PEARL HARMONY is having wide international impact and has received 3 awards in the last 2 months:

- BEST ORAL COMMUNICATION (EHMSG, 14-15 SEPTEMBER, KAUNAS, LITHUANIA);
- BEST PRESENTATION IN POSTERS IN THE SPOTLIGHT (UEGWeek, 21-24 OCTOBER, VIENNA, AUSTRIA);
- BEST ORAL PRESENTATION IN ABSTRACTS ON FIRE (UEGWeek, 21-24 OCTOBER, VIENNA, AUSTRIA)

- 8 awards since 2014.

**PARTICIPATION**

- In total 30,154 patients have been included up to November 2018

**WHAT’S NEW**

**DON’T FORGET**

- To contact your National Coordinator if you are experiencing problems regarding inclusion.
- To contact the Scientific director or National Coordinating Office for any other matter*.

**ACTIVE participation is key to keep track of variables influencing efficacy in trend time analysis.**

*From June 2018, 450 more patients have been recruited

*opnyssen@gmail.com and adrian.mcn@gmail.com (management and monitoring), javier.p.gisbert@gmail.com (clinical)
We want to THANK Croatia, Switzerland, Belgium, Romania and France for their RE-ACTIVATION efforts in the Registry

(participation by country will be updated in forthcoming Newsletter).

**CURRENT FOCUS OF THE REGISTRY AND MAIN RESULTS**

Advanced statistics with time trend analyses have been performed to analyze overall European and regional data following suggestions by reviewers that evaluated our previous version. New manuscript will be sent to the Steering Committee in 2 weeks.

Our results suggest:

- There is no common management strategy for Europe and the overall eradication rate seems suboptimal (due to the frequent use of triple therapies in regions where they are ineffective as they are greatly affected by resistance to their constituent antibiotics)
- Only quadruple therapies lasting at least ten days are able to systematically achieve the 90% eradication rates in Europe (although non-bismuth quadruple therapies appear to be unaffected by single resistance they may be affected by dual clarithromycin-metronidazole resistance)
- Over time, our clinical practice has adjusted to recommendations and overall efficacy in first-line has increased from 74% to a current 88%.

**MONITORING and data quality**

- A random 10% of patients and centers in all countries are monitored and audited; please ensure your patient data is correct and can be reviewed, analyzed and published.
- Emails will be sent in due course by country and centre to update investigators on data quality.
- Remember that you can follow and analyze your own real-time data using REDCap REPORT tool (for more information check the REDCap FAQs section)

Pay special attention to the queries and ensure that you go through all pages of the e-CRF for each patient included (Patient Data; Disease Data; Previous Eradications; Current Eradication Treatment; Adverse Events and Outcome). Only completed patients with at least 90% of questions responded will be included in the analyses and taken into consideration for authoring.

Please remember to fill in the OUTCOME page in all patients, even in those lost to follow up so that they can be taken into consideration in statistical analyses.

*opnyssen@gmail.com and adrian.mcn@gmail.com (management and monitoring), javier.p.gisbert@gmail.com (clinical)