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Re: Canadian Association of Gastroenterology Feedback on the March 6th COMPUS
Summary of Findings on Proton Pump Inhibitors – Interim Report, PUD

Dear Mr. Bélanger,

I am pleased to provide comments (appended to this letter) from the Canadian Association of Gastroenterology (CAG) in regards to the COMPUS interim report on the *Summary of Findings on Proton Pump Inhibitors*, specifically regarding the PUD portion of your report.

Regards,

Paul Sinclair
Executive Director, CAG

First, we concur with the concerns previously raised by the reviewers of the dyspepsia and GERD sections I will not address them here again.

Major Issues:

1. Review of guideline recommendations:
 - a. It appears that all of the cited guidelines have been given equal weighting. There is no transparent approach to assessment of the quality of each guideline.
 - b. Even minor differences in guideline opinion appear to be sufficient to trigger the standard catchphrase “the evidence is not in agreement”. It would be less confusing to comment on minor differences without making it a major issue
 - c. When referring to published guidelines, the phrase “the evidence is not in agreement” is a misnomer. A better statement would be “expert opinion is not in agreement”.
 - d. It would be very helpful if the differences in the guidelines were briefly described in the text. Currently the reader has to laboriously scan through multiple columns of small print to determine the differing issues (examples: Pg. 151, 156, 167).
2. There is no analysis of the economic literature. This is particularly relevant when considering the choice of either long-term anti-secretory therapy or *Helicobacter pylori* eradication in the case of relapsing duodenal ulcer disease.
3. In the reviews of supporting evidence, some of the summaries are quite diligent in pointing out the specific differences between various studies but in other sections this fails to occur (examples Pg. 139, 144, 165, 166).
4. Some of the literature reviews appear to be out of date. For example, the section on NSAID prophylaxis in high-risk patient groups (section P4D) does not include the study by F.K. Chan (Gastroenterology 2004;127:1038-43). If this study was considered but rejected for analysis, the reasons should be given.
5. The section on NSAID prophylaxis in high-risk groups leaves the reader with the impression that it is clinically acceptable to use NSAIDs in all high-risk groups provided that some form of anti-secretory prophylaxis is given. While anti-secretory therapy may statistically reduce the occurrence of NSAID induced ulcer complications, in some risk groups (e.g. patients with previous peptic ulcer bleeding or those on anticoagulants), the chance of significant adverse events remains unacceptably high even with PPI prophylaxis (see study by Chan, F.K.).
6. The literature review does not address the issue of COX-2 inhibitors and the potential need for PPI prophylaxis in this patient group. If COX-2 inhibitors will not be included in the review, reasons should be given.

Minor Point

Page 153 – not certain why the studies by Laheij or Unge have been included in this analysis. They don't seem to apply to the situation of HP eradication for previous treatment failures.