

Dear colleagues,

I am pleased to submit the revised version of the manuscript entitled "Effectiveness of *Helicobacter pylori* eradication in the treatment of Early-Stage Gastric Mucosa-Associated Lymphoid Tissue (MALT) lymphoma: An up-to-date meta-analysis" (Manuscript NO.: 81681, Systematic Reviews) for consideration for publication in the *World Journal of Gastroenterology*. Please allow me to express my sincere gratitude for your valuable and pertinent suggestions. We resolved all issues in the manuscript based on the peer review report and here we make a point-by-point response to each of the issues raised in the peer review report. The suggested changes are highlighted in **YELLOW** in the main text.

- 1. Reviewer #1 - Specific Comments to Authors:** Why have you excluded non english papers in the first phase of collecting the data? Have you gathered some non published works about the subject (proceedings of congresses, symposia, Expert contact, Pharmaceutical industry...). Because in the met-analysis we must do a wide sweep to obtain a non exhaustive search. Have the excluded articles been reviewed to extract any useful information?

Reply:

Dear reviewer #1,

Thank you for the great evaluation of our manuscript and your valuable and helpful comments. We recognise the importance of the language issue you raised in the peer-review report. Although limiting study inclusion based on the language of publication is a common practice in systematic reviews, it introduces the risk of ignoring key data (introducing language bias). However, due to the unavailability of language resources (e.g. professional translators), we could not include languages other than English. Thanks to your suggestions, we further discussed the potential consequences of language restriction in our discussion. Regarding the *Search strategy*, we sought to exhaust all available literature on the topic. The excluded articles were thoroughly screened for potentially relevant information. However, in their entirety, these did not meet the inclusion criteria.

- 2. Reviewer #2 - Specific Comments to Authors:** Well written study on an interesting subject. As a gastroenterologist I would only add a paragraph in the Discussion as to what should a gastroenterologist do in such a patient if the h. pylori is not eradicated after the first line therapy? Do we go ahead and administer second line therapy? Do we refer the patient to an haematologist? I think a comment as to how far should we go with these patients and when should we refer them to the haematologist is necessary in the Discussion.

Reply:

Dear reviewer #2,

Thank you for your pertinent suggestions. The comments you made on our manuscript were very important to the improvement of its quality and we are grateful for your crucial help. We hope that our work can contribute to your clinical practice as a gastroenterologist in the future. We recognise the importance of clarifying clinical management strategies for early-stage gastric MALT lymphoma in different settings. As suggested, we further discussed the clinical management of patients refractory to *H.*

pylori eradication from the perspective of the current international guidelines recommendations.

Sincerely,

Fabrcio Freire de Melo

Fabrcio Freire de Melo, PhD

Professor,

Federal University of Bahia, UFBA