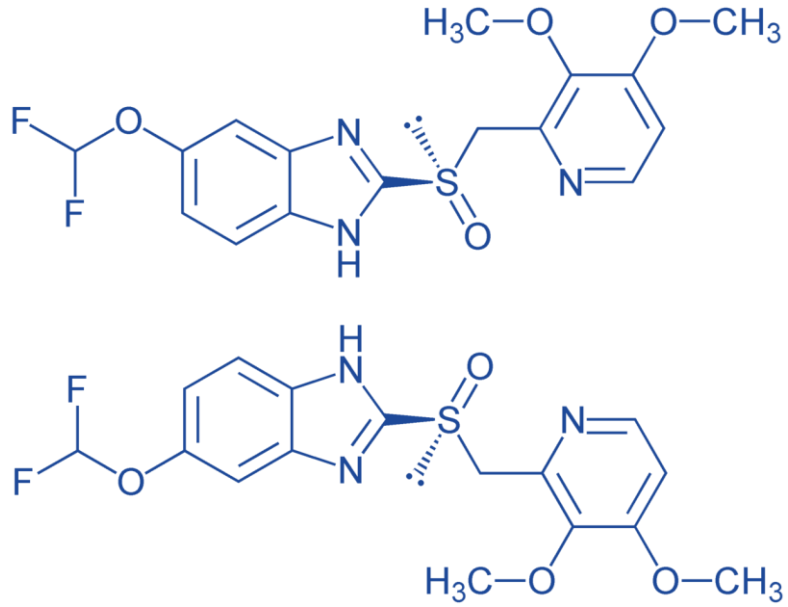
2° Tecnofarma Adium 2023 Summit

Tecnofarma Perú



Seguridad de pantoprazol a largo plazo ¿Cuál es la evidencia?

William Otero R MD, FAGA, FASGE, FACP
Profesor Titular de Medicina
Universidad Nacional de Colombia
Hospital Universitario Nacional de Colombia

Conflicto de intereses
Conferencista, Bristol
Takeda, Abbott, Tecnoquimica
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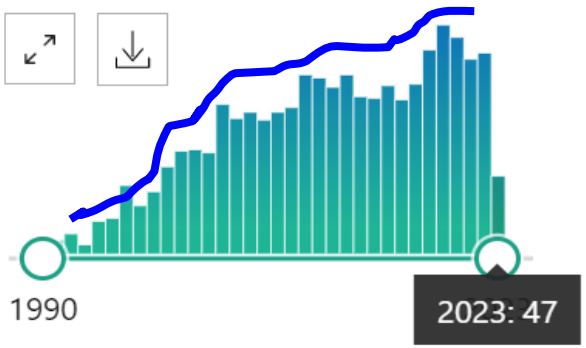
RESULTS BY YEAR



TEXT AVAILABILITY

Abstract

1 Cite Share

Upper digestive bleeding secondary to duodenal infiltration due to pancreatic cancer: a therapeutic challenge.

García Flores J, Sánchez Cánovas M, Torrella Cortés E.

Rev Esp Enferm Dig. 2023 May 26;115. doi: 10.17235/reed.2023.9738/2023. Online ahead of print.

PMID: 37232169

In the complete blood count, a hemoglobin of 7.5 g/dL was detected. Transfusion support, **pantoprazole** infusion (80 mg in 500 cc of 0.9% SSF every 12 hours) and parenteral nutrition were prescribed. ...

2

Efficacy and safety of proton pump inhibitors and H2 receptor antagonists in the initial non-eradication treatment of duodenal ulcer: A network meta-analysis.

medicina

Article

Characteristics and Patterns of Proton Pump Inhibitors Prescribing at the Primary Health Care

Nataša Stojaković [1,*], Ana Golić Jelić [1], Svjetlana Stoisavljević Šatara [1], Nataša Bednarčuk [2], Miloš P. Stojiljković [1] and Ranko Škrbić [1,3]

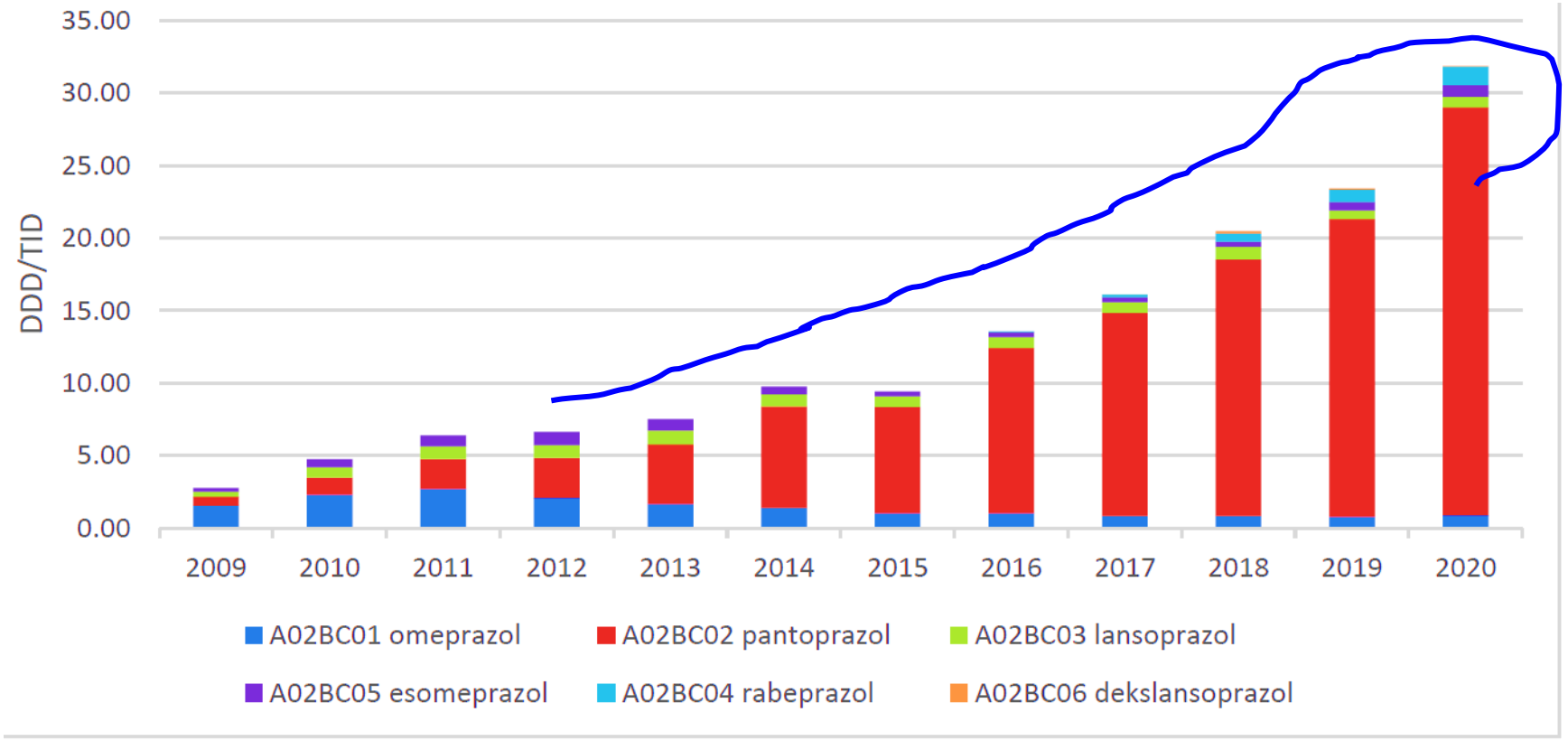


Figure 2. The utilization of proton pump inhibitors expressed in DDD/TID during the period 2009–2020.

AP&T Alimentary Pharmacology and Therapeutics

Long-term, open-label trial: safety and efficacy of continuous maintenance treatment with pantoprazole for up to 15 years in severe acid-peptic disease

G. Brunner*, C. Athmann† & A. Schneider‡

Brunner G, et al. Aliment Pharmacol Ther. 2012;36:37-47

Table 1 | Baseline and demographic characteristics

Demographic safety set	*N* = 142
Gender, *n* (%)	
Male	75 (52.8)
Female	67 (47.2)
Age, years, mean (s.d.)	49.1 (13.14)
Height, cm, mean (s.d.)	170.4 (9.64)
Weight, kg, mean (s.d.)	73.5 (14.72)
BMI, mean (s.d.)	25.2 (3.99)
Cigarette smoking, *n* (%)	
Nonsmoker	90 (63.4)
Occasional	10 (7.0)
Daily	42 (29.6)
Alcohol consumption	
Never/occasional	125 (88.0)
Daily	17 (12.0)
Duration of treatment, *N*	
Up to 5 years	142
>5–10 years	99
>10–<15 years	79
15 years	36

BMI, body mass index; s.d., standard deviation.

Brunner G, et al. Aliment Pharmacol Ther. 2012;36:37-47

Cicatrización ulceras

Table 2 | Endoscopic healing at 4, 8 and 12 weeks during the acute healing phase (intent-to-treat)

	Total, *N* (%)	Refluxesophagitis, *n* (%)	Oesophageal ulcer, *n* (%)	Gastric/duodenal ulcer, *n* (%)	Anastomosis ulcer, *n* (%)
Baseline	142	89	61	66	7
Healing 4 weeks	125 (88.0)	76 (85.4)	50 (82.0)	62 (93.9)	5 (71.4)
Healing 8 weeks	132 (93.0)	82 (92.4)	55 (92.0)	63 (95.5)	6 (85.7)
Healing 12 weeks	136 (95.8)	85 (95.5)	58 (95.1)	64 (97.0)	6 (85.7)
Not healed	1 (0.7)	1 (1.1)	1 (1.6)	0 (0.0)	0 (0.0)
Protocol violators	5 (3.5)	3 (3.4)	2 (3.3)	2 (3.0)	1 (14.3)

Brunner G, et al. Aliment Pharmacol Ther. 2012;36:37-47

Atrofia gladular

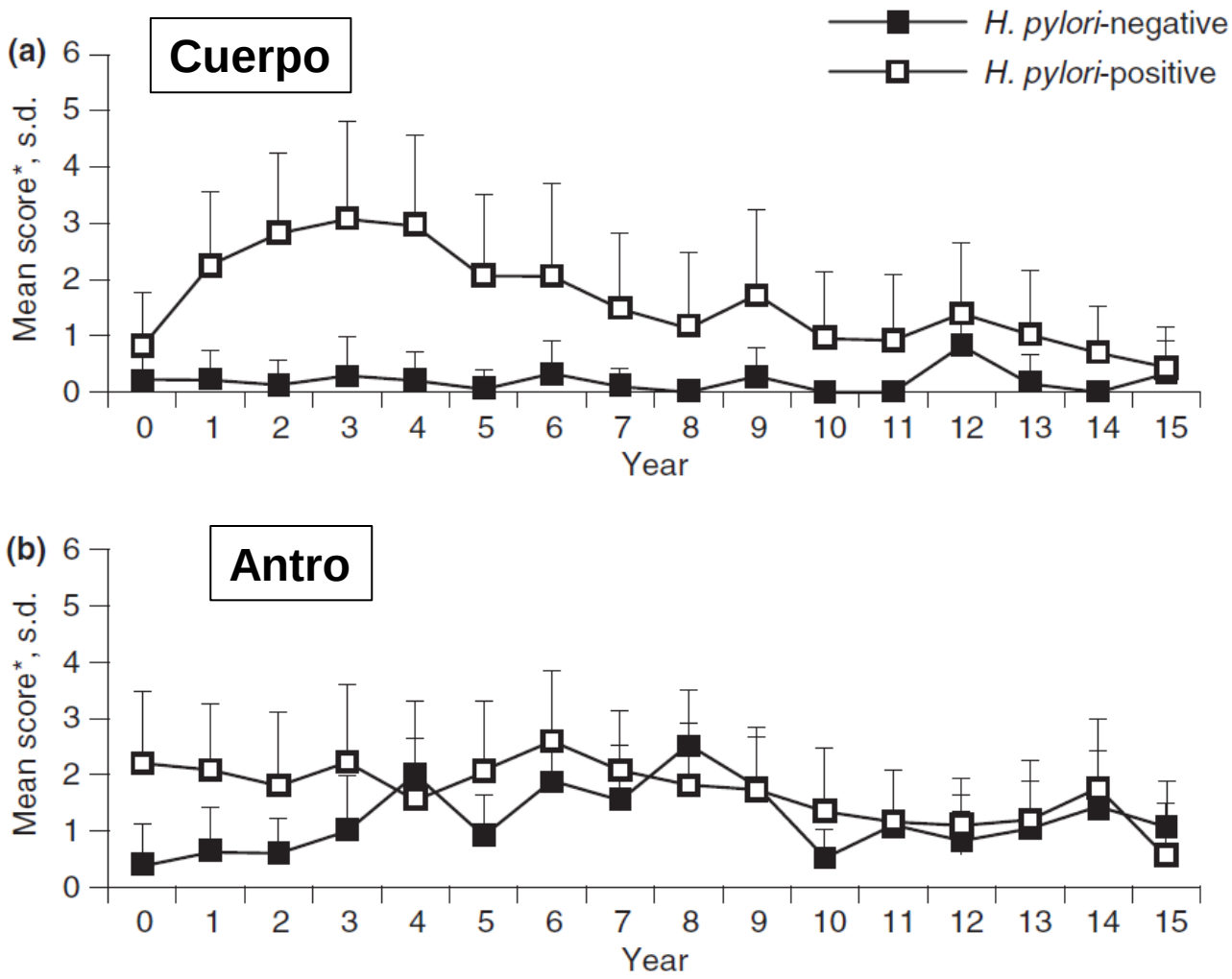
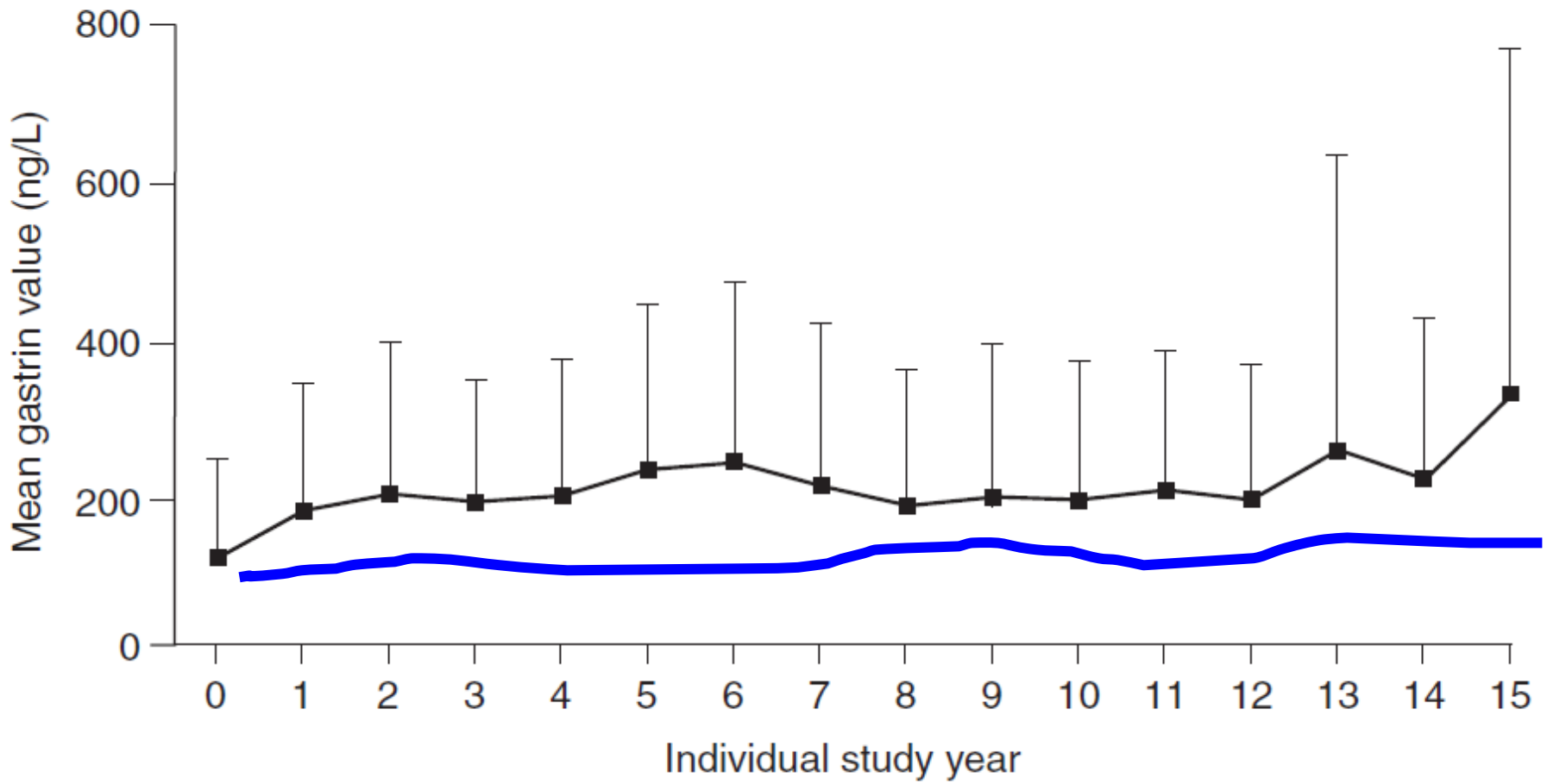


Figure 5 | Gland atrophy in the corpus (a) and antrum (b) by *H. pylori* status over the course of 15 years' treatment with pantoprazole. * Scale: 0 = no atrophy, 4 = slight, 8 = moderate, 12 = heavy. *H. pylori*, *Helicobacter pylori*; s.d., standard deviation.

Brunner G, et al. Aliment Pharmacol Ther. 2012;36:37-47

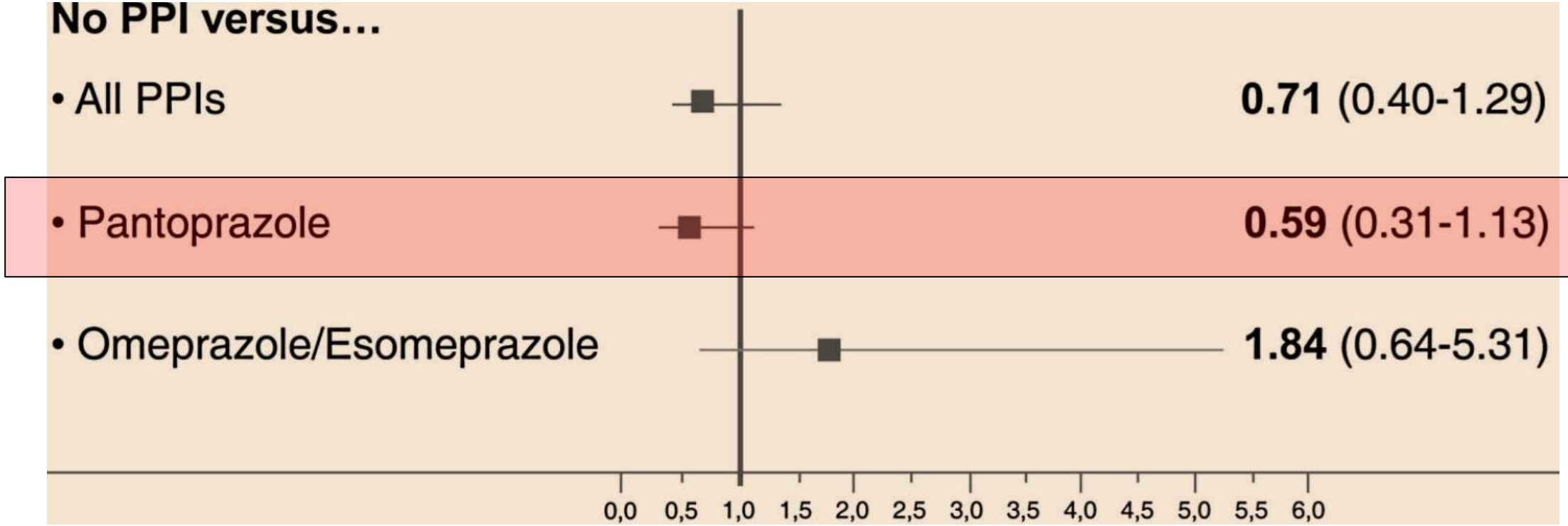
Gastrina sérica



Brunner G, et al. Aliment Pharmacol Ther. 2012;36:37-47

Pantoprazole Does Not Influence the Antiplatelet Effect of Clopidogrel—A Whole Blood Aggregometry Study After Coronary Stenting

Horst Neubauer, MD, Andreas Engelhardt, MD,* Jan C. Krüger, MS,* Sebastian Lask, MD,* Jan Börgel, MD,* Andreas Mügge, PhD,* and Heinz G. Endres, MD†*



Neubauer H, J Cardiovasc Pharmacol 2010;56:91–97

Safety of Proton Pump Inhibitors Based on a Large, Multi-Year, Randomized Trial of Patients Receiving Rivaroxaban or Aspirin

Paul Moayyedi,[1] John W. Eikelboom,[1] Jackie Bosch,[1] Stuart J. Connolly,[1] Leanne Dyal,[1] Olga Shestakovska,[1] Darryl Leong,[1] Sonia S. Anand,[1] Stefan Störk,[2] Kelley R. H. Branch,[3] Deepak L. Bhatt,[4] Peter B. Verhamme,[5] Martin O'Donnell,[6] Aldo P. Maggioni,[7] Eva M. Lonn,[1] Leopoldo S. Piegas,[8] Georg Ertl,[2] Matyas Keltai,[9] Nancy Cook Bruns,[10] Eva Muehlhofer,[10] Gilles R. Dagenais,[11] Jae-Hyung Kim,[12] Masatsugu Hori,[13] P. Gabriel Steg,[14] Robert G. Hart,[1] Rafael Diaz,[15] Marco Alings,[16] Petr Widimsky,[17] Alvaro Avezum,[18] Jeffrey Probstfield,[19] Jun Zhu,[20] Yan Liang,[20] Patricio Lopez-Jaramillo,[21] Ajay K. Kakkar,[22] Alexander N. Parkhomenko,[23] Lars Ryden,[24] Nana Pogosova,[25] Antonio L. Dans,[26] Fernando Lanas,[27] Patrick J. Commerford,[28] Christian Torp-Pedersen,[29] Tomek J. Guzik,[30,31] Dragos Vinereanu,[32] Andrew M. Tonkin,[33] Basil S. Lewis,[34] Camilo Felix,[35] Khalid Yusoff,[36] Kaj P. Metsarinne,[37] Keith A. A. Fox,[38] and Salim Yusuf,[1] for the COMPASS Investigators

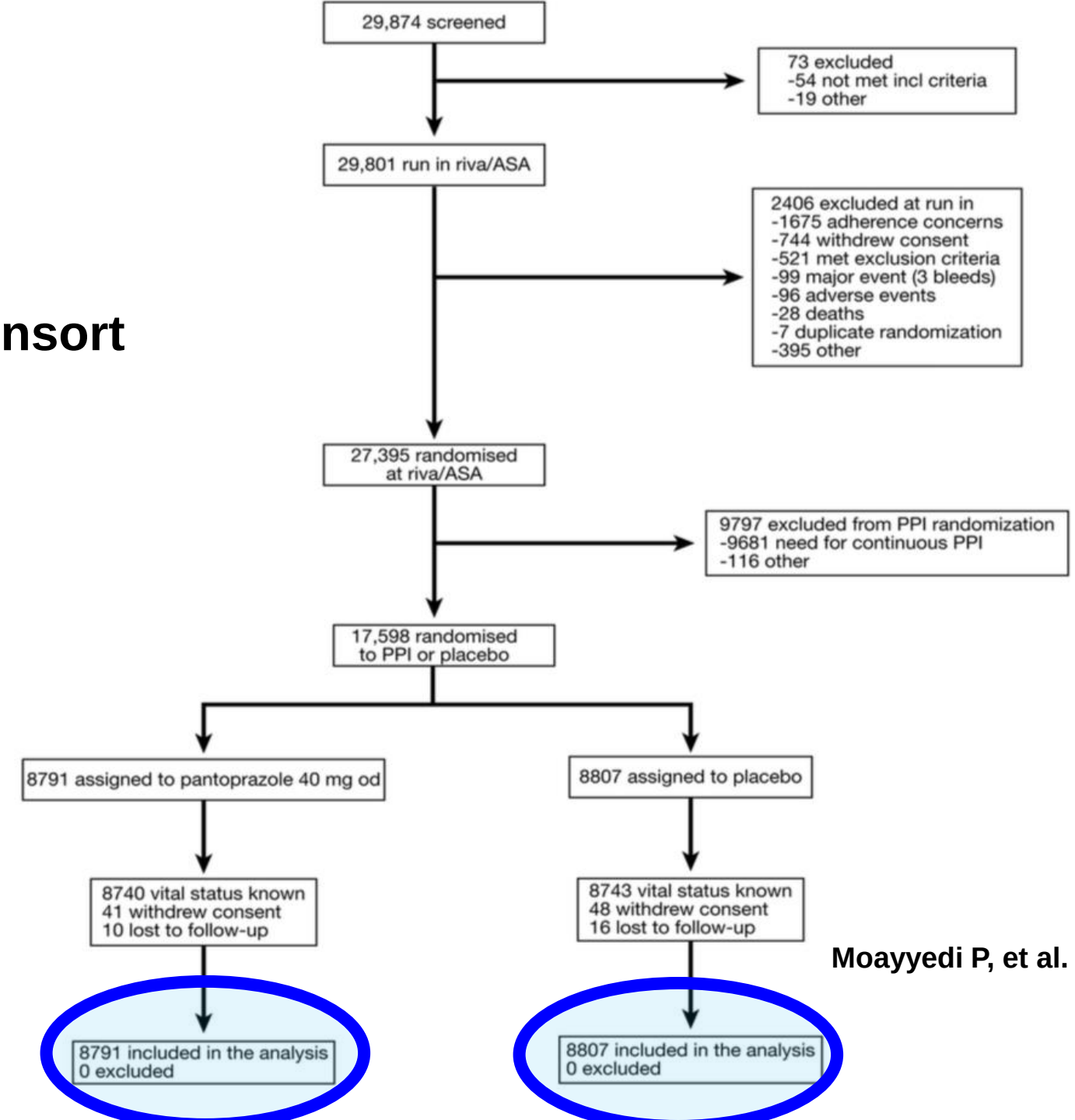
8, 18 Brazil
21 Colombia
27 Chile
35 Ecuador

Primer ensayo clínico prospectivo aleatorizado evaluando efectos adversos Multicéntrico – 3 años – 17598 pacientes

23%

Moayyedi P, et al. Gastroenterology 2019;157:682–691

Diagrama Consort



Moayyedi P, et al. Gastroenterology 2019;157:682–691

Characteristic	Pantoprazole (n = 8791)	Placebo (n = 8807)
Age, *y*, mean ± SD	67.6 ± 8.1	67.7 ± 8.1
Female sex, n (%)	1937 (22)	1869 (21)
Race, n (%)		
White European	5265 (60)	5267 (60)
Asian	1363 (15.5)	1384 (16)
Black/African American	97 (1)	108 (1)
Latin American	2066 (23.5)	2048 (23)
Geographic region, n (%)		
North America	1241 (14)	1243 (14)
South America	2209 (25)	
Western Europe	2187 (25)	
Eastern Europe	1890 (21.5)	
Asia Pacific and other	1264 (14)	
Body mass index, mean ± SD	28.3 ± 4.7	28.4 ± 4.7
Smoking status, n (%)		
Current	2064 (23.5)	2010 (23)
Former	3764 (43)	3808 (43)
Never	2693 (34)	2989 (34)
Previous MI, n (%)	5403 (61.5)	5404 (61)
Previous stroke, n (%)	350 (4)	366 (4)
Previous cancer, n (%)	450 (5)	491 (6)
Previous peptic ulcer, n (%)	228 (3)	222 (2.5)
Inflammatory bowel disease, n (%)	37 (0.4)	56 (0.6)
Diverticulitis, n (%)	131 (1.5)	120 (1.4)
Liver disease, n (%)	85 (1)	83 (1)

Similares

Characteristic	Pantoprazole (n = 8791)	Placebo (n = 8807)
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	131 (1.5)	120 (1.4)
	85 (1)	83 (1)
	3363 (38)	3369 (38)
	2181 (25)	2138 (24)
Estimated GFR, n (%)		
<30 mL/min	75 (0.9)	77 (0.9)
30 to <60 mL/min	1878 (21)	1917 (22)
≥60 mL/min	6838 (78)	6810 (77)
Medication, n (%)		
Taking PPI at start of trial	56 (0.6)	78 (0.9)
NSAIDs	425 (5)	447 (5)
SSRIs	257 (3)	258 (3)
Hypoglycemic agents	2785 (32)	2784 (32)
ACE inhibitor/ARBs	6269 (71)	6286 (71)
β-blockers	6137 (70)	6122 (70)
Calcium channel blockers	2237 (25)	2265 (26)
Lipid-lowering agents	7775 (88)	7823 (89)
Diuretics	2572 (29)	2522 (29)

Moayyedi P, et al. Gastroenterology 2019;157:682–691

Table 3. Other Prespecified Safety Outcomes

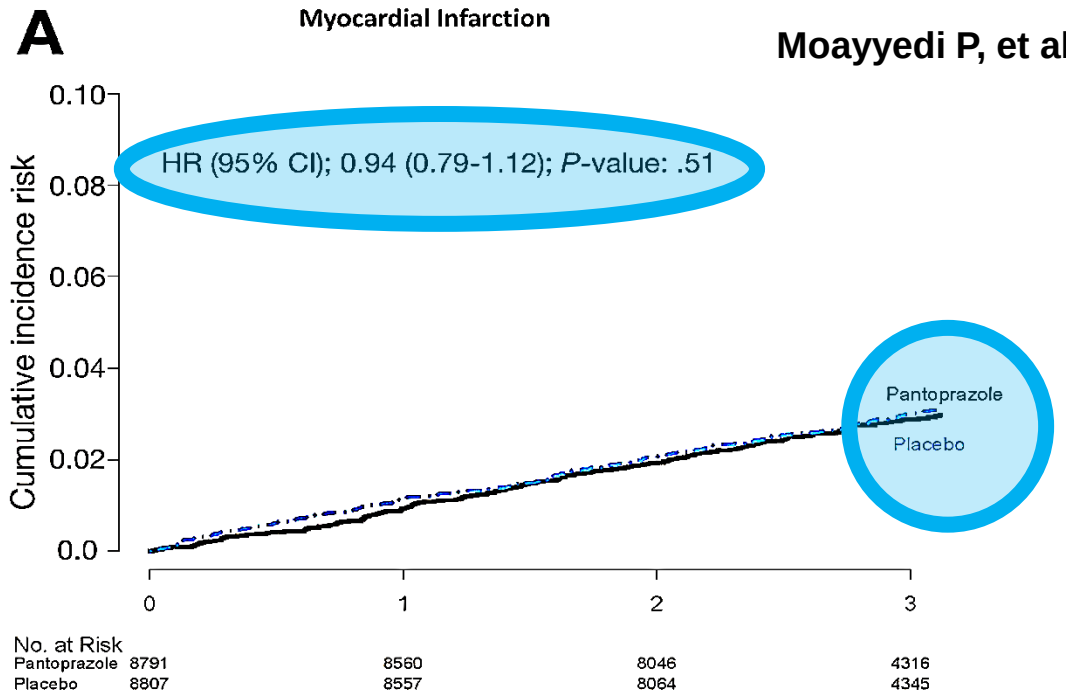
Outcome	Incident events, n (%)		Pantoprazole, 40 mg od, vs placebo	
	Pantoprazole, 40 mg od (n = 8791)	Placebo (n = 8807)	OR (95% CI)	*P* value
Gastric atrophy	19 (0.2)	26 (0.3)	0.73 (0.40–1.32)	.30
Clostridium difficile	9 (0.1)	4 (<0.1)	2.26 (0.70–7.34)	.18
Chronic kidney disease	184 (2.1)	158 (1.8)	1.17 (0.94–1.45)	.15
Dementia	55 (0.6)	46 (0.5)	1.20 (0.81–1.78)	.36
Pneumonia	318 (3.6)	313 (3.6)	1.02 (0.87–1.19)	.82
Fracture	203 (2.3)	211 (2.4)	0.96 (0.79–1.17)	.71
COPD	146 (1.7)	124 (1.4)	1.18 (0.93–1.51)	.17
Diabetes mellitus	513 (5.8)	532 (6.0)	0.96 (0.85–1.09)	.56

COPD, chronic obstructive pulmonary disease; od, once daily.

1.4% vs 1%
NNH > 300/3 años
IC 95% 152-9190

Moayyedi P, et al. Gastroenterology 2019;157:682–691

Moayyedi P, et al. Gastroenterology 2019;157:682–691



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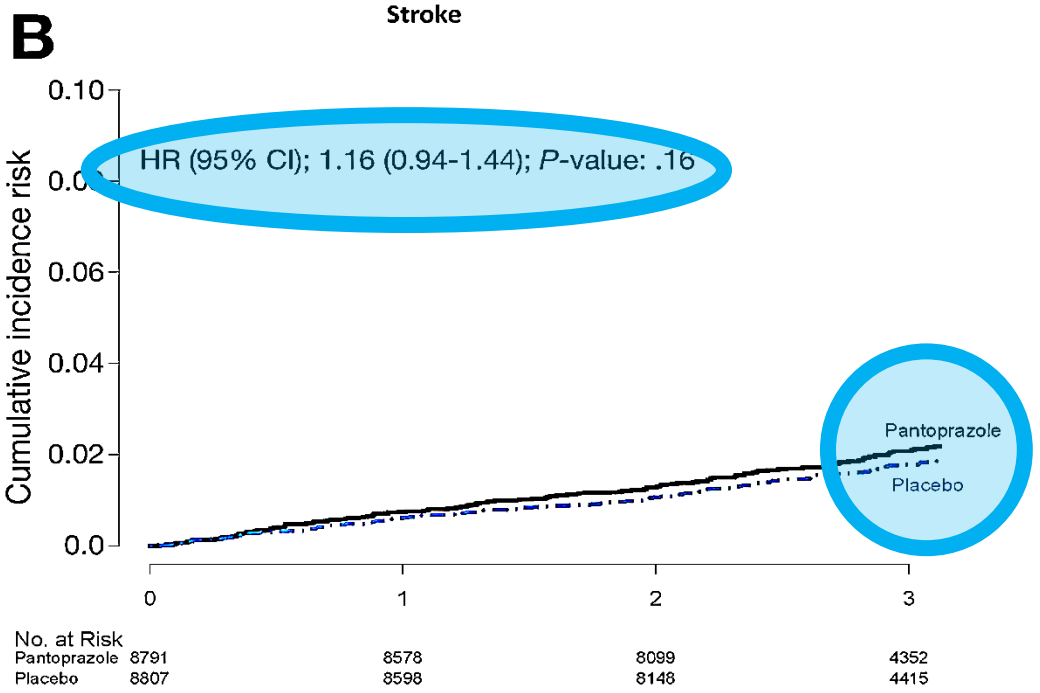
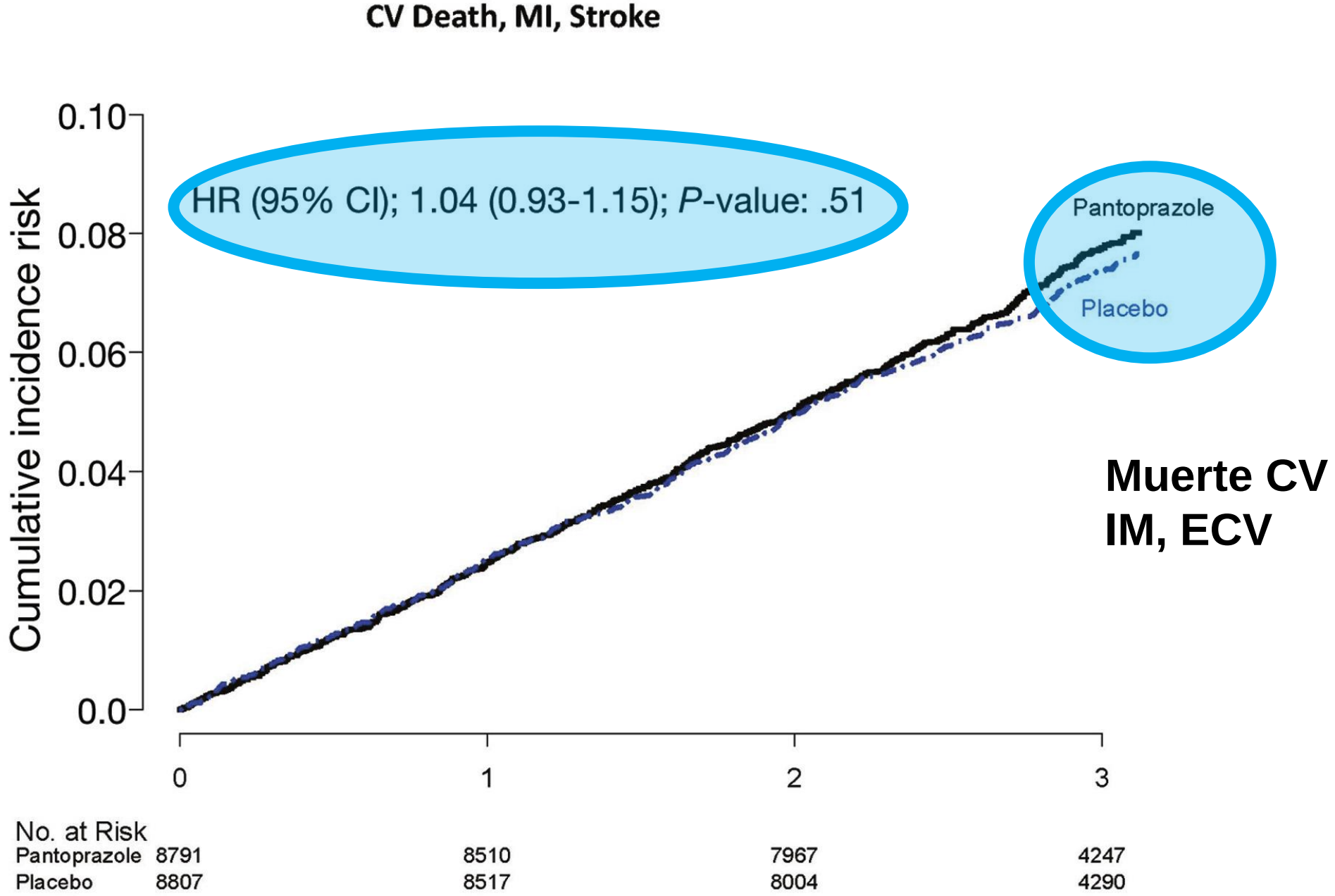


ECV

Moayyedi P, et al. Gastroenterology 2019;157:682–691



Muerte CV
IM, ECV

Moayyedi P, et al. Gastroenterology 2019;157:682–691

Pantoprazole to Prevent Gastroduodenal Events in Patients Receiving Rivaroxaban and/or Aspirin in a Randomized, Double-Blind, Placebo-Controlled Trial

Paul Moayyedi,[1] John W. Eikelboom,[1] Jackie Bosch,[1] Stuart J. Connolly,[1] Leanne Dyal,[2] Olga Shestakovska,[1] Darryl Leong,[1] Sonia S. Anand,[1] Stefan Störk,[3] Kelly R. H. Branch,[4] Deepak L. Bhatt,[5] Peter B. Verhamme,[6] Martin O'Donnell,[7] Aldo P. Maggioni,[8] Eva M. Lonn,[1,9] Leopoldo S. Piegas,[10] Georg Ertl,[3] Matyas Keltai,[11] Nancy Cook Bruns,[9] Eva Muehlhofer,[9] Gilles R. Dagenais,[12] Jae-Hyung Kim,[13] Masatsugu Hori,[14] P. Gabriel Steg,[15] Robert G. Hart,[1] Rafael Diaz,[16] Marco Alings,[17] Petr Widimsky,[18] Alvaro Avezum,[19] Jeffrey Probstfield,[20] Jun Zhu,[21] Yan Liang,[21] Patricio Lopez-Jaramillo,[22] Ajay Kakkar,[23] Alexander N. Parkhomenko,[24] Lars Ryden,[25] Nana Pogosova,[26] Antonio Dans,[39] Fernando Lanas,[27] Patrick J. Commerford,[28] Christian Torp-Pedersen,[29] Tomek Guzik,[30,31] Dragos Vinereanu,[32] Andrew M. Tonkin,[33] Basil S. Lewis,[34] Camilo Felix,[35] Khalid Yusoff,[36] Kaj Metsarinne,[37,38] Keith A. A. Fox,[40] and Salim Yusuf,[1] for the COMPASS Investigators

Moayyedi P, et al. Gastroenterology 2019;157:403–412

Characteristic	Pantoprazole (n = 8791)	Placebo (n = 8807)
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Race, n (%)		
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Similares

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Lipid-lowering agents	7775 (88)	7823 (89)
Diuretics	2572 (29)	2522 (29)

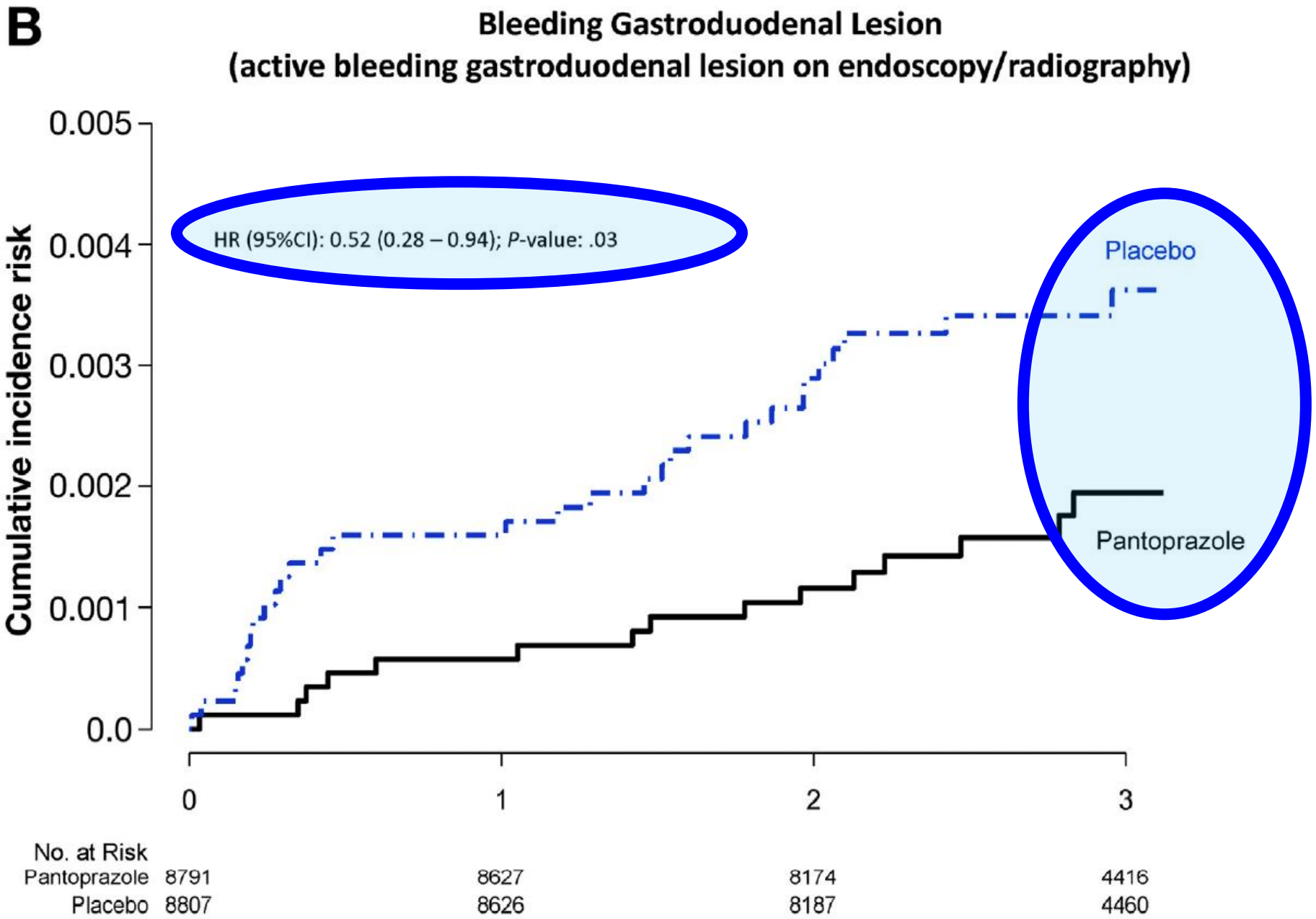
Moayyedi P, et al. Gastroenterology 2019;157:403-412

Supplementary Table 5. Subgroup Analysis of Impact of Pantoprazole or Placebo in the Rivaroxaban Alone Arm for Clinically Significant Upper Gastrointestinal Adverse Event

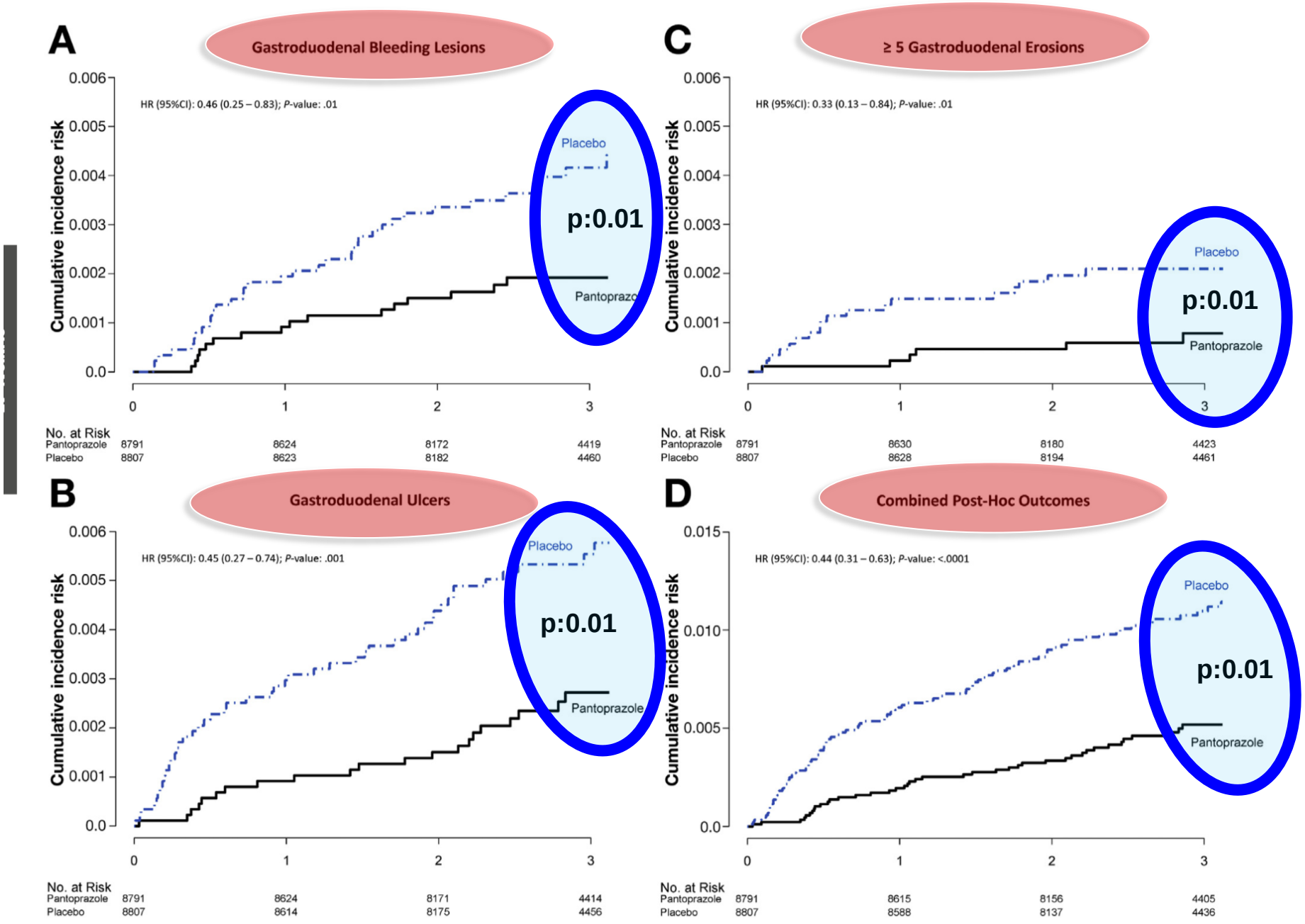
	Pantoprazole, 40 mg od (n = 2918)		Pantoprazole placebo (n = 2941)		Pantoprazole vs placebo	
Outcome	First events, n (%)	Annual rate, %/y	First events, n (%)	Annual rate, %/y	HR (95% CI)	*P* value
Upper GI event[a]	35 (1.2)	0.40	38 (1.3)	0.43	0.93 (0.60 to 1.47)	.76
Overt bleeding of gastroduodenal origin confirmed by endoscopy or radiography	3 (0.1)	0.034	12 (0.4)	0.14	0.25 (0.07 to 0.89)	.02
Overt upper GI bleeding of unknown origin	18 (0.6)	0.21	12 (0.4)	0.14	1.52 (0.73 to 3.15)	.26
Bleeding of presumed occult upper GI tract origin with documented decrease in Hb ≥2 g/dL	3 (0.1)	0.034	5 (0.2)	0.056	0.61 (0.14 to 2.53)	.49
Symptomatic gastroduodenal ulcer	4 (0.1)	0.045	5 (0.2)	0.056	0.81 (0.22 to 3.01)	.75
GI pain with underlying multiple gastroduodenal erosions	0	0	3 (0.1)	0.034	NA	NA
Upper GI obstruction or perforation	7 (0.2)	0.080	2 (<0.1)	0.023	3.53 (0.73 to 17.0)	.09

NA, not applicable.

[a]Composite of overt bleeding of gastroduodenal origin confirmed by endoscopy or radiography, overt upper GI bleeding of unknown origin, bleeding of presumed occult upper GI tract origin with documented decrease in Hb of 2 g/dL, symptomatic gastroduodenal ulcer, GI pain with underlying multiple gastroduodenal erosions, upper GI obstruction/perforation



Moayyedi P, et al. Gastroenterology 2019;157:403–412



Moayyedi P, et al. Gastroenterology 2019;157:403–412

Mensajes para la casa

Pantoprazol IBP más prescrito
IBP más largo seguimiento (15 años)
Previene sangrado evidente pacientes alto riesgo
Único IBP ECC multicéntrico prospectivo
No aumenta riesgo con clopidogrel, aspirina
Seguridad demostrada

2° Tecnofarma Adium 2023 Summit

Muchas gracias!

Tecnofarma Perú

Muchas gracias!