Reviewer A:

Interesting critical review upon the existed guidelines concerning the first-line therapies for H.pylori eradication.

Comments on the review follows:

1) Abstract: The last sentence (page 2: lines 12-15) should be restated in order to be more understandable. For example: … one, it emerged that the use of some therapy regimens are recommended or discouraged avoiding to mention the strong necessity of National date use. (if this is what the authors want to state).

R. Done.

2) (Page 3:line 10). Ref [3] is referring to children. Please add (or change with) one which is referring to adults.

R. This study specifically assessed the eradication rates achieved in patient groups with different compliance levels following the same therapy regimen. Therefore, it would appear appropriate even if it is dealing with children.

3) (Page 3:line 18). number (until should be changed to up to 48.5% or even better only the %). After a thorough reading of Ref:10 that percentage could be easily found. These are some % mentioned in the paper: “Results: Of these 21 patients with clarithromycin-resistant H. pylori, 13 were treated with a clarithromycin-containing regimen, and 61.5 % (n=8) failed therapy, including 85.7 % (n=6) treated with the traditional CAP regimen” or “Discussion: As shown in our study, patients treated with clarithromycin-containing regimens, in particular CAP, were highly likely to fail antibiotic therapy when the 23S Rrna mutation was present (61.5 % failure)” which means 38.5% eradication achievement. Please delineate the 48.5%.

R. Done.

4) (Page 3:line 21). until should be deleted (19.6%).

R. Done.

5) (Page 3:line 22). Please give possible reasons of the last sentence “on the other hand,…. Are present) either with a new following sentence or in the discussion.

R. Done. We added a possible explanation.

6) (Page 4:line 5). ‘90ies

R. Done.

7) (Page 4:line 20). You omitted 3 more Consensuses and you should involve them in all the sections and the tables of your paper and state all the appropriate comments as in the others consensuses: “The Irish Consensus on diagnosis and Tx of H.pylori infection. Eur J Gastroenterol Hepatol. 2017 Jan 21. doi: 10.1097/MEG.0000000000000822. “ Moreover you should involve the Latin America consensus: “Rollan A, Arab JP, Camargo MC, Candia R, Harris P, Ferreccio C, et al. Management of Helicobacter pylori infection in Latin America: a Delphi technique-based consensus. World J Gastroenterol 2014; 20: 10969–10983” and the Thailand Consensus: “Mahachai V, Vilaichone RK, Pittayanon R, Rojborwonwitaya J, Leelakusolvong S, Kositchaiwat C, et al. Thailand Consensus on Helicobacter pylori treatment 2015. Asian Pac J Cancer Prev 2016; 17:2351–2360.”

R. Many thanks for the suggestion. However, it would appear unaffordable commenting all guidelines.

8) (Page 4:line 21) Reference 17 does not refer to Australian guidelines which follows: “Antibiotic Expert Group. Eradication of Helicobacter pylori and ulcer healing In: eTG Complete [Internet] Melbourne. Therapeutic Guidelines Ltd. 2013. Available at [www.tg.org.au](http://www.tg.org.au) [Accessed 15 March 2013]”. Please make all the necessary rearrangements in your paper with the appropriate comments on your Ref concerning Yaxley J.

R. Done.

9) (Page 5:line 12). .. in all Asian (should be changed with Eastern).

R. Done.

10) (Page 5:line 14). …Western countries (should be changed with guidelines), only the NICE guidelines (should be changed with one).

R. Done.

11) (Page 5:line 16). guidelines advise only (should be changed to recommends conditionally a 14-day), limiting their (better its or the latter use in ….)

R. Done.

12) (Page 5:line 22). Discordance concerning the publication year Ref 26 between the References and the Table 3 (2014 or 2016). Please clarify.

R. Done. The 2014 is correct.

13) (Page 6:lines 5 - 8). The whole sentence concerning Latin America (and not the Latina America) seems to be totally out of the Consensuses concept - it is an isolated article concerning a different not western continent - countries. It seems better to add a paragraph in the discussion section which will concern the Latin America consensus.

R. Many thanks for the suggestion. However, the sentence is pertinent. Indeed, the comparison between Spanish and Latin America data on 14-day triple therapy would indicate that the same therapy regimen may be more successful in a specific geographic area than in another, as we clearly stated in the successive sentence.

14) (Page 7:line 1). Omit the punctuation mark “comma”. Dot (.) seems preferable (long sentence). Continue with a new sentence.

R. Done. We changed the sentence.

15) (Page 7:lines 2 - 5). Concerning this sentence “Therefore,…. compliance [31]” Is that the only reason or there are others too? Delineate - make extra comment please according to the existing literature.

R. Done. See point 14.

16) (Page 8:line 17). Change the symbol between 90% - 92.6%

R. Done.

17) (Page 8:line 22). Change the such a with this therapy

R. Done.

18) (Page 9:line 12). Add in the end of the line … the use of a certain….

R. Done.

19) (Page 9:line 15). Change the number 1 with the word one.

R. Done.

20) (Page 10:line 5). The last sentence seems to be wrong. US: conditionally recommended. Additionally, Australian guidelines show suspended judgment. Modify please properly.

R. Done.

21) (Page 11:line 10). Change the IPP with PPI

R. Done.

22) (Page 11:line 14). Omit parenthesis

R. Done.

23) (Page 12:line 17). in the 80ies

R. Done.

24) (Page 15:line 2). Omit “Megraud F1”

R. Done.

25) (Page 15:lines 12-16). The whole reference should be changed to the following: “National Institute for Health and Care Excellence (NICE) guidelines: Gastro-Oesophageal Reflux Disease and dyspepsia: investigation and management (CG184). NICE 2014:1-41. ([www.nice.org.uk/guidance/cg184/resources/gastrooesophageal-reflux-disease-and-dyspepsiain-adults- investigation-and-management-pdf-35109812699845](http://www.nice.org.uk/guidance/cg184/resources/gastrooesophageal-reflux-disease-and-dyspepsiain-adults-%20investigation-and-management-pdf-35109812699845))”

R. Done.

26) (Page 22:line 1). … Goodman KJ, Change “comma” with “dot .”

R. Done.

27) (Page 22:line 15). Omit “Jan 26”

R. Done.

28) In Tables 1 & 2 you should add the Reference number (ideally in the first horizontal line) in each country guidelines

R. Done.

29) The authors should add a general comment concerning the wide range of Eastern guidelines publication years (2009 to 2014), considering the increased global H. pylori antibiotic resistance that the last 5 to 10 years occur.

R. Thanks for the suggestion. However, the most updated guidelines (2014) we considered are quite timely.

30) The authors in their conclusion should add two paragraphs: The first concerning the contribution of their critical reappraisal of the updated guidelines in order to “catch the eye” of the reader. The second one with what they suggest: eg. National guidelines apart from International (perhaps include their suggestions in the last paragraph).

R. Overall, many thanks for your constructive suggestions we really appreciated.

Reviewer B:

This is a very well written, invited, review concerning reappraisal of updated guidelines for first-line therapies for Helicobacter pylori eradication.

I have a few comments and minor corrections to make:

• In ABSTRACT in page 2, line 14, the word of should be added: …. It emerged that the use of some therapies….

• In page 8, line 17, probably a dash is needed between 90% and 92.6% (90% - 92.6%).

• In page 11, line 3, on 2017 in Italy should be written into parenthesis instead of dashes.

• Perhaps the authors would comment on the dose of esomeprazole used in Helicobacter pylori eradication regimens (20mg vs 40mg) since at the end of Table 4 only the dose of 20mg appears. Do the authors think that the double dose, (40mg X 2) is more efficacious?

R. Many thanks for your constrictive criticisms. We accordingly performed all the suggested changes.