

BACKGROUND

- Gastroesophageal reflux disease (GERD) is a chronic digestive disorder with a rising prevalence across East Asia¹
- Vonoprazan, a novel potassium-competitive acid blocker, is approved in China as a first-line treatment for RE.^{2,3}
- Treatment duration is often determined by healing response, disease severity, and patient-specific factors including age, comorbidities, and baseline symptom profile. Understanding these determinants is important for optimizing patient management.⁴
- Concomitant medications may influence symptom burden or treatment response in GERD.⁵
- Despite growing use of vonoprazan in clinical practice, the impact of baseline demographics, clinical characteristics, and concomitant medication patterns on the choice of treatment duration in real-world patients with GERD has not been comprehensively studied.
- This post-hoc analysis of the VIEW (NCT04501627) study evaluates these factors within real-world clinical settings among Chinese patients with GERD.

OBJECTIVE

To assess the impact of baseline demographics, patient characteristics and concomitant medications on vonoprazan treatment duration in patients with GERD.

METHODS

Study design:

The VIEW (NCT04501627) study is a multicenter, single-arm, prospective, real-world study in China.

Patient Population:

This post-hoc analysis included the safety analysis population, comprising Chinese patients with GERD who received ≥ 1 dose of vonoprazan during routine care and provided safety information.

Treatment:

Patients received 20 mg vonoprazan orally once daily for 4 weeks (8 weeks for insufficient healing)

Outcomes

Impact of baseline demographics, patient characteristics and concomitant medications on vonoprazan treatment duration of-

- 4 weeks
- 8 weeks

Statistical analysis

Pearson's chi-square (categorical variables) and t-test (continuous variables) was used to compare differences between the 4- and 8-week treatment duration groups.

- Of the 3000 eligible patients, 2999 patients were enrolled in the study and 2307 patients with GERD were included in the safety analysis set.
- One patient who did not meet the inclusion criteria was excluded from the study.

Patient baseline characteristics

- The mean (SD) age and body mass index of the patients were 48.9 (13.6) years and 23.9 (3.5) kg/m², respectively.
- A majority of the patients (86.7%) were aged < 65 years,
- 60.8% were male, and majority (75.4%) had never smoked.
- Most (77.0%) were treated with vonoprazan for 4 weeks, whereas 23.0% were treated for 8 weeks (Table 1).

Table 1: Baseline summary of patients with GERD (Safety Analysis Set)

Characteristics	No. of patients, n/N	Overall (N=2307)
Age, years, mean (SD)	-	48.9 (13.6)
< 65 years	2000/2307	86.7%
≥ 65 years	307/2307	13.3%
BMI, kg/m², mean (SD)	-	23.9 (3.5)
Gender, (%)		
Male	1347/2214	60.8
Female	867/2214	39.2
Smoking History, (%)		
Never	1670/2214	75.4
Former	164/2214	7.4
Current	380 /2214	17.2
Alcohol, (%)		
Yes	534/2212	24.1
Never	1678/2212	75.9

n, subset of patients; N, Number of patients in safety analysis population for GERD; S.D., standard deviation

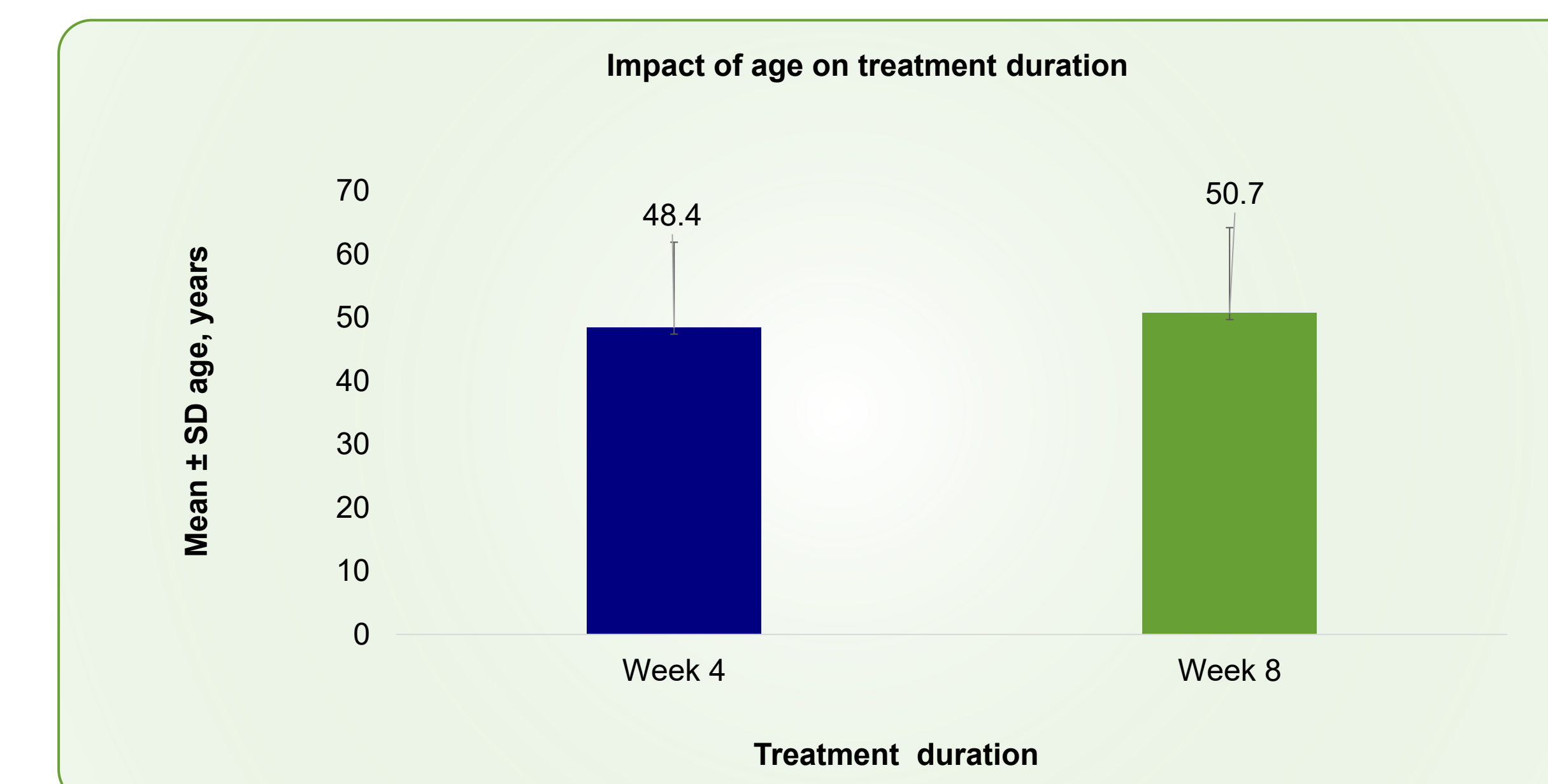
RESULTS

Impact of baseline demographics

The 8-week patients were significantly older (mean [SD]: 50.7 (13.81) years) than 4-week patients (48.4 [13.51] years)

(Figure 1).

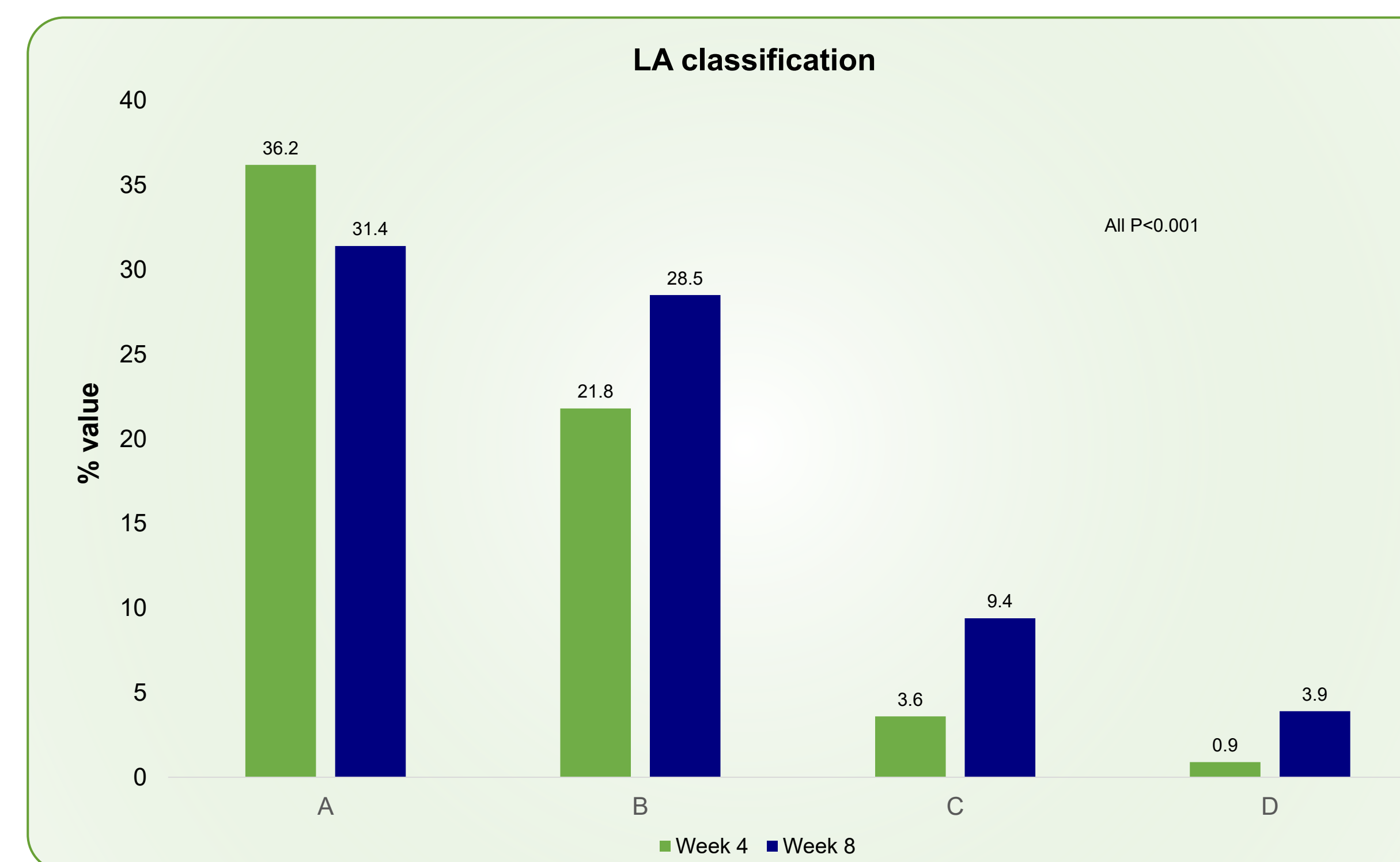
Figure 1: Impact of age on vonoprazan treatment duration



Impact of patient characteristics

- Baseline LA classification showed that, in the 4-week treatment group, 36.2% of patients were classified as grade A, 21.8% as grade B, 3.6% as grade C, and 0.9% as grade D. In the 8-week treatment group, 31.4% of patients were classified as grade A, 28.5% as grade B, 9.4% as grade C, and 3.9% as grade D.
- A significant difference in baseline LA classification was observed between groups ($P < 0.001$; Figure 2).

Figure 2: Impact of LA class A/B/C/D on vonoprazan treatment duration



- At enrolment, more 8-week patients had hypertension ($p < 0.001$), all-day heartburn or regurgitation and nighttime heartburn/regurgitation (all $p < 0.001$) symptoms, more severe symptoms ($p < 0.001$), greater heartburn ($p = 0.003$) and regurgitation ($p = 0.016$) frequency, and higher baseline GERDQ score ($p < 0.001$).

Impact of concomitant medications

Concomitant medication use for the cardiovascular ($p < 0.001$) and nervous ($p = 0.006$) systems was greater in the 8-week group, whereas use of anti-infectives for systemic use ($p = 0.016$), proton pump inhibitors ($p = 0.035$) and mucosal protective agents ($p = 0.008$) was greater in the 4-week group.

CONCLUSION

Patients requiring 8-week vonoprazan treatment for GERD had distinct baseline demographics, clinical characteristics, and concomitant medication profiles versus those with 4-week treatment. The 8-week group was significantly older and had a higher prevalence of LA class C/D esophagitis, and more commonly presented with hypertension, all-day and nighttime reflux symptoms, greater symptom severity, and higher GERDQ scores. Use of cardiovascular and nervous system medications was also more frequent in the 8-week group.

These findings highlight the importance of considering baseline patient characteristics and comorbidities when determining the optimal duration of vonoprazan therapy in real-world GERD management.

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Conflicts of interest

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Abbreviations

GERD, gastroesophageal reflux disease; GERDQ, Gastroesophageal Reflux Disease Questionnaire; LA, Los Angeles; SD, standard deviation