

Re: 8974 - "Management of Helicobacter pylori Infection in Latin America: A Delphi-based Consensus."

Dear Dr. Ma:

We greatly appreciate the consideration given to our manuscript and the valuable comments made by the reviewers. Here we present a point-by-point response to all comments. All changes have been highlighted with underlined font in the attached revised document.

Reviewer 1:

1. As suggested, we added a recent bibliographic reference (Sierra M. Gut Microbes 4:6, 549–567; November/December 2013; reference #12), a systematic review, to support our statement that the test-and-treat strategy has not been validated in children.

Reviewer 2:

1. The reviewer raises doubts about entitle the manuscript as Latin American guidelines, because a few Latin American countries are represented within the author list. In addition to the Chilean authors, there are representatives from Mexico, Colombia, Costa Rica and the United States. It should be noted that the scope of the review encompassed information relevant to all Latin American countries. Furthermore, the final stage of the Consensus development process involved formal presentation to, opportunity for amendment by, and group endorsement of the V International Symposium of Helicobacter pylori, a periodic assembly of leading H. pylori and gastric cancer experts from North, Central and South America. We therefore prefer to keep the original title.
2. As suggested, specific areas in which new information has been added since the last Latin American Consensus was delineated in the Introduction (page 5).
3. The statement 1a was graded as II-2 based on a meta-analysis by Gisbert JP et al (reference #10). According to this review, UBT performed better (pooled sensitivity 0.93; 95% CI: 0.90, 0.95) than rapid urease test (pooled sensitivity 0.67; 95% CI: 0.64, 0.70) or histology (pooled sensitivity 0.70; 95% CI: 0.66, 0.74) in peptic ulcer patients.
4. As suggested, a comment about usefulness of diagnostic test s in population with high pre-test probability was added (page 9), suggesting empirical eradication as a suitable alternative.
5. According to suggestion, the paragraph regarding the 14C-ubt was deleted.
6. Reference about usefulness of polyclonal stool test in patients with bleeding peptic ulcer was revised and corrected (ref #10)
7. As suggested, we reformulated the statement 4b, adding "annually for low-grade dysplasia" to the original statement. This modification was formally approved by all authors, and does not change the evidence level (III) or the agreement score (4.3±0.8)

We are grateful for the opportunity to submit a revised version of our manuscript. All co-authors have seen and agree with this document.

Best regards

Antonio Rollan

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