymorphisms affect the efficacy of concomitant therapies for *Helicobacter pylori* infection: an open-label, randomized, single-centre clinical trial. *Journal of Antimicrobial Chemotherapy* 2016;71(8):2280-5.
34. Chuah S-K, Liang C-M, Lee C-H, Chiou S-S, Chiu Y-C, Hu M-L, et al. A randomized control trial comparing 2 levofloxacin-containing second-line therapies for *Helicobacter pylori* eradication. *Medicine* 2016;95(19).
35. Hsu P-I, Kao S-S, Wu D-C, Chen W-C, Peng N-J, Yu H-C, et al. A randomized controlled study comparing reverse hybrid therapy and standard triple therapy for *Helicobacter pylori* infection. *Medicine* 2015;94(48).
36. Kuo C-H, Liu C-J, Yang C-C, Kuo F-C, Hu H-M, Shih H-Y, et al. A rapid and accurate method to evaluate *Helicobacter pylori* infection, clarithromycin resistance, and CYP2C19 genotypes simultaneously from gastric juice. *Medicine* 2016;95(21).
37. Bang CS, Lim H, Jeong HM, Shin WG, Choi JH, Soh JS, et al. Amoxicillin or tetracycline in bismuth-containing quadruple therapy as first-line treatment for *Helicobacter pylori* infection. *Gut Microbes* 2020;11(5):1314-23.
38. Tai W-C, Liang C-M, Kuo C-M, Huang P-Y, Wu C-K, Yang S-C, et al. A 14 day esomeprazole-and amoxicillin-containing high-dose dual therapy regimen achieves a high eradication rate as first-line anti-*Helicobacter pylori* treatment in Taiwan: a prospective randomized trial. *Journal of Antimicrobial Chemotherapy* 2019;74(6):1718-24.
39. Song Z, Zhou L, Xue Y, Suo B, Tian X, Niu Z. A comparative study of 14-day dual therapy (esomeprazole and amoxicillin four times daily) and triple plus bismuth therapy for first-line *Helicobacter pylori* infection eradication: A randomized trial. *Helicobacter* 2020;25(6):e12762.
40. Zhou L, Zhang J, Chen M, Hou X, Li Z, Song Z, et al. A comparative study of sequential therapy and standard triple therapy for *Helicobacter pylori* infection: a randomized multicenter trial. *Official journal of the American College of Gastroenterology | ACG* 2014;109(4):535-41.
41. Lee JW, Kim N, Kim JM, Nam RH, Kim JY, Lee JY, et al. A comparison between 15-day sequential, 10-day sequential and proton pump inhibitor-based triple therapy for *Helicobacter pylori* infection in Korea. *Scandinavian Journal of Gastroenterology*. 2014;49(8):917-24.
42. Wu D-C, Kuo C-H, Tsay F-W, Hsu W-H, Chen A, Hsu P-I. A pilot randomized controlled study of dexlansoprazole MR-based triple therapy for *Helicobacter pylori* infection. *Medicine* 2016; 95(11).
43. Mori H, Suzuki H, Matsuzaki J, Masaoka T, Kanai T. 10-Year trends in *Helicobacter pylori* eradication rates by sitafloxacin-based third-line rescue therapy. *Digestion* 2020;101(5):644-50.
44. Wang Yh, Lv Zf, Zhong Y, Liu Ds, Chen Sp, Xie Y. The inter-nalization of *Helicobacter pylori* plays a role in the failure of *H. pylori* eradication. *Helicobacter* 2017;22(1):e12324.
45. Ji Z, Han F, Meng F, Tu M, Yang N, Zhang J. The association of age and antibiotic resistance of *Helicobacter pylori*: a study in Jiaying City, Zhejiang Province, China. *Medicine* 2016;95(8).
46. Ang TL, Fock KM, Song M, Ang D, Kwek ABE, Ong J, et al. Ten-day triple therapy versus sequential therapy versus concomitant therapy as first-line treatment for *Helicobacter pylori* infection. *Journal of Gastroenterology and Hepatology* 2015;30(7): 1134-9.
47. Chung JW, Jung YK, Kim YJ, Kwon KA, Kim JH, Lee JJ, et al. Ten-day sequential versus triple therapy for *Helicobacter pylori* eradication: A prospective, open-label, randomized trial. *Journal of gastroenterology and hepatology* 2012;27(11):1675-80.
48. Xie Y, Zhu Z, Wang J, Zhang L, Zhang Z, Lu H, et al. Ten-day quadruple therapy comprising low-dose rabeprazole, bismuth, amoxicillin, and tetracycline is an effective and safe first-line treatment for *Helicobacter pylori* infection in a population with high antibiotic resistance: A prospective, multicenter, randomized, parallel-controlled clinical trial in China. *Antimicrobial Agents and Chemotherapy* 2018;62(9):e00432-18.
49. Auesomwang C, Maneerattanaporn M, Chey WD, Kiratisin P, Leelakusolwong S, Tanwandee T. Ten-day high-dose proton pump inhibitor triple therapy versus sequential therapy for *Helicobacter pylori* eradication. *Journal of Gastroenterology and Hepatology* 2018;33(11):1822-8.
50. Yang Y-J, Wu C-T, Ou H-Y, Lin C-H, Cheng H-C, Chang W-L, et al. Ten days of levofloxacin-containing concomitant therapy can achieve effective *Helicobacter pylori* eradication in patients with type 2 diabetes. *Annals of Medicine* 2017;49(6):479-86.
51. Zhou L, Zhang J, Song Z, He L, Li Y, Qian J, et al. Tailored versus triple plus bismuth or concomitant therapy as initial *Helicobacter pylori* treatment: a randomized trial. *Helicobacter* 2016; 21(2):91-9.
52. Luo L, Huang Y, Liang X, Ji Y, Yu L, Lu H. Susceptibility-guided therapy for *Helicobacter pylori*-infected penicillin-allergic patients: A prospective clinical trial of first-line and rescue therapies. *Helicobacter* 2020;25(4):e12699.
53. Yu L, Luo L, Long X, Liang X, Ji Y, Chen Q, et al. Susceptibility-guided therapy for *Helicobacter pylori* infection treatment failures. *Therapeutic advances in gastroenterology* 2019;12: 1756284819874922.
54. Ji CR, Liu J, Li YY, Qiao C, Qu JY, Hu JN, et al. Susceptibility-guided quadruple therapy is not superior to medication history-guided therapy for the rescue treatment of *Helicobacter pylori* infection: A randomized controlled trial. *Journal of Digestive Diseases* 2020;21(10):549-57.
55. Yang T, Hu R, Tang X, Shen Y, Tay A, Pi X, et al. Susceptibility-guided bismuth quadruple therapies for resistant *Helicobacter pylori* infections. *Precision Clinical Medicine* 2020;3(2):127-35.
56. Furuta T, Sugimoto M, Kodaira C, Nishino M, Yamade M, Uotani T, et al. Sitafloxacin-based third-line rescue regimens for *Helicobacter pylori* infection in Japan. *Journal of Gastroenterology and Hepatology* 2014;29(3):487-93.
57. Suzuki S, Gotoda T, Kusano C, Ikehara H, Ichijima R, Ohyauchi M, et al. Seven-day vonoprazan and low-dose amoxicillin dual therapy as first-line *Helicobacter pylori* treatment: a multicentre randomised trial in Japan. *Gut* 2020;69(6):1019-26.
58. Tai W-C, Liang C-M, Lee C-H, Chiu C-H, Hu M-L, Lu L-S, et al. Seven-day nonbismuth containing quadruple therapy could achieve a grade "A" success rate for first-line *Helicobacter pylori* eradication. *BioMed Research International* 2015;2015.
59. Liou J-M, Chen C-C, Chen M-J, Chen C-C, Chang C-Y, Fang Y-J, et al. Sequential versus triple therapy for the first-line treatment of *Helicobacter pylori*: a multicentre, open-label, randomised trial. *The Lancet* 2013;381(9862):205-13.
60. Bontems P, Kalach N, Oderda G, Salame A, Muyschont L, Mien-dje DY, et al. Sequential therapy versus tailored triple therapies for *Helicobacter pylori* infection in children. *Journal of pediatric gastroenterology and nutrition* 2011;53(6):646-50.

61. Schwarzer A, Bontems P, Urruzuno P, Kalach N, Iwanczak B, Roma-Giannikou E, et al. Sequential therapy for *Helicobacter pylori* infection in treatment-naive children. *Helicobacter* 2016; 21(2):106-13.
62. Liou J-M, Chen C-C, Chang C-Y, Chen M-J, Chen C-C, Fang Y-J, et al. Sequential therapy for 10 days versus triple therapy for 14 days in the eradication of *Helicobacter pylori* in the community and hospital populations: a randomised trial. *Gut* 2016;65(11): 1784-92.
63. Kang S, Kim Y, Ahn JY, Jung H-Y, Kim N, Na HK, et al. Role of antimicrobial susceptibility testing before first-line treatment containing clarithromycin for *Helicobacter pylori* eradication in the clinical setting. *Antibiotics* 2021;10(2):214.
64. Tsay FW, Wu DC, Kao SS, Tsai TJ, Lai KH, Cheng JS, et al. Reverse Sequential Therapy Achieves a Similar Eradication Rate as Standard Sequential Therapy for *Helicobacter pylori* Eradication: A Randomized Controlled Trial. *Helicobacter* 2015;20(1): 71-7.
65. Fiorini G, Zullo A, Saracino IM, Gatta L, Pavoni M, Vaira D. Pylera and sequential therapy for first-line *Helicobacter pylori* eradication: a culture-based study in real clinical practice. *European Journal of Gastroenterology & Hepatology* 2018;30(6):621-5.
66. Georgopoulos SD, Xirouchakis E, Martinez-Gonzales B, Zampeli E, Grivas E, Spiliadi C, et al. Randomized clinical trial comparing ten day concomitant and sequential therapies for *Helicobacter pylori* eradication in a high clarithromycin resistance area. *European journal of internal medicine* 2016;32:84-90.
67. Tepeš B, Vujanović M, Šeruga M, Stefanović M, Forte A, Jeverica S. Randomized clinical trial comparing 10-day sequential, 7-day concomitant and 7-day standard triple therapies for *Helicobacter pylori* eradication. *European Journal of Gastroenterology & Hepatology* 2016;28(6):676-83.
68. Chen Q, Long X, Ji Y, Liang X, Li D, Gao H, et al. Randomised controlled trial: susceptibility-guided therapy versus empiric bismuth quadruple therapy for first-line *Helicobacter pylori* treatment. *Alimentary pharmacology & therapeutics* 2019;49(11): 1385-94.
69. Song Z, Suo B, Zhang L, Zhou L. Rabeprazole, minocycline, amoxicillin, and bismuth as first-line and second-line regimens for *Helicobacter pylori* eradication. *Helicobacter* 2016;21(6):462-70.
70. Alsohaibani F, Al Ashgar H, Al Kahtani K, Kagevi I, Peedikayil M, Alfadda A, et al. Prospective trial in Saudi Arabia comparing the 14-day standard triple therapy with the 10-day sequential therapy for treatment of *Helicobacter pylori* infection. *Saudi journal of gastroenterology: official journal of the Saudi Gastroenterology Association* 2015;21(4):220.
71. Auttajaroon J, Vilaichone Rk, Chotivitayatarakorn P, Mahachai V. Once-daily rabeprazole, levofloxacin, clarithromycin-MR, and bismuth for *Helicobacter pylori* eradication: A randomized study of 7 or 14 days (ONCE study). *Helicobacter* 2019;24(5):e12615.
72. Molina-Infante J, Pazos-Pacheco C, Vinagre-Rodriguez G, Perez-Gallardo B, Dueñas-Sadornil C, Hernandez-Alonso M, et al. Nonbismuth quadruple (concomitant) therapy: empirical and tailored efficacy versus standard triple therapy for clarithromycin-susceptible *Helicobacter pylori* and versus sequential therapy for clarithromycin-resistant strains. *Helicobacter* 2012;17(4):269-76.
73. Xie Y, Pan X, Li Y, Wang H, Du Y, Xu J, et al. New single capsule of bismuth, metronidazole and tetracycline given with omeprazole versus quadruple therapy consisting of bismuth, omeprazole, amoxicillin and clarithromycin for eradication of *Helicobacter pylori* in duodenal ulcer patients: a Chinese prospective, randomized, multicentre trial. *Journal of Antimicrobial Chemotherapy* 2018;73(6):1681-7.
74. Dong F, Ji D, Huang R, Zhang F, Huang Y, Xiang P, et al. Multiple genetic analysis system-based antibiotic susceptibility testing in *Helicobacter pylori* and high eradication rate with phenotypic resistance-guided quadruple therapy. *Medicine* 2015; 94(47).
75. Murakami K, Furuta T, Ando T, Nakajima T, Inui Y, Oshima T, et al. Multi-center randomized controlled study to establish the standard third-line regimen for *Helicobacter pylori* eradication in Japan. *Journal of Gastroenterology* 2013;48(10):1128-35.
76. Hsu PI, Wu DC, Wu JY, Graham DY. Modified sequential *Helicobacter pylori* therapy: proton pump inhibitor and amoxicillin for 14 days with clarithromycin and metronidazole added as a quadruple (hybrid) therapy for the final 7 days. *Helicobacter* 2011;16(2):139-45.
77. Pih GY, Choi KD, Gong EJ, Na HK, Ahn JY, Lee JH, et al. Modified bismuth quadruple therapy with low-dose metronidazole as first-line therapy for *Helicobacter pylori* infection. *Helicobacter*. 2021;26(1):e12759.
78. Song Z, Zhou L, Zhang J, He L, Bai P, Xue Y. Levofloxacin, bismuth, amoxicillin and esomeprazole as second-line *Helicobacter pylori* therapy after failure of non-bismuth quadruple therapy. *Digestive and Liver Disease* 2016;48(5):506-11.
79. Liou J-M, Bair M-J, Chen C-C, Lee Y-C, Chen M-J, Chen C-C, et al. Levofloxacin sequential therapy vs levofloxacin triple therapy in the second-line treatment of *Helicobacter pylori*: a randomized trial. *Official journal of the American College of Gastroenterology | ACG* 2016;111(3):381-7.
80. HUANG YK, WU MC, Wang SS, KUO CH, LEE YC, CHANG LL, et al. Lansoprazole-based sequential and concomitant therapy for the first-line *Helicobacter pylori* eradication. *Journal of digestive diseases* 2012;13(4):232-8.
81. Pan J, Shi Z, Lin D, Yang N, Meng F, Lin L, et al. Is tailored therapy based on antibiotic susceptibility effective? A multicenter, open-label, randomized trial. *Frontiers of medicine* 2020; 14(1):43-50.
82. Byambajav T-O, Bira N, Chojamts G, Davaadorj D, Gantuya B, Sarantuya T, et al. Initial trials with susceptibility-based and empiric anti-*H. pylori* therapies in Mongolia. *Frontiers in Pharmacology* 2019;10:394.
83. Hsiang J, Selvaratnam S, Taylor S, Yeoh J, Tan Y-M, Huang J, et al. Increasing primary antibiotic resistance and ethnic differences in eradication rates of *Helicobacter pylori* infection in New Zealand - a new look at an old enemy. *New Zealand Medical Journal* 2013;126(1384):64-76.
84. Chen K-Y, Lin T-J, Lin C-L, Lee H-C, Wang C-K, Wu D-C. Hybrid vs sequential therapy for eradication of *Helicobacter pylori* in Taiwan: a prospective randomized trial. *World Journal of Gastroenterology: WJG* 2015;21(36):10435.
85. Song Z, Zhou L, Zhang J, He L, Bai P, Xue Y. Hybrid therapy as first-line regimen for *Helicobacter pylori* eradication in populations with high antibiotic resistance rates. *Helicobacter* 2016; 21(5):382-8.

86. Georgopoulos SD, Papastergiou V, Martinez-Gonzalez B, Xirouchakis E, Familias I, Sgouras D, et al. Hybrid therapy as first-line regimen for *Helicobacter pylori* eradication in a high clarithromycin resistance area: a prospective open-label trial. *Annals of Gastroenterology* 2018;31(2):205.
87. Yu L, Luo L, Long X, Liang X, Ji Y, Graham DY, et al. High-dose PPI-amoxicillin dual therapy with or without bismuth for first-line *Helicobacter pylori* therapy: a randomized trial. *Helicobacter* 2019;24(4):e12596.
88. Yang J-C, Lin C-J, Wang H-L, Chen J-D, Kao JY, Shun C-T, et al. High-dose dual therapy is superior to standard first-line or rescue therapy for *Helicobacter pylori* infection. *Clinical Gastroenterology and Hepatology* 2015;13(5):895-905. e5.