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Review Article: Esophagus

Comparative efficacy of P-CABs versus proton pump inhibitors for Grade C/D esophagitis: A systematic

review and network meta-analysis

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Abstract

Background

s and Aims: Los Angeles (LA) grade C/D esophagitis is a severe manifestation of GERD that require active treatment and close follow-up. Potassium competitive acid blockers (P-CABs) are promising alternatives to proton-pump inhibitors (PPIs). We aimed to compare the efficacy and safety of P-CABs and PPIs in healing Grade C/D esophagitis to aid clinical decision-making.

Methods:

A systematic literature search was performed using PubMed, MEDLINE, Cochrane Central Register of Controlled Trials. Randomized controlled trials (RCTs) were eligible for inclusion if efficacy of P-CABs and PPIs in healing grade C/D esophagitis was reported. Pooled risk ratios and risk difference with 95% credible intervals were used to summarize estimated effect of each comparison. The benefit of treatments was ranked using surface under the cumulative probability ranking (SUCRA) score.

Results:

Of 5876 articles identified in the database, 24 studies were eligible. Studies incorporated 3 P-CABs (vonoprazan, tegoprazan and keverprazan) and 6 PPIs (lansoprazole, esomeprazole, omeprazole, rabeprazole ER, pantoprazole, dexlansoprazole) were included. Based on failure to achieve mucosal healing, vonoprazan 20mg q.d. ranked the first among PPIs in initial and maintained healing of Grade C/D esophagitis (SUCRA score = 0.89 and 0.87, respectively). Vonoprazan had similar risk of incurring adverse events, severe adverse events and withdrawal to drug as compared to PPIs. For those who attempted lower maintenance treatment dose, vonoprazan 10mg q.d. was a reasonable choice, considering its moderate efficacy and safety.

Conclusion:

Vonoprazan has considerable efficacy in initial and maintained healing of grade C/D esophagitis compared with PPIs, with moderate short-term and long-term safety.

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