

Supplementary material

Eradication regimens currently available in Greece

The eradication regimens for *Helicobacter pylori* (*H. pylori*) have continued to evolve over the past 20 years, with multiple regimens having been evaluated in randomized controlled trials. In addition, many national guidelines for *H. pylori* treatment have been published, highlighting the importance of differences in the effectiveness and availability among eradication regimens observed in different countries [1]. However, the optimal therapeutic regimen has not yet been defined. It has been suggested that the goal of *H. pylori* therapy should now be eradication in at least 90% of treated patients [2]. This arbitrary threshold is not easily achieved, especially in real-world settings [3]. However, the most efficacious therapies available should be used first, to avoid the cost, inconvenience, and risks associated with treatment failure.

The most common regimens for *H. pylori* eradication currently available in Greece are shown in Supplementary Table 1 and the suggested doses in Supplementary Table 2.

It should be noted that in Greece bismuth, tetracycline and furazolidone are not commercially available. Therefore, regimens containing these drugs are not so far applicable to Greek patients.

Supplementary Table 1 Regimens currently available in Greece

Recommendation	Regimen	Definition
First line		
Recommended option	Concomitant (non-bismuth) quadruple (PAMC)	PPI + amoxicillin + metronidazole + clarithromycin
Recommended option	Hybrid (non-bismuth) quadruple (PA followed by PAMC)	PPI + amoxicillin followed by PPI + amoxicillin + metronidazole + clarithromycin
Not recommended	Sequential (non-bismuth) quadruple (PA followed by PMC)	PPI + amoxicillin followed by PPI + metronidazole + clarithromycin
Not recommended	Triple (PAC, PMC or PAM)	PPI + amoxicillin + clarithromycin PPI + metronidazole + clarithromycin PPI + amoxicillin + metronidazole
Prior treatment failure		
Recommended option	Levofloxacin-containing therapy (usually PAL)	PPI + amoxicillin + levofloxacin
Recommended option	Moxifloxacin-containing therapy (usually PAM)	PPI + amoxicillin + moxifloxacin
Restricted option	Rifabutin-containing therapy (usually PAR)	PPI + amoxicillin + rifabutin

PPI, proton pump inhibitor

Supplementary Table 2 Recommendations for dose of agents available in Greece, used for *Helicobacter pylori* eradication therapy

Doses for agents in all regimens		
Amoxicillin	1000 mg	bid
Clarithromycin	500 mg	bid
Metronidazole	500 mg	bid
Levofloxacin	500 mg [†]	qd
	250 mg [†]	bid
Moxifloxacin	400 mg	qd
Rifabutin	150 mg	bid
PPI	standard dose *mg	bid

*The dose depends on the PPI used. Standard doses are omeprazole 20 mg, esomeprazole 20 mg, rabeprazole 20 mg, lansoprazole 30 mg, and pantoprazole 40 mg

[†]In clinical trials, eradication appears to be similar in studies that use levofloxacin 250 mg bid or 500 mg qd dosing [4]

References

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