

THE FERRARA CONSENSUS REPORT THIRD ITALIAN GUIDELINES ON DIAGNOSIS AND TREATMENT OF HELICOBACTER PYLORI INFECTION

FERRARA 4-5 APRIL 2014

Organizzatori: *M. Caselli, S. Gullini, G. Zuliani*

Progress Report

“Cervia II Working Group Report 2006”: Guidelines on diagnosis and treatment of *Helicobacter pylori* infection in Italy

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the Working Group of the Cervia II Meeting¹

Therapies for *H. pylori* eradication: comparison between Cervia Working Group Reports and European Guidelines

Treatment regimen	Cervia II 2006	Maastricht III 2006
First-line therapy		
- CLA-res <15-20% and MET-res <40%	7-day PPI+Cla+Metro	7-day PPI+Cla+Metro
- CLA-res <15-20% and MET-res >40%	7-day PPI+Cla+Amox	7-day PPI+Cla+Amox
- CLA-res >15-20% and MET-res <40%	14-day PPI+Cla+Metro	14-day PPI+Cla+Metro
- CLA-res >15-20% and MET-res >40%	14-day PPI+Cla+Amox	14-day PPI+Cla+Amox
or	10-day sequential therapy	7-day quadruple therapy
Second-line therapy	10-day PPI+Levo+Amox	7-day quadruple therapy
Third-line therapy	10-day PPI+Rifab+Amox	Culture based therapy



Management of *Helicobacter pylori* infection—the Maastricht IV/ Florence Consensus Report

Peter Malfertheiner,¹ Francis Megraud,² Colm A O'Morain,³ John Atherton,⁴ Anthony T R Axon,⁵ Franco Bazzoli,⁶ Gian Franco Gensini,⁸ Javier P Gisbert,⁹ David Y Graham,¹⁰ Theodore Rokkas,¹¹ Emad M El-Omar,⁷ Ernst J Kuipers,¹² The European Helicobacter Study Group (EHSG)

Gut 2012;**61**:646–664. doi:10.1136/gutjnl-2012-302084

- Indications for diagnosis and treatment
- Diagnostic tests
- Treatment of infection
- Prevention of gastric cancer



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- Florence – December 2010
- 44 experts from 24 countries
- “Maastricht Methodology”

Table 1 Grades of recommendation and evidence levels in support of the recommendations formulated in the Maastricht IV / Florence Consensus Report

Grade of recommendation*	Evidence level	Type of studies
A	1	1a Systematic review of randomised controlled trial (RCT) of good methodological quality and with homogeneity
		1b Individual RCT with narrow CI
		1c Individual RCT with risk of bias
B	2	2a Systematic review of cohort studies (with homogeneity)
		2b Individual cohort study (including low quality RCT, eg <80% follow-up)
		2c Non-controlled cohort studies/ecological studies
C	3	3a Systematic review of case–control studies (with homogeneity)
		3b Individual case–control study
D	4	Case series/poor quality cohort or case–control studies
D	5	Expert opinion without explicit critical appraisal or based on physiology, bench research or ‘first principles’

*The highest grade of recommendation does not always correspond to the highest evidence level.



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Progress Report

The Italian Society of Gastroenterology (SIGE) and the Italian Group for the study of Inflammatory Bowel Disease (IG-IBD) Clinical Practice Guidelines: The use of tumor necrosis factor-alpha antagonist therapy in Inflammatory Bowel Disease[☆]

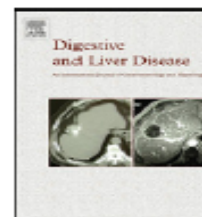
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Progress Report

Cholangiocarcinoma: A position paper by the Italian Society of Gastroenterology (SIGE), the Italian Association of Hospital Gastroenterology (AIGO), the Italian Association of Medical Oncology (AIOM) and the Italian Association of Oncological Radiotherapy (AIRO)

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