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### **Optimal duration of vonoprazan based triple therapy for *Helicobacter pylori* eradication: A systematic review**

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**INTRODUCTION:** *Helicobacter pylori* infection is highly prevalent and associated with relevant outcomes such as peptic ulcer disease and gastric cancer. Vonoprazan-based triple therapy has shown high efficacy; however, the optimal treatment duration remains uncertain. Therefore, this study aimed to evaluate the efficacy and adverse event profile of different durations (7, 10, and 14 days) of vonoprazan-based triple therapy. **METHODS:** A systematic review was conducted according to PRISMA 2020 guidelines, with searches in PubMed/MEDLINE, LILACS, and SciELO (2020–2025). A total of 15 studies (n=5,091) were included, of which 13 were analyzed (n=4,467). Eradication rates (ITT and PP) and adverse events were calculated using weighted proportions. **RESULTS:** ITT eradication rates were 85.6%, 84.9%, and 85.9% for 7-, 10-, and 14-day regimens, respectively, and PP rates were 90%, 87.5%, and 90%. Comparable efficacy was observed between 7 and 14 days. The 10-day regimen showed similar performance, with limited evidence. Adverse events varied (17.4%, 44.1%, and 26.0%) and were predominantly mild, mainly dysgeusia, diarrhea and abdominal discomfort. **DISCUSSION:** The comparable efficacy between 7- and 14-day regimens may be related to the potent acid suppression provided by vonoprazan, enhancing antibiotic activity. The lower incidence of adverse events in shorter regimens suggests better tolerability and adherence. Study heterogeneity and limited data for the 10-day regimen should be considered. **CONCLUSION:** Vonoprazan-based triple therapy shows comparable efficacy between 7- and 14-day regimens. The 7-day regimen may be an effective alternative with fewer adverse events. Evidence for the 10-day regimen remains limited.

**KEYWORDS:** *Helicobacter pylori*; Vonoprazan; Triple therapy; Systematic review.