
Efficacy and safety of keverprazan-amoxicillin dual therapy for *Helicobacter pylori* first-line treatment

Protocol Number: BW-Z2314 Version Number: 1.1

Version Date: February 19,2024

Efficacy and safety of keverprazan-amoxicillin dual therapy

for *Helicobacter pylori* first-line treatment

(Open-label, randomized controlled study)

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Protocol Summary

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Protocol Title	Efficacy and safety of keverprazan-amoxicillin dual therapy for <i>Helicobacter pylori</i> first-line treatment
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Observation Subjects	Patients with <i>Helicobacter pylori</i> (Hp) infection who require eradication therapy
Study Objective	To compare with rabeprazole quadruple therapy and evaluate the efficacy and safety of different treatment durations (10 days, 14 days) of keverprazan combined with amoxicillin dual therapy for Hp eradication To evaluate the efficacy and safety of keverprazan combined with amoxicillin dual therapy of different durations (10-day and 14-day) for Hp eradication, in comparison with rabeprazole-based quadruple therapy
Study Design	Open-label, randomized controlled study
Total Number of Cases	414 patients
Eligibility Criteria / Inclusion and Exclusion Criteria	<p>Inclusion Criteria</p> <p>1) Adult patients aged 18 to 65 years old, regardless of gender;</p> <p>2) <i>H. pylori</i> positive, diagnosed a ¹³C-urea breath test (¹³C-UBT), ¹⁴C-urea breath test (¹⁴C-UBT), H&E staining or bacterial culture;</p> <p>3) No previous history of <i>H. pylori</i> eradication therapy;</p> <p>4) Subjects able to independently complete the recording of the subject diary card;</p> <p>5) Subjects who fully understand the trial content, voluntarily participate in the trial, can complete the trial process, and sign the informed consent form.</p> <p>Exclusion Criteria</p> <p>1) Use of acid-suppressing drugs such as proton pump inhibitors (PPIs), potassium-competitive acid blocker (P-CAB), H2 receptor antagonists, etc., within 2 weeks before enrollment, or use of antibiotics within 4 weeks before enrollment;</p> <p>2) Active peptic ulcer with complications such as bleeding, perforation, obstruction, canceration, etc.;</p>

	<p>3) Previous history of esophageal or gastric surgery;</p> <p>4) Severe systemic diseases, including diseases of major organs dysfunction such as (cardiac, pulmonary, cerebral), hepatic or renal impairment, malignant neoplasms , or other diseases;</p> <p>5) Participants with allergies or hypersensitivity to keverprazan, rabeprazole, amoxicillin, clarithromycin, bismuth agents, including its excipients (such as mannitol, microcrystalline cellulose, crospovidone, hypromellose, magnesium stearate, etc.);</p> <p>6) Female participants who are pregnant, breastfeeding;</p> <p>7) Long-term alcohol abuse or any other conditions that increase the risk of treatment-related adverse events;</p> <p>8) Participation in other studies within the past 3 months, inability to clearly express oneself, or inability to cooperate with investigators;</p> <p>9) Deemed unsuitable for participation in the study by the investigator for any other reason.</p>
Investigational Drugs	<p>Keverprazan Hydrochloride Tablets, specification: 10mg/tablet, trade name: Beiwen®, manufacturer: Nanjing Co-phine Shenghui Pharmaceutical Co., Ltd.</p> <p>Rabeprazole Sodium Enteric-coated Tablets, specification: 10mg/tablet, trade name: Pariet®, manufacturer: Eisai (China) Pharmaceutical Co., Ltd.</p>
Treatment Protocols	<p>Keverprazan dual therapy for 10 days (K10 group): Keverprazan 20 mg per dose, twice daily (bid) + Amoxicillin 1 g per dose, three times (tid) daily, for 10 days.</p> <p>Keverprazan dual therapy for 14 days (K14 group): Keverprazan 20 mg, bid + Amoxicillin 1 g, tid, for 14 days.</p> <p>Rabeprazole quadruple therapy for 14 days (R14 group): Rabeprazole sodium 10 mg + Amoxicillin 1 g + Clarithromycin 500 mg + Colloidal pectin bismuth 200 mg, bid, for 14 days.</p>
Efficacy Endpoints	<i>H. pylori</i> eradication rate 6-8 weeks after the end of eradication treatment.

Safety Endpoints	1) Vital signs, physical examination; 2) Adverse events and serious adverse events.
Study Procedures	<p>Screening period: -7 to 0 days</p> <p>1) Obtain informed consent;</p> <p>2) Collect demographic information and baseline characteristics of the subject;</p> <p>3) Record medical history and current treatment, concomitant medications (including prescription and over-the-counter drugs);</p> <p>4) Vital signs, physical examination;</p> <p>5) <i>H. pylori</i> test;</p> <p>6) Review inclusion and exclusion criteria;</p> <p>7) Eligible subjects will be randomized to receive assigned treatment based on randomization numbers.</p> <p>Visit period V2 (telephone visit):</p> <p>K10 group: 10 days (± 3 days), K14 group: 14 days (± 3 days), R14 group: 14 days (± 3 days)</p> <p>1) Vital signs, physical examination;</p> <p>2) Record concomitant medications;</p> <p>3) Record adverse events after medication.</p> <p>Visit period V3: 9 weeks (± 7 days)</p> <p>1) Vital signs, physical examination;</p> <p>2) <i>H. pylori</i> test;</p> <p>3) Record concomitant medications;</p> <p>4) Record adverse events after medication.</p>
Statistical Analysis	<p>Efficacy Endpoints: The primary efficacy endpoint is the proportion of subjects achieving successful <i>Helicobacter pylori</i> eradication 6-8 weeks after completion of first-line therapy. Eradication rates will be reported with two-sided 95% confidence intervals (CIs) calculated using the Clopper-Pearson method. Inter-group differences will be estimated along with their 95% CIs using the Miettinen-Nurminen method. Inter-group comparisons will be performed using the chi-square test or Fisher's exact test, as appropriate.</p> <p>Safety Endpoints: Adverse events (AEs) will be coded using the Medical Dictionary for Regulatory Activities (MedDRA) and</p>

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	summarized by System Organ Class (SOC) and Preferred Term (PT). The number of subjects experiencing AEs, event counts, and incidence rates will be calculated. Between-group comparisons of AE incidence will be assessed using Fisher's exact test.
Study Duration	8 to 10 weeks