1. *Helicobacter pylori* (*H. pylori*) infection is a cause of peptic ulcer disease and gastric cancer.
2. *H. pylori* infection is a cause of gastro-oesophageal reflux disease.
3. A ‘test-and-treat’ strategy can be applied to all patients.
4. *H. pylori* serology is useful for diagnosis and post-treatment follow-up.
5. Stool antigen is useful to diagnose active *H. pylori* infection in children.
6. The carbon urea breath test may be falsely negative if the patient is taking proton pump inhibitors.
7. For confirmation of cure, the carbon urea breath test is repeated two weeks after the end of antibiotic treatment.
8. Potent acid suppression is important for successful *H. pylori* therapy.
9. A treatment compliance rate of less than 80% has been shown to decrease treatment efficacy.
10. There has been an increase in *H. pylori* antibiotic resistance rates and this may affect treatment efficacy.
11. Empiric first line *H. pylori* therapies should generally be for two weeks.
12. Clarithromycin-containing triple therapy is obsolete in Singapore and should never be prescribed.
13. For patients with an allergy to amoxicillin, substitution of amoxicillin with metronidazole in a triple therapy regimen will not reduce treatment efficacy.
14. The effect of metronidazole resistance can be overcome with a higher dose and longer treatment duration when used in context of bismuth-based quadruple therapy.
15. Local studies have shown that the efficacy of sequential therapy is superior to that of triple therapy.
16. In regions with a high clarithromycin resistance rate of 20%, suitable empiric first-line therapies include bismuth-based quadruple therapy and concomitant therapy.
17. The addition of bismuth to standard triple therapy may increase treatment efficacy, as it can help overcome the effect of clarithromycin resistance.
18. In the context of failed first-line therapy using triple therapy, empiric two-week bismuth-based quadruple therapy can be prescribed.
19. Antibiotic susceptibility testing can be considered after failure of empiric first-line therapy if gastroscopy is being planned.
20. Antibiotic susceptibility testing should be performed after failure of empiric second-line therapies.

**SUBMISSION INSTRUCTIONS:**
(1) Visit the SMJ website: http://www.smj.org.sg/current-issue and select the appropriate set of questions. (2) Provide your name, email address and MCR number. (3) Select your answers and click “Submit”.

**RESULTS:**
(1) Answers will be published online in the SMJ July 2017 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 30 June 2017. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates.

**Deadline for submission:** (May 2017 SMJ 3B CME programme): 12 noon, 23 June 2017.