

RESPONSES TO REVIEWERS' COMMENT:

Helicobacter pylori treatment guideline: An Indian perspective

Raktim Swarnakar et al, H. pylori treatment in India

Raktim Swarnakar, SL Yadav

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REVIEWER 1:

It is a letter that includes the situation in India regarding Helicobacter pylori eradication. It states that you should avoid less than 14 days of dosing, but please make some rationale.

AUTHORS' RESPONSE: Not applicable, as no revision, commented.

REVIEWER 2:

It is a very short letter to the editor. I would suggest developing it a little more for instance by adding a little more information about the H. pylori prevalence and its antibiotic resistance, and then write about the Treatment regimens. In my opinion the authors can improve this letter very much including above mentioned suggestions. In addition I would like to suggest some small changes in the current manuscript: 2 wks -> 2 weeks 14 d. -> 14 days

AUTHORS' RESPONSE:

Prevalence added.

Resistance added.

Treatment regimens added.

Changes done "wks" and "d"

REVIEWER 3:

In general, the views and comments of the authors in their Letter to the Editor are helpful. However, given the region under discussion, I would recommend giving a short author's commentary on the so-called Indian enigma (Misra V. et al., 2014). For example, the Indian H.p. Consensus also discusses this issue, concluding that "due to low frequency of GC in Indian population ..., routine H. pylori eradication to prevent GC in Indian population cannot be recommended" (Singh S.P. et al., 2021). Authors' comments on possible population differences between East and South Asia countries (association between H.p. infection and malignancy risk) and the validity of an unconditional "test-and-treat" strategy in India are welcome. I also

recommend discussing in more detail the features of salvage therapy, as well as the feasibility of periodic H. pylori susceptibility testing in different regions of India. After a major revision, the article can be recommended for publication.

AUTHORS' RESPONSE:

Comment on Misra V et al 2014 reference and discussion, salvage therapy, susceptibility testing are added.