

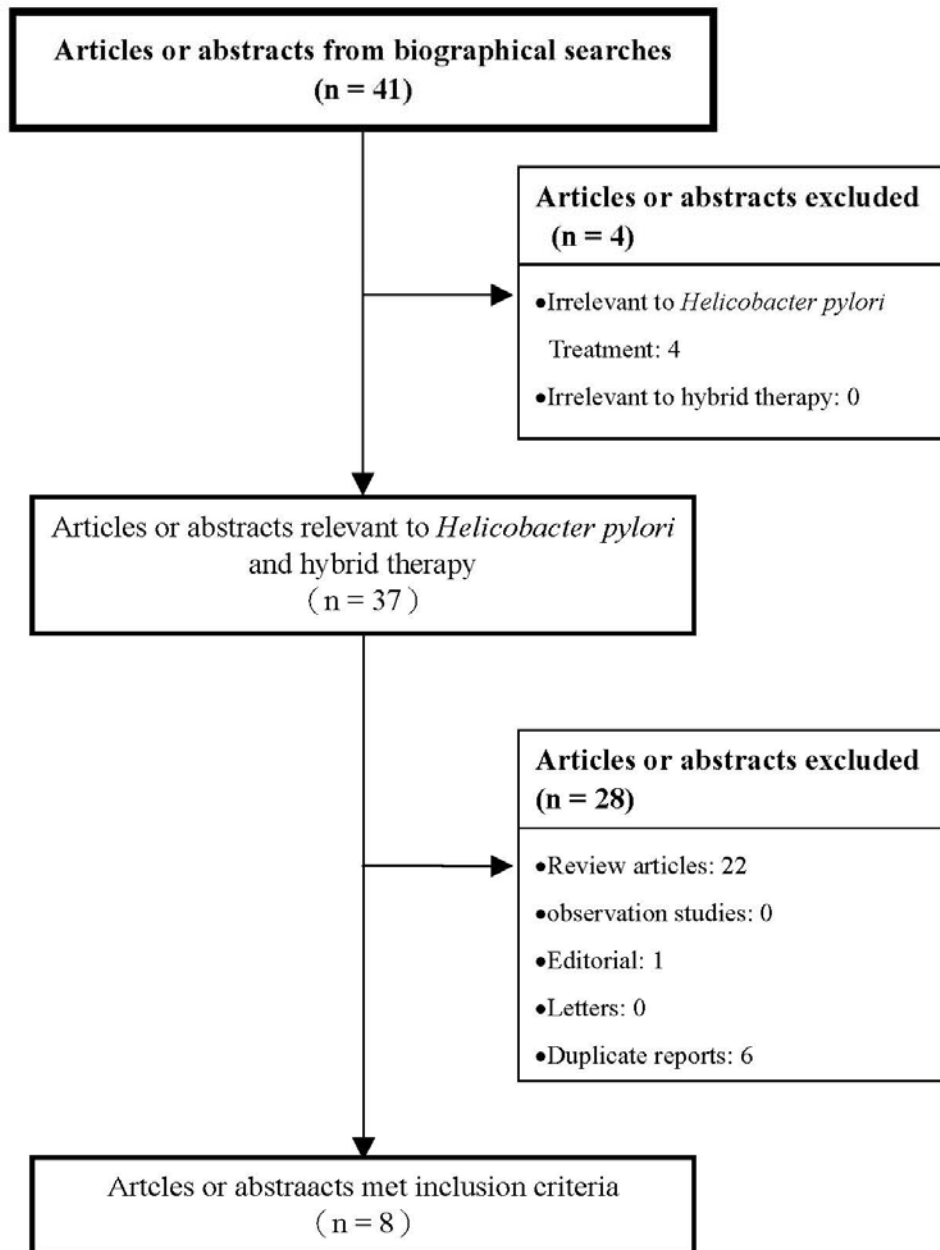
Supplementary Table 1 Clinical trials comparing the efficacies of hybrid therapy and standard triple therapy

Authors	Design	Disease type	Therapy regimens	Eradication rate		Adverse events	Compliance
				ITT	PP		
Hsu et al. ¹⁷	RCT	NUD, PU	12-d reverse H: Pan 40 mg + Amo 1 g bd + Cla 500 mg bd + Met 500 mg bd for 7 d followed by Pan 40 mg bd + Amo 1 g bd for 7 d	95.5%* (191/200)	95.9%* (186/194)	15.0% (30/200)	97.0% (194/200)
			12-d T: Pan 40 mg + Amo 1 g bd + Cla 500 mg bd + 500 mg bd for 12 d	88.6% (179/202)	88.5% (177/200)	8.9% (18/202)	99.0% (200/202)

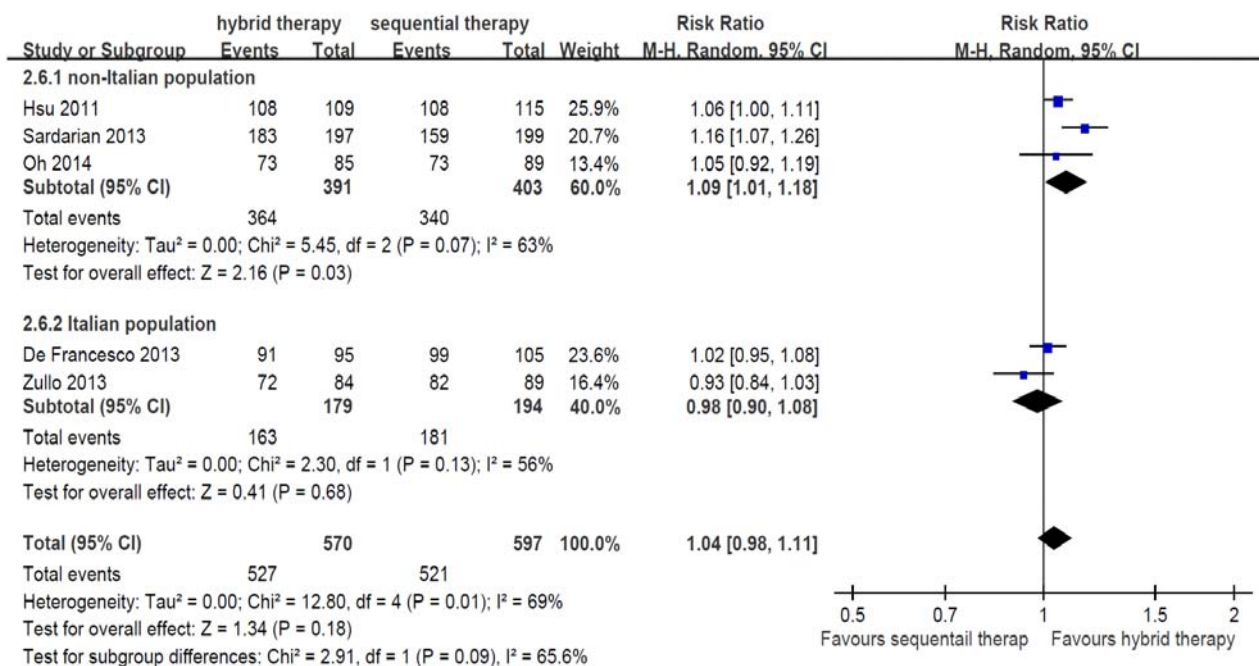
ITT, intention-to-treat; PP, per-protocol; RCT, randomized controlled trial; NUD, non-ulcer dyspepsia; PU, peptic ulcer; H: hybrid; T, triple; P, pantoprazole; C, clarithromycin; A, amoxicillin; M, metronidazole; d, days; *, significant difference.

Supplementary Table 2. List of adverse events reported in patients treated with the hybrid regimen

Adverse events	Frequency (%)
Abdominal pain	1.4-12.8%
Diarrhea	0.5-11.6%
Constipation	0-8.6%
Taste perversion	1.0-18.1%
Headache	0.5-12.9%
Dizziness	1.9-5.1%
Nausea	1.8-7.5%
Vomiting	0.5-7.1%
Skin rash	0-2.9%



Supplementary Figure 1 Identification of eligible articles or abstracts.



Supplementary Figure 2 Forest plot of hybrid therapy versus sequential therapy for *H pylori* eradication according to per-protocol analysis. The hybrid therapy is more effective than sequential therapy in the non-Italian population (relative risk = 1.09; 95% CI = 1.01 – 1.18). However, there is no significant difference in eradication rate between the two treatments in the Italian population (relative risk = 0.98; 95% CI = 0.90 – 1.08).