TABLE

Cure rates for secondary treatment of *H pylori* after failed initial triple therapy[1]

Secondary treatment regimen	Number of RCTs (number of patients)	*H pylori* eradication*	95% CI	Heterogeneity of studies**	Comments
Levofloxacin-based triple therapy (with PPI, amoxicillin) twice daily for 7-10 days	19 (1997)	76%	72%-81%	Considerable	Consider another option if there is high quinolone resistance in region
Bismuth-based quadruple therapy (with PPI, tetracycline, metronidazole/tinidazole) for 7-14 days	29 (2097)	78%	75%-81%	Considerable	Bismuth not available in all countries; regimens more complex
Metronidazole-based triple therapy (with PPI, amoxicillin) twice daily for 7 days	24 (1611)	87%	84%-91%	Moderate	All RCTs done in Japanese population
Repeat initial clarithromycin-based triple therapy (with PPI, amoxicillin) twice daily for 7-14 days	8 (265)	46%	34%-58%	Moderate	Failure of regimen probably caused by *H pylori* resistance to clarithromycin

CI, confidence interval; PPI, proton pump inhibitor; RCT, randomized controlled trial.

*Eradication confirmed by urea breath test, histology, rapid urease test, or monoclonal stool antigen.

**0-0.40=unimportant heterogeneity; 0.40-0.75=moderate heterogeneity; >0.75=considerable heterogeneity.