Appendix G: Excluded studies

G.1 Question 1

Excluded studies	Reason for exclusion
Altman KW, Prufer N, Vaezi MF (2011) The challenge of protocols for reflux disease: a review and development of a critical pathway. [Review]. Otolaryngology - Head & Neck Surgery 145: 7-14.	Narrative review
Andrew PJ, Dixon RA, Iya D et al. (1995) Upper gastrointestinal endoscopy in an urban hospital in northern Nigeria: association of presenting features with endoscopic findings. Tropical Doctor 25: 9-11.	Patients already had 'alarm symptoms' before endoscopy (population covered by CG27 update)
Andriulli A, Grossi E, Buscema M et al. (2007) Artificial neural networks can classify uninvestigated patients with dyspepsia. [Review] [9 refs]. European Journal of Gastroenterology & Hepatology 19: 1055-8.	Not relevant – classifying functional or organic dyspepsia, not about who should have endoscopy.
Christie J, Shepherd NA, Codling BW et al. (1997) Gastric cancer below the age of 55: implications for screening patients with uncomplicated dyspepsia. Gut 41: 513-7.	Covered by CG27 update
Colin-Jones DG (1987) When should endoscopy (or radiology) be used in dyspepsia and peptic ulcer disease?. [Review] [17 refs]. Alimentary Pharmacology & Therapeutics 1: Suppl-555S.	Not a primary study
Cooper GS, Yuan Z, Chak A et al. (2002) Association of prediagnosis endoscopy with stage and survival in adenocarcinoma of the esophagus and gastric cardia. Cancer 95: 32-8.	Covered by CG27 update
Cooper GS, Kou TD, Chak A (2009) Receipt of previous diagnoses and endoscopy and outcome from esophageal adenocarcinoma: a population-based study with temporal trends. American Journal of Gastroenterology 104: 1356-62.	Covered by CG27 update
DeVault KR (2006) Can endoscopy tell us anything about GERD in the absence of esophagitis or Barrett's esophagus? Gastrointestinal Endoscopy 63: 32-4.	Not a primary study
Duggan AE (2007) The management of upper gastrointestinal symptoms: is endoscopy indicated? Medical Journal of Australia 186: 166-7.	Not a primary study
Edenholm M, Gustavsson R, Jansson O et al. (1985) Endoscopic findings in patients with ulcer-like dyspepsia. Scandinavian Journal of Gastroenterology - Supplement 109: 163-7.	Not relevant – about prevalence of different dyspepsia based on endoscoping findings
Fielding JWL (1984) Non-radiological screening in gastric cancer. Clinics in Oncology 3: 259-71.	Not a primary study
Ford AC, Moayyedi P (2008) Current guidelines for dyspepsia management. [Review] [48 refs]. Digestive Diseases 26: 225-30.	Not a primary study
Ford AC, Moayyedi P, Jarbol DE et al. (2008) Meta-analysis: Helicobacter pylori'test and treat' compared with empirical acid suppression for managing dyspepsia. Alimentary Pharmacology & Therapeutics 28: 534-44.	Not relevant – H.pylori test and treat not in the scope
Ford AC, Moayyedi P (2009) Should we step-up or step-down in the treatment of new-onset dyspepsia in primary care?. [Review] [41 refs].	Not a primary study

Excluded studies	Reason for exclusion
Polskie Archiwum Medycyny Wewnetrznej 119: 391-6.	
Ford AC, Moayyedi P (2009) Managing dyspepsia. [Review] [54 refs]. Current Gastroenterology Reports 11: 288-94.	Not a primary study
Fransen GA, Janssen MJ, Muris JW et al. (2004) Meta-analysis: the diagnostic value of alarm symptoms for upper gastrointestinal malignancy. Alimentary Pharmacology & Therapeutics 20: 1045-52.	Covered by CG27 update
Gerson LB, Triadafilopoulos G (2002) Screening for esophageal adenocarcinoma: an evidence-based approach. American Journal of Medicine 113: 499-505.	Not a primary study
Gillen D, McColl KE (1999) Does concern about missing malignancy justify endoscopy in uncomplicated dyspepsia in patients aged less than 55? American Journal of Gastroenterology 94: 2329-30.	Not a primary study
Ginzburg L, Greenwald D, Cohen J (2007) Complications of Endoscopy. Gastrointestinal Endoscopy Clinics of North America 17: 405-32.	Unavailable from NICE provider including British Library
Guirguis EM (1989) Gastric cancer in primary care: how hard should you look? Canadian Family Physician 35: 243-8.	Covered by CG27 update
Harrison JD, Steele RJC, Morris DL et al. (2001) Screening for gastric cancer: Endoscopic investigation of dyspeptic subjects identified by postal questionnaire. GI Cancer 3: 335-42.	Covered by CG27 update
Hsu PI, Lai KH, Hsu PN et al. (2007) Helicobacter pylori infection and the risk of gastric malignancy. American Journal of Gastroenterology 102: 725-30.	Not relevant – prevalence of cancer from H.pylori population
Hsu YC, Yang TH, Liou JM et al. (2012) Can clinical features stratify use of endoscopy for dyspeptic patients with high background prevalence of upper gastrointestinal cancer? Digestive & Liver Disease 44: 218-23.	Covered by CG27 update
Kapoor N, Bassi A, Sturgess R et al. (2005) Predictive value of alarm features in a rapid access upper gastrointestinal cancer service. Gut 54: 40-5.	Covered by CG27 update
Khademi H, Radmard AR, Malekzadeh F et al. (2012) Diagnostic accuracy of age and alarm symptoms for upper GI malignancy in patients with dyspepsia in a GI clinic: a 7-year cross-sectional study. PLoS ONE [Electronic Resource] 7: e39173.	Covered by CG27 update
Lagergren J, Ye W, Bergstrom R et al. (2000) Utility of endoscopic screening for upper gastrointestinal adenocarcinoma [6]. Journal of the American Medical Association 284: 961-2.	Covered by CG27 update
Lagergren J (2008) Any role for endoscopy screening or surveillance for esophageal adenocarcinoma among persons with GERD? Gastrointestinal Endoscopy 68: 856-8.	Not a primary study
Lenglinger J, Riegler M, Cosentini E et al. (2012) Review on the annual cancer risk of Barrett's esophagus in persons with symptoms of gastroesophageal reflux disease. Anticancer Research 32: 5465-74.	Not relevant – covered by question on Barrett's
Lichtenstein DR, Cash BD, Davila R et al. (2007) Role of endoscopy in the management of GERD. Gastrointestinal Endoscopy 66: 219-24.	Not a primary study
Lubbers H, Mahlke R, Lankisch PG et al. (2010) Follow-up endoscopy in gastroenterology: when is it helpful?. [Review] [30 refs]. Deutsches Arzteblatt International 107: 30-9.	Non-English
Mantynen T, Farkkila M, Kunnamo I et al. (2002) The impact of upper GI endoscopy referral volume on the diagnosis of gastroesophageal reflux disease and its complications: a 1-year cross-sectional study in a referral	Covered by CG27 update

Excluded studies	Reason for exclusion
area with 260,000 inhabitants. American Journal of Gastroenterology 97: 2524-9.	
Munk EM, Drewes AM, Gorst-Rasmussen A et al. (2007) Risk of gastrointestinal cancer in patients with unexplained chest/epigastric pain and normal upper endoscopy: a Danish 10-year follow-up study. Digestive Diseases & Sciences 52: 1730-7.	Covered by CG27 update
Munk EM, Drewes AM, Gorst-Rasmussen A et al. (2007) Risk of peptic ulcer, oesophagitis, pancreatitis or gallstone in patients with unexplained chest/epigastric pain and normal upper endoscopy: a 10-year Danish cohort study. Alimentary Pharmacology & Therapeutics 25: 1203-10.	Not relevant – patients with epigastric/chest pain with clear endoscopy, then followed up to see what would develop.
Murray IA, Palmer J, Waters C et al. (2012) Predictive value of symptoms and demographics in diagnosing malignancy or peptic stricture. World Journal of Gastroenterology 18: 4357-62.	Covered by CG27 update
Numans ME, van der Graaf Y, de Wit NJ et al. (2001) How useful is selection based on alarm symptoms in requesting gastroscopy? An evaluation of diagnostic determinants for gastro-oesophageal malignancy. Scandinavian Journal of Gastroenterology 36: 437-43.	Covered by CG27 update
Ofman JJ, Rabeneck L (1999) The effectiveness of endoscopy in the management of dyspepsia: A qualitative systematic review. American Journal of Medicine 106: 335-46.	Narrative review
Phull PS, Salmon CA, Park KG et al. (2006) Age threshold for endoscopy and risk of missing upper gastrointestinal malignancy--data from the Scottish audit of gastric and oesophageal cancer. Alimentary Pharmacology & Therapeutics 23: 229-33.	Covered by CG27 update
Qureshi NA, Hallissey MT, Fielding JW (2007) Outcome of index upper gastrointestinal endoscopy in patients presenting with dysphagia in a tertiary care hospital-A 10 years review. BMC Gastroenterology 7: 43.	Covered by CG27 update
Ruigomez A, Rodriguez LA, Wallander MA et al. (2007) Endoscopic findings in a cohort of newly diagnosed gastroesophageal reflux disease patients registered in a UK primary care database. Diseases of the Esophagus 20: 504-9.	Not relevant – endoscopy to confirm reflux disease, not about who should have endoscopy.
Ruigomez A, Rodriguez LA, Wallander MA et al. (2008) Endoscopic findings in a cohort of newly diagnosed gastroesophageal reflux disease patients registered in a UK primary care database. Diseases of the Esophagus 21: 251-6.	Duplication of Ruigomez (2007)
Ryan J, Murkies A (2006) Diagnosis of upper gastrointestinal malignancy. [Review] [3 refs]. Australian Family Physician 35: 200-1.	Not a primary study
Salo M, Collin P, Kyronpalo S et al. (2008) Age, symptoms and upper gastrointestinal malignancy in primary care endoscopy. Scandinavian Journal of Gastroenterology 43: 122-7.	Covered by CG27 update
Shaheen NJ, Provenzale D (2001) Screening strategies in gastroesophageal reflux disease: early identification of esophageal carcinoma. [Review] [64 refs]. Advances in Internal Medicine 47: 137-57.	Not a primary study
Shaheen NJ, Provenzale D, Sandler RS (2002) Upper endoscopy as a screening and surveillance tool in esophageal adenocarcinoma: A review of the evidence. American Journal of Gastroenterology 97: 1319-27.	Not a primary study
Spechler SJ (2006) Risk stratification for esophageal adenocarcinoma screening and surveillance. Gastroenterology and Hepatology 2: 798-9.	Unavailable from NICE provider including British Library
Stapley S, Peters TJ, Neal RD et al. (2013) The risk of oesophago-gastric	Covered by CG27 update

Excluded studies	Reason for exclusion
cancer in symptomatic patients in primary care: a large case-control study using electronic records. British Journal of Cancer 108: 25-31.	
Testino G, Valentini M, Cornaggia M (2000) Age, uncomplicated dyspepsia, endoscopy, and gastric cancer. American Journal of Gastroenterology 95: 834-5.	Not a primary study
Tiwari AK, Laird-Fick HS, Wali RK et al. (2012) Surveillance for gastrointestinal malignancies. World Journal of Gastroenterology 18: 4507-16.	Not a primary study
Vakil N (2006) Pretreatment endoscopy--pro & contra: is endoscopy needed before treatment in all patients with gastroesophageal reflux disease? Endoscopy 38: 276-8.	Not a primary study
Vakil N (2008) Endoscopy in GERD: Boondoggle, Diagnostic Test, or Risk Management Tool? American Journal of Gastroenterology 103: 276-8.	Not a primary study
Vakil N, Talley N, van Zanten SV et al. (2009) Cost of detecting malignant lesions by endoscopy in 2741 primary care dyspeptic patients without alarm symptoms. Clinical Gastroenterology & Hepatology 7: 756-61.	Not relevant – only prevalence data in percentages
Valle PC, Breckan RK, Amin A et al. (2006) "Test, score and scope": a selection strategy for safe reduction of upper gastrointestinal endoscopies in young dyspeptic patients referred from primary care. Scandinavian Journal of Gastroenterology 41: 161-9.	Not relevant – only prevalence data from endoscoping findings
Veldhuyzen van Zanten SJ, Thomson AB, Barkun AN et al. (2006) The prevalence of Barrett's oesophagus in a cohort of 1040 Canadian primary care patients with uninvestigated dyspepsia undergoing prompt endoscopy. Alimentary Pharmacology & Therapeutics 23: 595-9.	Not relevant – covered by question on Barrett's
Voutilainen M, Mantynen T, Mauranen K et al. (2005) Is it possible to reduce endoscopy workload using age, alarm symptoms and H. pylori as predictors of peptic ulcer and oesophagogastric cancers? Digestive & Liver Disease 37: 526-32.	Covered by CG27 update
Wallace MB, Durkalski VL, Vaughan J et al. (2001) Age and alarm symptoms do not predict endoscopic findings among patients with dyspepsia: a multicentre database study. Gut 49: 29-34.	Covered by CG27 update
Zubarik R, Eisen G, Mastropietro C et al. (1999) Prospective analysis of complications 30 days after outpatient upper endoscopy. American Journal of Gastroenterology 94: 1539-45.	Not relevant – about complication rates from endoscopy

G.2 Question 2

Excluded studies	Reason for exclusion
Akiyama,T., Inamori,M., Akimoto,K., Iida,H., Mawatari,H., Endo,H., et al. Risk factors for the progression of endoscopic Barrett's epithelium in Japan: a multivariate analysis based on the Prague C & M Criteria.Digestive Diseases & Sciences 2009;54(8):1702-07.	Not relevant population, not comparing Barrett's oesophagus to no Barrett's oesophagus
Akiyama,T., Yoneda,M., Inamori,M., Iida,H., Endo,H., Hosono,K., et al. Visceral obesity and the risk of Barrett's esophagus in Japanese patients with non-alcoholic fatty liver disease. BMC Gastroenterol. 2009;9:56.	Not relevant population, not comparing Barrett's oesophagus to no Barrett's oesophagus
Alonso,O., Hernandez,D., Moreno,E., Manrique,A., Moreno,A., Garcia-Sesma,A., Calvo,J.. The real value of lower esophageal sphincter measurement for predicting acid gastroesophageal reflux or Barrett's esophagus. Journal of Gastrointestinal Surgery. 2005;9(7):973-79.	Not relevant risk factors Biochemical marker / other risk factor not included in protocol

Excluded studies	Reason for exclusion
Al-Tashi,M., Rejchrt,S., Kopacova,M., Tycova,V., Siroky,M., Repak,R., et al. Hiatal hernia and Barrett's oesophagus impact on symptoms occurrence and complications. Casopis Lekaru Ceskych 2008;147(11):564-68..	Not multivariate analysis
Anandasabapathy,S., Jhamb,J., Davila,M., Wei,C., Morris,J., Bresalier,R.. Clinical and endoscopic factors predict higher pathologic grades of Barrett dysplasia. Cancer 2007;109(4):668-74.	Not relevant population, surveillance for the development of cancer
Ash,S., Vaccaro,B.J., Dabney,M.K., Chung,W.K., Lightdale,C.J., Abrams,J.A.. Comparison of endoscopic and clinical characteristics of patients with familial and sporadic Barrett's esophagus. Digestive Diseases & Sciences 2011;56(6):1702-06.	Not relevant population, surveillance for the development of cancer
Avidan, B., Sonnenberg, A., Schnell, T.G., & Sontag, S.J. 2002. Hiatal hernia and acid reflux frequency predict presence and length of Barrett's esophagus. Digestive Diseases & Sciences, 47, (2) 256-264.	The analysis only reported p-values with no adjusted OR or 95%CI.
Banki,F., DeMeester,S.R., Mason,R.J., Campos,G., Hagen,J.A., Peters,J.H., et al. Barrett's esophagus in females: a comparative analysis of risk factors in females and males. Am.J.Gastroenterol. 2005;100(3):560-67.	Not relevant risk factors - Biochemical marker / other risk factor not included in protocol
Bersentes,K., Fass,R., Padda,S., Johnson,C., Sampliner,R.E.. Prevalence of Barrett's esophagus in Hispanics is similar to Caucasians. Digestive Diseases & Sciences 1998;43(5):1038-41.	Not multivariate analysis
Burgess,J.N., Payne,W.S., Andersen,H.A., Weiland,L.H., Carlson,H.C.. Barrett esophagus: the columnar-epithelial-lined lower esophagus. Mayo Clin.Proc. 1971;46(11):728-34.	Not multivariate analysis
Cameron,A.J.. Barrett's esophagus: prevalence and size of hiatal hernia. Am.J.Gastroenterol. 1999;94(8):2054-59.	Not multivariate analysis
Carton,E., Caldwell,M.T., McDonald,G., Rama,D., Tanner,W.A., Reynolds,J.V.. Specialized intestinal metaplasia in patients with gastro-oesophageal reflux disease. BR.J.SURG. 2000;87(1):116-21.	Not multivariate analysis
Chak,A., Lee,T., Kinnard,M.F., Brock,W., Faulx,A., Willis,J., et al. Familial aggregation of Barrett's oesophagus, oesophageal adenocarcinoma, and oesophagogastric junctional adenocarcinoma in Caucasian adults. Gut 2002;51(3):323-28.	Not relevant population, not comparing Barrett's oesophagus to no Barrett's oesophagus
Chatzopoulos,D., Kyrgidis,A., Kountouras,J., Zavos,C., Molyvas,E., Venizelos,I.. Bax upregulation may provide a rationale for the low incidence of esophageal adenocarcinoma in a Greek cohort of patients with Barrett's esophagus. Hepato-Gastroenterology 2007;54(75):705-09	Not relevant population, surveillance for the development of cancer
Chaves,P., Cardoso,P., de Almeida,J.C., Pereira,A.D., Leitao,C.N., Soares,J.. Non-goblet cell population of Barrett's esophagus: an immunohistochemical demonstration of intestinal differentiation. Hum.Pathol. 1999;30(11):1291-95.	Not relevant risk factors Biochemical marker / other risk factor not included in protocol
Chen,Y.R., Wu,M.M., Nan,Q., Duan,L.P., Miao,Y.L., Li,X.Y.. Heterotopic gastric mucosa in the upper and middle esophagus: 126 Cases of gastroscope and clinical characteristics. Hepato-Gastroenterology 2012;59(116):1123-25.	Not multivariate analysis
Conio,M., Munizzi,F., Barone,D., Aste,H., Bonelli,L., Bruzzi,P., et al. Barrett's esophagus: Epidemiological and clinical results of a multicentric survey. INT.J.CANCER 1991;48(3):364-68.	Not multivariate analysis
Cooper,G.S., Kou,T.D., Chak,A.. Receipt of previous diagnoses and endoscopy and outcome from esophageal adenocarcinoma: a population-based study with temporal trends. Am.J.Gastroenterol. 2009;104(6):1356-	Not relevant population, surveillance for the development of cancer

Excluded studies	Reason for exclusion
62.	
Corley,D.A., Kubo,A., Levin,T.R., Block,G., Habel,L., Rumore,G., et al. Race, ethnicity, sex and temporal differences in Barrett's oesophagus diagnosis: a large community-based study, 1994-2006. Gut 2009;58(2):182-88.	Not multivariate analysis
Corley,D.A., Kubo,A., Levin,T.R., Habel,L., Zhao,W., Leighton,P., et al. Iron intake and body iron stores as risk factors for Barrett's esophagus: a community-based study. Am.J.Gastroenterol. 2008;103(12):2997-3004.	Secondary publication of included study
Derakhshan,M.H. & McColl,K.E.. Gender, hiatus hernia and Barrett's oesophagus. Gut 2009;58(7):1025-26.	Not relevant study design: editorial / case report / review / letter / survey
Dhawan,P.S., Alvares,J.F., Vora,I.M., Joseph,T.K., Bhatia,S.J., Amarapurkar,A.D., et al. Prevalence of short segments of specialized columnar epithelium in distal esophagus: association with gastroesophageal reflux. Indian J.Gastroenterol. 2001;20(4):144-47.	Not multivariate analysis
Dickman,R., Kim,J.L., Camargo,L., Green,S.B., Sampliner,R.E., Garewal,H.S., Fass,R.. Correlation of gastroesophageal reflux disease symptoms characteristics with long-segment Barrett's esophagus. Dis.Esophagus 2006;19(5):360-65.	Not relevant population, not comparing Barrett's oesophagus to no Barrett's oesophagus
Eisen,G.M., Sandler,R.S., Murray,S., Gottfried,M.. The relationship between gastroesophageal reflux disease and its complications with Barrett's esophagus. Am.J.Gastroenterol. 1997;92(1):27-31.	Not multivariate analysis
Eloubeidi,M.A. & Provenzale,D.. Does this patient have Barrett's esophagus? The utility of predicting Barrett's esophagus at the index endoscopy. Am.J.Gastroenterol. 1999;94(4):937-43.	Secondary publication of included study
El-Serag,H.B., Sonnenberg,A., Jamal,M.M., Kunkel,D., Crooks,L., Feddersen,R.M.. Characteristics of intestinal metaplasia in the gastric cardia. Am.J.Gastroenterol. 1999;94(3):622-27.	Not multivariate analysis
El-Serag, H.B., Kvapil, P., Hacken-Bitar, J., & Kramer, J.R. 2005. Abdominal obesity and the risk of Barrett's esophagus. American Journal of Gastroenterology, 100, (10) 2151-2156.	Selected population who had undergone CT scan only which is not routine practice.
Falk,G.W., Thota,P.N., Richter,J.E., Connor,J.T., Wachsberger,D.M.. Barrett's esophagus in women: demographic features and progression to high-grade dysplasia and cancer. Clinical Gastroenterology & Hepatology 2005;3(11):1089-94.	Not multivariate analysis
Felley,C., Bouzourene,H., VanMelle,M.B.G., Hadengue,A., Michetti,P., Dorta,G., et al. Age, smoking and overweight contribute to the development of intestinal metaplasia of the cardia. World J.Gastroenterol. 2012;18(17):2076-83.	Not relevant population, surveillance for the development of cancer
Fischbach,L.A., Nordenstedt,H., Kramer,J.R., Gandhi,S., Dick-Onuoha,S., Lewis,A., El-Serag,H.B.. The association between Barrett's esophagus and Helicobacter pylori infection: A meta-analysis. Helicobacter 2012;17(3):163-75.	Not multivariate analysis
Fouad,Y.M., Makhlouf,M.M., Tawfik,H.M., el-Amin,H., Ghany,W.A., el-Khayat,H.R.. Barrett's esophagus: prevalence and risk factors in patients with chronic GERD in Upper Egypt. World J.Gastroenterol. 2009;15(28):3511-15.	Not multivariate analysis
Freitas,M.C., Moretzsohn,L.D., Coelho,L.G.. Prevalence of Barrett's esophagus in individuals without typical symptoms of gastroesophageal reflux disease. Arq.Gastroenterol. 2008;45(1):46-49.	Not multivariate analysis

Excluded studies	Reason for exclusion
Fujiwara,Y., Higuchi,K., Shiba,M., Watanabe,T., Tominaga,K., Oshitani,N., et al. Association between gastroesophageal flap valve, reflux esophagitis, Barrett's epithelium, and atrophic gastritis assessed by endoscopy in Japanese patients. J.Gastroenterol. 2003;38(6):533-39.	Not relevant population, not comparing Barrett's oesophagus to no Barrett's oesophagus
GadEl-Hak,N.A., El-Hemaly,M., Hamdy,E., AbdEl-Raouf,A., Mostafa,M., Haleem,M.. Bile reflux measurement and its contribution to the severity of reflux esophagitis. Saudi Journal of Gastroenterology 2007;13(4):180-86.	Not multivariate analysis
Gatenby,P.A., Caygill,C.P., Ramus,J.R., Charlett,A., Watson,A.. Barrett's columnar-lined oesophagus: demographic and lifestyle associations and adenocarcinoma risk. Digestive Diseases & Sciences 2008;53(5):1175-85.	Not relevant population, surveillance for the development of cancer
Gerson,L.B.. Is there an association between obesity and Barrett's esophagus? Evid.-Based Gastroenterol. 2006;7(2):34-36.	Not relevant study design: editorial / case report / review / letter / survey
Gopal,D.V., Lieberman,D.A., Magaret,N., Fennerty,M.B., Sampliner,R.E., Garewal,H.S., et al. Risk factors for dysplasia in patients with Barrett's esophagus (BE): results from a multicenter consortium. Digestive Diseases & Sciences 2003;48(8):1537-4.	Not relevant population, surveillance for the development of cancer
Guardino,J.M., Khandwala,F., Lopez,R., Wachsberger,D.M., Richter,J.E., Falk,G.W.. Barrett's esophagus at a tertiary care center: association of age on incidence and prevalence of dysplasia and adenocarcinoma. Am.J.Gastroenterol. 2006;101(10):2187-9.	Not relevant population, surveillance for the development of cancer
Gudlaugsdottir,S., Verschuren,W.M.M., Dees,J., Stijnen,T., Wilson,J.H.P.. Hypertension is frequently present in patients with reflux esophagitis or Barrett's esophagus but not in those with non-ulcer dyspepsia. Eur.J.Intern.Med. 2002;13(6):369-75.	Not relevant population, not comparing Barrett's oesophagus to no Barrett's oesophagus
Heresbach,D.. Endoscopic diagnosis of early neoplasm in oesophagus. Acta Endosc. 2008;38(2):135-47.	Not relevant study design: editorial / case report / review / letter / survey
Hermansson,M. & DeMeester,S.R.. Management of Stage 1 Esophageal Cancer. Surg.Clin.North Am. 2012;92(5):1155-67.	Not relevant study design: editorial / case report / review / letter / survey
Hershcovici,T., Jha,L.K., Cui,H., Powers,J., Fass,R.. Night-time intra-oesophageal bile and acid: A comparison between gastro-oesophageal reflux disease patients who failed and those who were treated successfully with a proton pump inhibitor. Aliment.Pharmacol.Ther. 2011;33(7):837-44.	Not relevant population, treatment of existing Barrett's Oesophagus or GORD
Hirota,W.K., Loughney,T.M., Lazas,D.J., Maydonovitch,C.L., Rholl,V., Wong,R.K.. Specialized intestinal metaplasia, dysplasia, and cancer of the esophagus and esophagogastric junction: prevalence and clinical data. Gastroenterology 1999;116(2):277-8.	Not multivariate analysis
Jacobson,B.C., Chan,A.T., Giovannucci,E.L., Fuchs,C.S.. Body mass index and Barrett's oesophagus in women. Gut 2009;58(11):1460-66.	Secondary publication of included study
Johansson,J., Hakansson,H.O., Mellblom,L., Kempas,A., Johansson,K.E., Granath,F., Nyren,O.. Prevalence of precancerous and other metaplasia in the distal oesophagus and gastro-oesophageal junction. Scand.J.Gastroenterol. 2005;40(8):893-902.	Secondary publication of included study
Juhasz,A., Mittal,S.K., Lee,T.H., Deng,C., Chak,A., Lynch,H.T.. Prevalence of Barrett esophagus in first-degree relatives of patients with esophageal adenocarcinoma. J.CLIN.GASTROENTEROL.	Not multivariate analysis

Excluded studies	Reason for exclusion
2011;45(10):867-71.	
Jung,K.W., Talley,N.J., Romero,Y., Katzka,D.A., Schleck,C.D., Zinsmeister,A.R., et al. Epidemiology and natural history of intestinal metaplasia of the gastroesophageal junction and barrett's esophagus: A population-based study. Am.J.Gastroenterol. 2011;106(8):1447-55.	Not relevant population, surveillance for the development of cancer
Kerkhof,M., Steyerberg,E.W., Kusters,J.G., Kuipers,E.J., Siersema,P.D.. Predicting presence of intestinal metaplasia and dysplasia in columnar-lined esophagus: a multivariate analysis. Endoscopy 2007;39(9):772-78.	Not relevant population, surveillance for the development of cancer
Khoury,G.A. & Bolton,J.. Age: An important factor in Barrett's oesophagus. Ann.R.Coll.Surg.Engl. 1989;71(1):50-53.	Not relevant study design: editorial / case report / review / letter / survey
Kim,J.H., Rhee,P.L., Lee,J.H., Lee,H., Choi,Y.S., Son,H.J., et al. Prevalence and risk factors of Barrett's esophagus in Korea. Journal of Gastroenterology & Hepatology 2007;22(6):908-12.	Not multivariate analysis
Kim,J.Y., Kim,Y.S., Jung,M.K., Park,J.J., Kang,D.H., Kim,J.S., et al. Prevalence of Barrett's esophagus in Korea. Journal of Gastroenterology & Hepatology 2005;20(4):633-36..	Not multivariate analysis
Kula,Z. & Welshof,A.. The prevalence of Barrett's oesophagus in own material of 6326 endoscopies. Gastroenterol.Pol. 2007;14(2):85-89.	Not multivariate analysis
Kuo, C.J., Lin, C.H., Liu, N.J., Wu, R.C., Tang, J.H., & Cheng, C.L. 2010. Frequency and risk factors for Barrett's esophagus in Taiwanese patients: a prospective study in a tertiary referral center. Digestive Diseases & Sciences, 55, (5) 1337-1343.	Only Chinese population in Taiwan, out of the context of the review question due to very different baseline characteristics.
Lee,J.H., Kim,N., Chung,I.K., Jo,Y.J., Seo,G.S., Kim,S.W., et al. Clinical significance of minimal change lesions of the esophagus in a healthy Korean population: a nationwide multi-center prospective study. Journal of Gastroenterology & Hepatology. 2008;23(7:Pt 1):t-7.	Not relevant population, not comparing Barrett's oesophagus to no Barrett's oesophagus
Lenglinger,J., Ringhofer,C., Eisler,M., Sedivy,R., Wrba,F., Zacherl,J., et al. Histopathology of columnar-lined esophagus in patients with gastroesophageal reflux disease. Wien.Klin.Wochenschr. 2007;119(13-14):405-11.	Not multivariate analysis
Lieberman,D., Fennerty,M.B., Morris,C.D., Holub,J., Eisen,G., Sonnenberg,A.. Endoscopic evaluation of patients with dyspepsia: results from the national endoscopic data repository. Gastroenterology 2004;127(4):1067-75.	Not relevant population, not comparing Barrett's oesophagus to no Barrett's oesophagus
Locke,G.R., Zinsmeister,A.R., Talley,N.J.. Can symptoms predict endoscopic findings in GERD? Gastrointest.Endosc. 2003;58(5):661-70.	Not relevant population, not comparing Barrett's oesophagus to no Barrett's oesophagus
Loffeld,R.J. & van der Putten,A.B.. Rising incidence of reflux oesophagitis in patients undergoing upper gastrointestinal endoscopy. Digestion 2003;68(2-3):141-44.	Not multivariate analysis
Louis,H.. Reflux disease and Barrett's esophagus. Endoscopy 2007;39(11):969-73.	Not relevant study design: editorial / case report / review / letter / survey
Mahue-Giangreco,M. & Bernstein,L.. Epidemiology of Barrett's esophagus. Probl.Gen.Surg. 2001;18(2):4-11.	Not relevant study design: editorial / case report / review / letter / survey

Excluded studies	Reason for exclusion
Matsuzaki,J., Suzuki,H., Asakura,K., Saito,Y., Hirata,K., Takebayashi,T., Hibi,T.. Gallstones increase the prevalence of Barrett's esophagus. J.Gastroenterol. 2010;45(2):171-78.	Not relevant population, not comparing Barrett's oesophagus to no Barrett's oesophagus
Mathew, P., Joshi, A.S., Shukla, A., & Bhatia, S.J. 2011. Risk factors for Barrett's esophagus in Indian patients with gastroesophageal reflux disease. Journal of Gastroenterology & Hepatology, 26, (7) 1151-1156.	Only Indian population in Mumbai, out of context of the review question.
Modiano,N. & Gerson,L.B.. Risk factors for the detection of Barrett's esophagus in patients with erosive esophagitis. Gastrointest.Endosc. 2009;69(6):1014-20.	Not multivariate analysis
Musana,A.K., Resnick,J.M., Torbey,C.F., Mukesh,B.N., Greenlee,R.T.. Barrett's esophagus: incidence and prevalence estimates in a rural Mid-Western population. Am.J.Gastroenterol. 2008;103(3):516-24.	Not multivariate analysis
Nandurkar,S., Locke,G.R.,III, Murray,J.A., Melton,L.J.,III, Zinsmeister,A.R., Dierkhising,R., Talley,N.J.. Rates of endoscopy and endoscopic findings among people with frequent symptoms of gastroesophageal reflux in the community. Am.J.Gastroenterol. 2005;100(7):1459-65.	Not relevant population, not comparing Barrett's oesophagus to no Barrett's oesophagus
Nason,K.S., Wichienkuer,P.P., Awais,O., Schuchert,M.J., Luketich,J.D., O'Rourke,R.W., et al. Gastroesophageal reflux disease symptom severity, proton pump inhibitor use, and esophageal carcinogenesis. ARCH.SURG. 2011;146(7):851-58.	Not relevant population, not comparing Barrett's oesophagus to no Barrett's oesophagus
Oberg,S., Wenner,J., Johansson,J., Walther,B., Willen,R.. Barrett esophagus: risk factors for progression to dysplasia and adenocarcinoma. Ann.Surg. 2005;242(1):49-54.	Not relevant population, surveillance for the development of cancer
Okita,K., Amano,Y., Takahashi,Y., Mishima,Y., Moriyama,N., Ishimura,N., et al. Barrett's esophagus in Japanese patients: its prevalence, form, and elongation. J.Gastroenterol. 2008;43(12):928-34.	Not relevant population, not comparing Barrett's oesophagus to no Barrett's oesophagus
O'Riordan,J.M., Tucker,O.N., Byrne,P.J., McDonald,G.S., Ravi,N., Keeling,P.W., Reynolds,J.V.. Factors influencing the development of Barrett's epithelium in the esophageal remnant postesophagectomy. Am.J.Gastroenterol. 2004;99(2):205-11	Not multivariate analysis
Park,J.J., Kim,J.W., Kim,H.J., Chung,M.G., Park,S.M., Baik,G.H., et al. The prevalence of and risk factors for Barrett's esophagus in a Korean population: A nationwide multicenter prospective study. J.CLIN.GASTROENTEROL. 2009;43(10):907-14.	Not relevant population, not comparing Barrett's oesophagus to no Barrett's oesophagus
Parrilla,P., Liron,R., Martinez de Haro,L.F., Ortiz,A., Molina,J., De,Andres B.. Gastric surgery does not increase the risk of developing Barrett's esophagus. Am.J.Gastroenterol. 1997;92(6):960-63.	Not multivariate analysis
Pedersen,S.A., Hage,E., Nielsen,P.A., Sorensen,H.R.. Barrett's syndrome. Morphological and physiological characteristics. Scandinavian Journal of Thoracic & Cardiovascular Surgery 1972;6(2):191-205.	Not relevant study design: editorial / case report / review / letter / survey
Peng, S., Cui, Y., Xiao, Y.L., Xiong, L.S., Hu, P.J., Li, C.J., & Chen, M.H. 2009. Prevalence of erosive esophagitis and Barrett's esophagus in the adult Chinese population. Endoscopy, 41, (12) 1011-1017.	Only Chinese population in China, out of context of the review question.
Punia,R.S., Arya,S., Mohan,H., Duseja,A., Bal,A.. Spectrum of clinico-pathological changes in Barrett oesophagus. Journal of the Association of Physicians of India 2006;54:187-89.	Not multivariate analysis
Qureshi,N.A., Hallissey,M.T., Fielding,J.W.. Outcome of index upper gastrointestinal endoscopy in patients presenting with dysphagia in a	Not multivariate analysis

Excluded studies	Reason for exclusion
tertiary care hospital-A 10 years review. BMC Gastroenterol. 2007;7:43.	
Rajendra,S., Kutty,K., Karim,N.. Ethnic differences in the prevalence of endoscopic esophagitis and Barrett's esophagus: the long and short of it all. Digestive Diseases & Sciences 2004;49(2):237-42.	Not multivariate analysis
Rex, D.K., Cummings, O.W., Shaw, M., Cumings, M.D., Wong, R.K., Vasudeva, R.S., Dunne, D., Rahmani, E.Y., & Helper, D.J. 2003. Screening for Barrett's esophagus in colonoscopy patients with and without heartburn. Gastroenterology, 125, (6) 1670-1677.	Biased towards patients who had colonoscopy (not endoscopy which is what the question aimed to investigate).
Rodriguez,S., Mattek,N., Lieberman,D., Fennerty,B., Eisen,G.. Barrett's esophagus on repeat endoscopy: should we look more than once? Am.J.Gastroenterol. 2008;103(8):1892-97..	Not relevant population, surveillance for the development of cancer
Ronkainen,J., Aro,P., Storskrubb,T., Johansson,S.E., Lind,T., Bolling-Sternevald,E., et al. Prevalence of Barrett's esophagus in the general population: an endoscopic study. Gastroenterology 2005;129(6):1825-31.	Not multivariate analysis
Rubenstein,J.H., Dahlkemper,A., Kao,J.Y., Zhang,M., Morgenstern,H., McMahon,L., Inadomi,J.M.. A pilot study of the association of low plasma adiponectin and Barrett's esophagus. Am.J.Gastroenterol. 2008;103(6):1358-64.	Not relevant risk factors Biochemical marker / other risk factor not included in protocol
Salem,S.B., Kushner,Y., Marcus,V., Mayrand,S., Fallone,C.A., Barkun,A.N.. The potential impact of contemporary developments in the management of patients with gastroesophageal reflux disease undergoing an initial gastroscopy. Can.J.Gastroenterol. Can.J.Gastroenterol. 2009;23(2):99-104.	Not relevant population, not comparing Barrett's oesophagus to no Barrett's oesophagus
Sarr,M.G., Hamilton,S.R., Marrone,G.C., Cameron,J.L.. Barrett's esophagus: its prevalence and association with adenocarcinoma in patients with symptoms of gastroesophageal reflux. AM.J.SURG. 1985;149(1):187-93.	Not multivariate analysis
Sipponen,P., Vauhkonen,M., Helske,T., Kaariainen,I., Harkonen,M.. Low circulating levels of gastrin-17 in patients with Barrett's esophagus. World J.Gastroenterol. 2005;11(38):5988-92.	Not multivariate analysis
Smith,K.J., O'Brien,S.M., Green,A.C., Webb,P.M., Whiteman,D.C., Study of Digestive Health. Current and past smoking significantly increase risk for Barrett's esophagus. Clinical Gastroenterology & Hepatology 2009;7(8):840-48.	Secondary publication of included study
Spechler,S.J., Zeroogian,J.M., Antonioli,D.A., Wang,H.H., Goyal,R.K.. Prevalence of metaplasia at the gastro-oesophageal junction. Lancet 1994;344(8936):1533-36.	Not multivariate analysis
Stadelmann,O., Elster,K., Kuhn,H.A.. Columnar-lined oesophagus (Barrett's syndrome) - congenital or acquired? Endoscopy 1981;13(4):140-47.	Not relevant study design: editorial / case report / review / letter / survey
Taylor,J.B. & Rubenstein,J.H.. Meta-analyses of the effect of symptoms of gastroesophageal reflux on the risk of barrett's esophagus. Am.J.Gastroenterol. 2010;105(8):1730-37.	Not multivariate analysis
Thrift,A.P., Pandeya,N., Smith,K.J., Mallitt,K.A., Green,A.C., Webb,P.M., Whiteman,D.C.. Lifetime alcohol consumption and risk of Barrett's Esophagus. Am.J.Gastroenterol. 2011;106(7):1220-30.	Secondary publication of included study
Toruner, M., Soykan, I., Ensari, A., Kuzu, I., Yurdaydin, C., & Ozden, A. 2004. Barrett's esophagus: prevalence and its relationship with dyspeptic symptoms. Journal of Gastroenterology & Hepatology, 19, (5) 535-540.	Only reported p-values in the analysis, no adjusted OR or 95%CI.
Trudgill, N.J., Suvarna, S.K., Kapur, K.C., & Riley, S.A. 1997. Intestinal	Only reported p-values in

Excluded studies	Reason for exclusion
metaplasia at the squamocolumnar junction in patients attending for diagnostic gastroscopy. Gut, 41, (5) 585-589.	the analysis, no adjusted OR or 95%CI.
Tseng,P.H., Lee,Y.C., Chiu,H.M., Huang,S.P., Liao,W.C., Chen,C.C., et al. Prevalence and clinical characteristics of Barrett's esophagus in a Chinese general population. J.Clin.Gastroenterol. 2008;42(10):1074-79	Not multivariate analysis
van Oijen,M.G., Josemanders,D.F., Laheij,R.J., van Rossum,L.G., Tan,A.C., Jansen,J.B.. Gastrointestinal disorders and symptoms: does body mass index matter? Neth.J.Med. 2006;64(2):45-49.	Not relevant study design: editorial / case report / review / letter / survey
Vega,K.J., Chisholm,S., Jamal,M.M.. Comparison of reflux esophagitis and its complications between African Americans and non-Hispanic whites. World J.Gastroenterol. 2009;15(23):2878-81.	Not multivariate analysis
Voutilainen,M., Farkkila,M., Juhola,M., Nuorva,K., Mauranen,K., Mantynen,T., et al. Specialized columnar epithelium of the esophagogastric junction: prevalence and associations. The Central Finland Endoscopy Study Group. Am.J.Gastroenterol. 1999;94.	Not relevant population, not comparing Barrett's oesophagus to no Barrett's oesophagus
Wakelin,D.E., Al-Mutawa,T., Wendel,C., Green,C., Garewal,H.S., Fass,R.. A predictive model for length of Barrett's esophagus with hiatal hernia length and duration of esophageal acid exposure. Gastrointest.Endosc. 2003;58(3):350-55	Not relevant risk factors Biochemical marker / other risk factor not included in protocol
Werdmuller,B.F.M., van der Putten,A.B.M.M., Loffeld,R.J.L.F.. The presentation of reflux esophagitis, hiatal hernia, Barrett's esophagus and 'reflux-like) dyspepsia: A prospective clinical and endoscopic study. Dis.Esophagus 1996;9(4):285-89.	Not relevant population, not comparing Barrett's oesophagus to no Barrett's oesophagus
Westhoff,B., Brotze,S., Weston,A., McElhinney,C., Cherian,R., Mayo,M.S., et al. The frequency of Barrett's esophagus in high-risk patients with chronic GERD. Gastrointest.Endosc. 2005;61(2):226-31.	Not multivariate analysis
Wipff,J., Allanore,Y., Soussi,F., Terris,B., Abitbol,V., Raymond,J., et al. Prevalence of Barrett's esophagus in systemic sclerosis. Arthritis & Rheumatism 2005;52(9):2882-88.	Not multivariate analysis
Xiong, L.S., Cui, Y., Wang, J.P., Wang, J.H., Xue, L., Hu, P.J., & Chen, M.H. 2010. Prevalence and risk factors of Barrett's esophagus in patients undergoing endoscopy for upper gastrointestinal symptoms. Journal of Digestive Diseases, 11, (2) 83-87.	Selected Chinese population only in China, out of context of the review question.
Yachimski,P., Lee,R.A., Tramontano,A., Nishioka,N.S., Hur,C.. Secular trends in patients diagnosed with Barrett's esophagus. Digestive Diseases & Sciences 2010;55(4):960-66.	Not multivariate analysis
Yeh,C., Hsu,C.T., Ho,A.S., Sampliner,R.E., Fass,R.. Erosive esophagitis and Barrett's esophagus in Taiwan: a higher frequency than expected. Digestive Diseases & Sciences 1997;42(4):702-06.	Not multivariate analysis
Yin,C., Zhang,J., Gao,M., Shen,Q., Liu,D.. Epidemiological investigation of Barrett's esophagus in patients with gastroesophageal reflux disease in Northwest China. J.Med.Coll.PLA 2012;27(4):187-97.	Not multivariate analysis
Zagari,R.M., Fuccio,L., Wallander,M.A., Johansson,S., Fiocca,R., Casanova,S., et al. Gastro-oesophageal reflux symptoms, oesophagitis and Barrett's oesophagus in the general population: the Loiano-Monghidoro study. Gut 2008;57(10):1354-59	Not multivariate analysis
Zhang,J., Chen,X.L., Wang,K.M., Guo,X.D., Zuo,A.L., Gong,J.. Barrett's esophagus and its correlation with gastroesophageal reflux in Chinese. World J.Gastroenterol. 2004;10(7):1065-68.	Not multivariate analysis

G.3 Question 3

Excluded studies	Reason for exclusion
Balasubramanian G, Singh M, Gupta N et al. (2012) Prevalence and predictors of columnar lined esophagus in gastroesophageal reflux disease (GERD) patients undergoing upper endoscopy. American Journal of Gastroenterology 107: 1655-61.	Not relevant – endoscopy for Barrett's
Bautista JM, Wong WM, Pulliam G et al. (2005) The value of ambulatory 24 hr esophageal pH monitoring in clinical practice in patients who were referred with persistent gastroesophageal reflux disease (GERD)-related symptoms while on standard dose anti-reflux medications. Digestive Diseases & Sciences 50: 1909-15.	Not relevant – pH monitoring for GORD.
Boulton-Jones JR, Follows MC, Mahmoud AA (2003) Open-access endoscopy: Are age-based guidelines justified? An audit of experience of 1000 open-access endoscopies at a district general hospital. Endoscopy 35: 68-73.	No multivariate analysis
Cantu P, Savojardo D, Carmagnola S et al. (2005) Impact of referral for gastro-oesophageal reflux disease on the workload of an academic Gastroenterology Unit. Digestive & Liver Disease 37: 735-40.	No multivariate analysis
Castell DO, Brunton SA, Earnest DL et al. (1999) GERD: Management algorithms for the primary care physician and the specialist. Practical Gastroenterology 23: 20.	Not a primary study
Chan D, Harris S, Roderick P et al. (2009) A randomised controlled trial of structured nurse-led outpatient clinic follow-up for dyspeptic patients after direct access gastroscopy. BMC Gastroenterology 9: 12.	Not relevant – nurse-led vs GP-led follow-up strategy
Chey WD, Inadomi JM, Booher AM et al. (2005) Primary-care physicians' perceptions and practices on the management of GERD: results of a national survey. American Journal of Gastroenterology 100: 1237-42.	Not relevant – about GPs' perceptions.
Di C, V, Ferrario F, Cannaviello C (1998) Digestive complaints, clinical decisions and endoscopy in primary care. Giornale Italiano di Endoscopia Digestiva 21: 167-71.	Not relevant – GPs' clinical judgement for endoscopy, no multivariate analysis.
Ellis KK, Oehlke M, Helfand M et al. (1997) Management of symptoms of gastroesophageal reflux disease: Does endoscopy influence medical management? American Journal of Gastroenterology 92: 1472-4.	Not relevant – about management of GORD
Elwyn G, Owen D, Roberts L et al. (2007) Influencing referral practice using feedback of adherence to NICE guidelines: a quality improvement report for dyspepsia. Quality & Safety in Health Care 16: 67-70.	Not relevant – about adherence to guideline
Giangreco E, D'agate C, Barbera C et al. (2008) Prevalence of celiac disease in adult patients with refractory functional dyspepsia: value of routine duodenal biopsy. World Journal of Gastroenterology 14: 6948-53.	Not relevant
Guillemot F, Ducrotte P, Bueno L (2005) Prevalence of functional gastrointestinal disorders in a population of subjects consulting for gastroesophageal reflux disease in general practice. Gastroenterologie Clinique et Biologique 29: 243-6.	Not relevant – prevalence of characteristics of functional dyspepsia
Halland M, Young M, Fitzgerald MN et al. (2011) Bleeding peptic ulcer: characteristics and outcomes in Newcastle, NSW. Internal Medicine Journal 41: 605-9.	Not relevant – tertiary care setting
Hallissey MT, Allum WH, Jewkes AJ et al. (1990) Early detection of gastric cancer. BMJ 301: 513-5.	Not relevant – detection of gastric cancer (covered by CG27 update)
Hilton D, Iman N, Burke GJ et al. (2001) Absence of abdominal pain in	Not relevant – endoscopic

Excluded studies	Reason for exclusion
older persons with endoscopic ulcers: A prospective study. American Journal of Gastroenterology 96: 380-4.	findings for peptic ulcer
Ho KY, Gwee KA, Khor CJ et al. (2005) Empirical treatment for the management of patients presenting with uninvestigated reflux symptoms: a prospective study in an Asian primary care population. Alimentary Pharmacology & Therapeutics 21: 1313-20.	Not relevant – empirical treatment for reflux symptoms.
Hungin AP, Seifert B (2007) Upper gastrointestinal endoscopy or not, and in whom?. [Review] [4 refs]. European Journal of Gastroenterology & Hepatology 19: 527-8.	Not a primary study
Hungin APS, Rubin GP (2001) Management of dyspepsia across the primary-secondary healthcare interface. Digestive Diseases 19: 219-24.	Not a primary study
Jones MP (2003) Evaluation and treatment of dyspepsia. Postgraduate Medical Journal 79: 25-9.	Not a primary study
Khademi H, Radmard AR, Malekzadeh F et al. (2012) Diagnostic accuracy of age and alarm symptoms for upper GI malignancy in patients with dyspepsia in a GI clinic: a 7-year cross-sectional study. PLoS ONE [Electronic Resource] 7: e39173.	Not relevant – diagnosing malignancy (covered by CG27 update)
Kolk H (2004) Evaluation of symptom presentation in dyspeptic patients referred for upper gastrointestinal endoscopy in Estonia. Croatian Medical Journal 45: 592-8.	Not relevant – no data on indicators for referral
Kuo CJ, Lin CH, Liu NJ et al. (2010) Frequency and risk factors for Barrett's esophagus in Taiwanese patients: a prospective study in a tertiary referral center. Digestive Diseases & Sciences 55: 1337-43.	Not relevant – risk factors for Barrett's, no multivariate analysis.
Lien HC, Wang CC, Hsu JY et al. (2011) Classical reflux symptoms, hiatus hernia and overweight independently predict pharyngeal acid exposure in patients with suspected reflux laryngitis. Alimentary Pharmacology & Therapeutics 33: 89-98.	Not relevant – about predicting pharyngeal acid reflux
Lim L-G, Yeoh K-G, Wai C-T (2008) Metastatic pancreatic cancer presenting as a bleeding duodenal ulcer 30 months after initial diagnosis of duodenal ulcer. Should duodenal ulcers be biopsied or followed up with repeat endoscopy? Acta Gastro-Enterologica Belgica 71: 347-8.	Not a primary study
Longstreth GF (1992) Long-term costs after gastroenterology consultation with endoscopy versus radiography in dyspepsia. Gastrointestinal Endoscopy 38: 23-6.	Not relevant
Maconi G, Tosetti C, Stanghellini V et al. (2002) Dyspeptic symptoms in primary care. An observational study in general practice. European Journal of Gastroenterology and Hepatology 14: 985-90.	Not relevant – epidemiology of dyspeptic symptoms in primary care, no indicators for referral.
Madani A, Sowerby L, Gregor JC et al. (2010) Detecting the other reflux disease. Journal of Family Practice 59: 102-7.	Not a primary study
Mainie I, Tutuian R, Shay S et al. (2006) Acid and non-acid reflux in patients with persistent symptoms despite acid suppressive therapy: a multicentre study using combined ambulatory impedance-pH monitoring. Gut 55: 1398-402.	Not relevant – pH monitoring and impedance testing for GORD
Mansi C, Mela GS, Pasini D et al. (1990) Patterns of dyspepsia in patients with no clinical evidence of organic diseases. Digestive Diseases & Sciences 35: 1452-8.	Not relevant – about characteristics of organic dyspepsia.
Mansi C, Mela GS, Savarino V et al. (1993) Open access endoscopy: A large-scale analysis of its use in dyspeptic patients. Journal of Clinical Gastroenterology 16: 149-54.	Not relevant – comparing characteristics of patients referred by GPs vs

Excluded studies	Reason for exclusion
	hospital physicians in endoscopic findings.
Mansi C, Savarino V, Mela GS et al. (1993) Are clinical patterns of dyspepsia a valid guideline for appropriate use of endoscopy? A report on 2253 dyspeptic patients. American Journal of Gastroenterology 88: 1011-5.	Not relevant – simple rates on endoscopic findings
Mearin F, Ponce J, Ponce M et al. (2012) Frequency and clinical implications of supraesophageal and dyspeptic symptoms in gastroesophageal reflux disease. European Journal of Gastroenterology & Hepatology 24: 665-74.	Not relevant
Meineche-Schmidt V, Jorgensen T (2002) Fluctuation in dyspepsia subgroups over time. A three-year follow-up of patients consulting general practice for dyspepsia. Digestive and Liver Disease 34: 332-8.	Not relevant – factors associated with resolution of dyspepsia.
Meineche-Schmidt V, Jorgensen T (2002) 'Alarm symptoms' in patients with dyspepsia: A three-year prospective study from general practice. Scandinavian Journal of Gastroenterology 37: 999-1007.	Not relevant, not about indicators for referral.
Mitchell RMS, Collins JSA, Watson RGP et al. (2002) Differences in the diagnostic yield of upper gastrointestinal endoscopy in dyspeptic patients receiving proton-pump inhibitors and H2-receptor antagonists. Endoscopy 34: 524-6.	Not relevant – endoscopic yields of PPI users vs H2RA users.
Moayyedi P, Duffett S, Braunholtz D et al. (1998) The Leeds Dyspepsia Questionnaire: a valid tool for measuring the presence and severity of dyspepsia. Alimentary Pharmacology & Therapeutics 12: 1257-62.	Not relevant – validation of a tool, no indicators for referral
Moayyedi P, Talley NJ, Fennerty MB et al. (2006) Can the clinical history distinguish between organic and functional dyspepsia?. [Review] [52 refs]. JAMA 295: 1566-76.	Not relevant – diagnosis of organic dyspepsia
Moller HJ, Bytzer P, Schaffalitzky de Muckadell OB (1998) Management of dyspeptic patients in primary care: Value of the unaided clinical diagnosis and of dyspepsia subgrouping. Scandinavian Journal of Gastroenterology 33: 799-805.	Not relevant – clinical judgement vs endoscopy to categorise subtypes of dyspepsia
Muris JWM, Starmans R, Pop P et al. (1994) Discriminant value of symptoms in patients with dyspepsia. Journal of Family Practice 38: 139-43.	Narrative review, not primary study.
Murray IA, Palmer J, Waters C et al. (2012) Predictive value of symptoms and demographics in diagnosing malignancy or peptic stricture. World Journal of Gastroenterology 18: 4357-62.	Not relevant – predicting malignancy (covered by CG27 update)
Nandurkar S, Locke GR, III, Murray JA et al. (2005) Rates of endoscopy and endoscopic findings among people with frequent symptoms of gastroesophageal reflux in the community. American Journal of Gastroenterology 100: 1459-65.	Not relevant, about predicting health-seeking behaviour
Nasseri-Moghaddam S, Malekzadeh R, Sotoudeh M et al. (2003) Lower esophagus in dyspeptic Iranian patients: A prospective study. Journal of Gastroenterology and Hepatology 18: 315-21.	Not relevant – endoscopic findings of GORD
Noe JD, Li BU (2009) Navigating recurrent abdominal pain through clinical clues, red flags, and initial testing. [Review] [30 refs]. Pediatric Annals 38: 259-66.	Not relevant – not a primary study
Panter SJ, Bramble MG, O'Flanagan H et al. (2004) Urgent cancer referral guidelines: a retrospective cohort study of referrals for upper gastrointestinal adenocarcinoma. British Journal of General Practice 54: 611-3.	Not relevant – referral for upper GI cancer (covered by CG27 update)

Excluded studies	Reason for exclusion
Patel P, Khulusi S, Mendall MA et al. (1995) Prospective screening of dyspeptic patients by Helicobacter pylori serology. Lancet 346: 1315-8.	Not relevant – about H.pylori testing
Phung N, Kalantar J, Talley NJ (1998) Management of dyspepsia in general practice. Modern Medicine of Australia 41: 10-9.	Not a primary study
Ponce J, Garrigues V, Agreus L et al. (2011) Structured management strategy versus usual care for gastroesophageal reflux disease: rationale for pooled analysis of five European cluster-randomized trials. Therapeutic Advances in Gastroenterology 4: 11-26.	Not relevant – management of GORD
Prasad GA, Reddy JG, Boyd-Enders FT et al. (2008) Predictors of recurrent esophageal food impaction: a case-control study. Journal of Clinical Gastroenterology 42: 771-5.	Not relevant – predictors for oesophageal food impaction.
Qureshi NA, Hallissey MT, Fielding JW (2007) Outcome of index upper gastrointestinal endoscopy in patients presenting with dysphagia in a tertiary care hospital-A 10 years review. BMC Gastroenterology 7: 43.	Not relevant – in a tertiary care setting
Rhatigan E, Tyrmpas I, Murray G et al. (2010) Scoring system to identify patients at high risk of oesophageal cancer. British Journal of Surgery 97: 1831-7.	Not relevant – predicting cancer (covered by CG27 update)
Salkic NN, Zildzic M, Zerem E et al. (2009) Simple uninvestigated dyspepsia: age threshold for early endoscopy in Bosnia and Herzegovina. European Journal of Gastroenterology & Hepatology 21: 39-44.	Not relevant – establishing age threshold for endoscopy in Bosnia.
Salo M, Collin P, Kyronpalo S et al. (2008) Age, symptoms and upper gastrointestinal malignancy in primary care endoscopy. Scandinavian Journal of Gastroenterology 43: 122-7.	Not relevant – cancer risk (covered by CG27 update)
Saunders BP, Trewby PN (1993) Open access endoscopy: Is the lost outpatient clinic of value? Postgraduate Medical Journal 69: 787-90.	Not relevant – about open access endoscopy vs outpatient clinic vs endoscopy
Seematter-Bagnoud L, Vader J-P, Wietlisbach V et al. (1999) Overuse and underuse of diagnostic upper gastrointestinal endoscopy in various clinical settings. International Journal for Quality in Health Care 11: 301-8.	Not relevant – characteristics of overuse vs underuse of endoscopy
Shah NH, Shah MS, Khan I et al. (1999) An audit of diagnostic upper GI endoscopy and comparison of booked versus open access cases. Journal of the College of Physicians and Surgeons Pakistan 9: 174-6.	Not relevant – distribution of endoscopy findings
Shaw IS, Valori RM, Charlett A et al. (2006) Limited impact on endoscopy demand from a primary care based 'test and treat' dyspepsia management strategy: the results of a randomised controlled trial. British Journal of General Practice 56: 369-74.	Not relevant – H.pylori testing vs endoscopy in primary care
Smith T, Verzola E, Mertz H (2003) Low yield of endoscopy in patients with persistent dyspepsia taking proton pump inhibitors. Gastrointestinal Endoscopy 58: 9-13.	Not relevant – compared endoscopic findings between PPI users vs H2RA users.
Summers A, Khan Z (2009) Managing dyspepsia in primary care. Practitioner 253: 23-7.	Not a primary study
Surdea BT, Dumitrascu D, Galmiche JP et al. (2013) Functional heartburn: clinical characteristics and outcome. European Journal of Gastroenterology & Hepatology 25: 282-90.	Not relevant – pH monitoring for GORD
Suriya C, Kasatpibal N, Kunaviktikul W et al. (2011) Diagnostic indicators for peptic ulcer perforation at a tertiary care hospital in Thailand. Clinical & Experimental Gastroenterology 4: 283-9.	Not relevant – in tertiary care setting

Excluded studies	Reason for exclusion
Suriya C, Kasatpibal N, Kunaviktikul W et al. (2012) Development of a simplified diagnostic indicators scoring system and validation for peptic ulcer perforation in a developing country. Clinical & Experimental Gastroenterology 5: 187-94.	Not relevant – scoring system for diagnosing peptic ulcer perforation.
Tack J, Piessevaux H, Van RL et al. (2007) Appropriate management of symptomatic GORD in primary care: has expert opinion changed between 2001 and 2005? Acta Gastroenterologica Belgica 70: 171-6.	Not relevant – expert consensus statements
Talley NJ (2004) What the physician needs to know for correct management of gastro-oesophageal reflux disease and dyspepsia. [Review] [80 refs]. Alimentary Pharmacology & Therapeutics 20: Suppl-30	Not relevant – not a primary study
Tosetti C, Bellentani S, Benedetto E et al. (2010) The management of patients with new onset of upper gastro-intestinal symptoms in primary care. Digestive & Liver Disease 42: 860-4.	No multivariate analysis
Tytgat GN, McColl K, Tack J et al. (2008) New algorithm for the treatment of gastro-oesophageal reflux disease. [23 refs]. Alimentary Pharmacology & Therapeutics 27: 249-56.	Not relevant – expert consensus of treatment algorithm.
van Kerkhoven LA, van Rijswijck SJ, van Rossum LG et al. (2007) Is there any association between referral indications for open-access upper gastrointestinal endoscopy and endoscopic findings? Endoscopy 39: 502-6.	No multivariate analysis
van Kerkhoven LA, Laheij RJ, Meineche-Schmidt V et al. (2009) Functional dyspepsia: not all roads seem to lead to rome. Journal of Clinical Gastroenterology 43: 118-22.	Not relevant – evaluation of the Rome criteria for functional dyspepsia.
Veldhuyzen van Zanten SJ, Thomson AB, Barkun AN et al. (2006) The prevalence of Barrett's oesophagus in a cohort of 1040 Canadian primary care patients with uninvestigated dyspepsia undergoing prompt endoscopy. Alimentary Pharmacology & Therapeutics 23: 595-9.	Not relevant – prevalence of Barrett's
Voutilainen M, Mantynen T, Kunnamo I et al. (2003) Impact of clinical symptoms and referral volume on endoscopy for detecting peptic ulcer and gastric neoplasms. Scandinavian Journal of Gastroenterology 38: 109-13.	Patients were already being managed in secondary care.
Voutilainen M, Mantynen T, Mauranen K et al. (2005) Is it possible to reduce endoscopy workload using age, alarm symptoms and H. pylori as predictors of peptic ulcer and oesophagogastric cancers? Digestive & Liver Disease 37: 526-32.	Not relevant – diagnostic yields from endoscopy
Weijnen CF, de Wit NJ, Numans ME et al. (2001) Dyspepsia management in primary care in the Netherlands: To what extent is Helicobacter pylori diagnosis and treatment incorporated? Results from a survey among general practitioners in the Netherlands. Digestion 64: 40-5.	Not relevant – H.pylori testing in primary care
Xia B, Xia HH, Ma CW et al. (2005) Trends in the prevalence of peptic ulcer disease and Helicobacter pylori infection in family physician-referred uninvestigated dyspeptic patients in Hong Kong. Alimentary Pharmacology & Therapeutics 22: 243-9.	Not relevant – prevalence and trend of peptic ulcer and H.pylori infection in primary care.
Xiong LS, Cui Y, Wang JP et al. (2010) Prevalence and risk factors of Barrett's esophagus in patients undergoing endoscopy for upper gastrointestinal symptoms. Journal of Digestive Diseases 11: 83-7.	Not relevant – endoscopy for Barrett's

G.4 Question 4

Excluded studies	Reason for exclusion
Adachi K, Hashimoto T, Hamamoto N et al. (2003) Symptom relief in	Results not clear for

Excluded studies	Reason for exclusion
patients with reflux esophagitis: comparative study of omeprazole, lansoprazole, and rabeprazole. Journal of Gastroenterology & Hepatology 18(12):1392-1398.	patients with severe erosive esophagitis only.
Armbrecht U, Abucar A, Hameeteman W et al. (1997) Treatment of reflux oesophagitis of moderate and severe grade with ranitidine or pantoprazole--comparison of 24-hour intragastric and oesophageal pH. Alimentary Pharmacology & Therapeutics 11(5):959-965.	Results not clear for patients with severe erosive esophagitis only.
Bardhan KD, Cherian P, Vaishnavi A et al. (1998) Erosive oesophagitis: outcome of repeated long term maintenance treatment with low dose omeprazole 10 mg or placebo. Gut 43(4):458-464.	not relevant, protocol-excluded dose of omeprazole
Bardhan KD, Achim A, Riddermann T et al. (2007) A clinical trial comparing pantoprazole and esomeprazole to explore the concept of achieving 'complete remission' in gastro-oesophageal reflux disease. Alimentary Pharmacology & Therapeutics 25(12):1461-1469.	Results not clear for patients with severe erosive esophagitis only.
Bardhan KD, Hawkey CJ, Long RG et al. (1995) Lansoprazole versus ranitidine for the treatment of reflux oesophagitis. UK Lansoprazole Clinical Research Group. Alimentary Pharmacology & Therapeutics 9(2):145-151.	Results not clear for patients with severe erosive esophagitis only.
Bate CM, Keeling PW, O'Morain C et al. (1990) Comparison of omeprazole and cimetidine in reflux oesophagitis: symptomatic, endoscopic, and histological evaluations. Gut 31(9):968-972.	Study includes patients with Barrett's oesophagus.
Bate CM, Crowe JP, Dickinson RJ et al (1991) Reflux oesophagitis resolves more rapidly with omeprazole 20 mg once daily that with ranitidine 150 mg twice daily: omeprazole 40 mg once daily provides further benefit in unresponsive patients. British Journal of Clinical Research 1991; 2:133-148	Results not clear for patients with severe erosive esophagitis only.
Bate CM, Booth SN, Crowe JP et al. (1995) Omeprazole 10 mg or 20 mg once daily in the prevention of recurrence of reflux oesophagitis. Solo Investigator Group. Gut 36(4):492-498.	Results not clear for patients with severe erosive esophagitis only.
Bate CM, Green JR, Axon AT et al. (1997) Omeprazole is more effective than cimetidine for the relief of all grades of gastro-oesophageal reflux disease-associated heartburn, irrespective of the presence or absence of endoscopic oesophagitis. Alimentary Pharmacology & Therapeutics 11(4):755-763.	Results not clear for patients with severe erosive esophagitis only.
Bate CM, Green JR, Axon AT et al. (1998) Omeprazole is more effective than cimetidine in the prevention of recurrence of GERD-associated heartburn and the occurrence of underlying oesophagitis. Alimentary Pharmacology & Therapeutics 12(1):41-47.	Only patients with mild, non-erosive esophagitis included.
Bianchi PG, Pace F, Peracchia A et al. (1992) Short-term treatment of refractory reflux esophagitis with different doses of omeprazole or ranitidine. Journal of Clinical Gastroenterology 15(3):192-198.	Results not clear for patients with severe erosive esophagitis only.
Bigard MA, Genestin E (2005) Treatment of patients with heartburn without endoscopic evaluation: on-demand treatment after effective continuous administration of lansoprazole 15 mg. Alimentary Pharmacology & Therapeutics 22(7):635-643.	only patients with mild, non-erosive esophagitis included.
Birbara C, Breiter J, Perdomo C et al. (2000) Rabeprazole for the prevention of recurrent erosive or ulcerative gastro-oesophageal reflux disease. Rabeprazole Study Group. European Journal of Gastroenterology & Hepatology 12(8):889-897.	baseline disease severity not reported.
Bjornsson E, Abrahamsson H, Simren M et al. (2006) Discontinuation of proton pump inhibitors in patients on long-term therapy: a double-blind,	only patients with mild, non-erosive esophagitis

Excluded studies	Reason for exclusion
placebo-controlled trial Alimentary Pharmacology & Therapeutics 24(6):945-954.	included.
Bochenek WJ, Mack ME, Fraga PD et al. (2004) Pantoprazole provides rapid and sustained symptomatic relief in patients treated for erosive oesophagitis. Alimentary Pharmacology & Therapeutics 20(10):1105-1114.	not primary study
Caos A, Breiter J, Perdomo C et al. (2005) Long-term prevention of erosive or ulcerative gastro-oesophageal reflux disease relapse with rabeprazole 10 or 20 mg vs placebo: results of a 5-year study in the United States. Alimentary Pharmacology & Therapeutics 22(3):193-202.	baseline disease severity only partially reported.
Caos A, Moskovitz M, Dayal Y et al. (2000) Rabeprazole for the prevention of pathologic and symptomatic relapse of erosive or ulcerative gastroesophageal reflux disease. Rebeprazole Study Group. American Journal of Gastroenterology 95(11):3081-3088.	baseline disease severity only partially reported.
Carling L, Axelsson CK, Forssell H O et al. (1998) Lansoprazole and omeprazole in the prevention of relapse of reflux oesophagitis: a long-term comparative study. Alimentary Pharmacology & Therapeutics 12(10):985-990.	Results not clear for patients with severe erosive esophagitis only.
Carlsson R, Dent J, Watts R et al. (1998) Gastro-oesophageal reflux disease in primary care: an international study of different treatment strategies with omeprazole. International GORD Study Group. European Journal of Gastroenterology & Hepatology 10(2):119-124.	no control group in patients with oesophagitis
Caro JJ, Salas M, Ward A. (2001) Healing and relapse rates in gastroesophageal reflux disease treated with the newer proton-pump inhibitors lansoprazole, rabeprazole, and pantoprazole compared with omeprazole, ranitidine, and placebo: evidence from randomized clinical trials. Clinical Therapeutics 23(7):998-1017.	not a primary study, pooled data not reported by severity of erosive oesophagitis.
Castell D Feldman M, Harford WV, Fisher RS et al. (1993) Treatment of reflux esophagitis resistant to H2-receptor antagonists with lansoprazole, a new H+/K(+)-ATPase inhibitor: a controlled, double-blind study. Lansoprazole Study Group. American Journal of Gastroenterology 88(8):1212-1217.	study includes patients with Barrett's oesophagus.
Castell DO, Richter JE, Robinson M et al. (1996). Efficacy and safety of lansoprazole in the treatment of erosive reflux esophagitis. The Lansoprazole Group. American Journal of Gastroenterology 91(9):1749-1757.	study includes patients with Barrett's oesophagus.
Castell D, Bagin R, Goldlust B et al. (2005) Comparison of the effects of immediate-release omeprazole powder for oral suspension and pantoprazole delayed-release tablets on nocturnal acid breakthrough in patients with symptomatic gastro-oesophageal reflux disease. Alimentary Pharmacology & Therapeutics 21(12):1467-1474.	only patients with mild, non-erosive esophagitis included, follow up period < 28 days
Chen CY, Lu CL, Luo JC et al. (2005) Esomeprazole tablet vs omeprazole capsule in treating erosive esophagitis. World Journal of Gastroenterology 11(20):3112-3117.	Results not clear for patients with severe erosive esophagitis only.
Chiba N. (1997) Proton pump inhibitors in acute healing and maintenance of erosive or worse esophagitis: a systematic overview. Canadian Journal of Gastroenterology 11 Suppl B:66B-73B.	not a primary study, only data ranges reported for relevant outcomes.
Cho YK, Choi MG, Bak YT et al. (2012) Efficacy of S-pantoprazole 20 mg compared with pantoprazole 40 mg in the treatment of reflux esophagitis: a randomized, double-blind comparative trial. Digestive Diseases and Sciences 57(12):3189-3194.	only patients with mild, non-erosive esophagitis included.

Excluded studies	Reason for exclusion
Cloud ML, Enas N, Humphries TJ et al. (1998) Rabeprazole in treatment of acid peptic diseases: results of three placebo-controlled dose-response clinical trials in duodenal ulcer, gastric ulcer, and gastroesophageal reflux disease (GERD). The Rabeprazole Study Group. Digestive Diseases and Sciences 43(5):993-1000.	results not clear for patients with severe erosive esophagitis only.
Corinaldesi R, Valentini M, Belaiche J et al. (1995) Pantoprazole and omeprazole in the treatment of reflux oesophagitis: a European multicentre study. Alimentary Pharmacology & Therapeutics 9(6):667-671.	results not clear for patients with severe erosive esophagitis only.
Cutler A, Robinson M, Murthy A (2010) Rabeprazole 20 mg for erosive esophagitis-associated symptoms in a large, community-based study: additional results. Digestive Diseases and Sciences 55(2):338-345.	not a primary study
Dehn TC, Shepherd HA, Colin-Jones D (1990) Double blind comparison of omeprazole (40 mg od) versus cimetidine (400 mg qd) in the treatment of symptomatic erosive reflux oesophagitis, assessed endoscopically, histologically and by 24 h pH monitoring. Gut 31(5):509-513.	results not clear for patients with severe erosive esophagitis only.
Dekkers CP, Beker JA, Thjodleifsson B et al (1999) Double-blind comparison [correction of Double-blind, placebo-controlled comparison] of rabeprazole 20 mg vs omeprazole 20 mg in the treatment of erosive or ulcerative gastro-oesophageal reflux disease. The European Rabeprazole Study Group. Alimentary Pharmacology & Therapeutics 13(1):49-57.	results not clear for patients with severe erosive esophagitis only.
Delchier JC, Cohen G, Humphries TJ (2000) Rabeprazole, 20 mg once daily or 10 mg twice daily, is equivalent to omeprazole, 20 mg once daily, in the healing of erosive gastroesophageal reflux disease. Scandinavian Journal of Gastroenterology 35(12):1245-1250.	results not clear for patients with severe erosive esophagitis only.
Dent J (1990) Australian clinical trials of omeprazole in the management of reflux oesophagitis [Review]. Digestion 47 Suppl 1:69-71.	narrative review only
Dent J, Yeomans ND, Mackinnon M DJ et al (1994) Omeprazole v ranitidine for prevention of relapse in reflux oesophagitis. A controlled double blind trial of their efficacy and safety. Gut 35(5):590-598.	results not clear for patients with severe erosive esophagitis only.
Dettmar PW, Sykes J, Little SL et al. (2006) Rapid onset of effect of sodium alginate on gastro-oesophageal reflux compared with ranitidine and omeprazole, and relationship between symptoms and reflux episodes. International Journal of Clinical Practice 60(3):275-283.	only patients with mild, non-erosive esophagitis included.
DeVault KR, Morgenstern DM, Lynn RB et al. (2007) Effect of pantoprazole in older patients with erosive esophagitis. Diseases of the Esophagus 20(5):411-415.	not a primary study.
Ducrotte P, Guillemot F, Elouaer-Blanc L et al.)1994) Comparison of omeprazole and famotidine on esophageal pH in patients with moderate to severe esophagitis: a cross-over study. American Journal of Gastroenterology 89(5):717-721.	follow up period < 28 days
Duvnjak M, Virovic L, Supanc V et al. (2002) Efficacy of pantoprazole compared with ranitidine in the treatment of gastroesophageal reflux disease: An open-labeled randomized parallel and longitudinal comparative trial. Pharmaca 40(3-4):199-206.	results not clear for patients with severe erosive esophagitis only.
Earnest DL, Dorsch E, Jones J et al. (1998) A placebo-controlled dose-ranging study of lansoprazole in the management of reflux esophagitis. American Journal of Gastroenterology 93(2):238-243.	baseline disease severity not reported.
Edwards SJ, Lind T, Lundell L. (2001) Systematic review of proton pump inhibitors for the acute treatment of reflux oesophagitis. Alimentary Pharmacology & Therapeutics 15(11):1729-1736.	data not reported by severity of erosive oesophagitis.

Excluded studies	Reason for exclusion
Edwards SJ, Lind T, Lundell L (2006) Systematic review: proton pump inhibitors (PPIs) for the healing of reflux oesophagitis - a comparison of esomeprazole with other PPIs. Alimentary Pharmacology & Therapeutics 24(5):743-750	not a primary study, data not reported by severity of erosive oesophagitis.
Edwards SJ, Lind T, Lundell L, DAS R (2009) Systematic review: standard- and double-dose proton pump inhibitors for the healing of severe erosive oesophagitis -- a mixed treatment comparison of randomized controlled trials. Alimentary Pharmacology & Therapeutics 30(6):547-556.	not a primary study, data not reported by severity of erosive oesophagitis.
Eggleston A, Katelaris PH, Nandurkar S et al. (2009) Clinical trial: the treatment of gastro-oesophageal reflux disease in primary care--prospective randomized comparison of rabeprazole 20 mg with esomeprazole 20 and 40 mg. Alimentary Pharmacology & Therapeutics 29(9):967-978.	only patients with mild, non-erosive esophagitis included.
Escourrou J, Deprez P, Saggioro A et al. (1999) Maintenance therapy with pantoprazole 20 mg prevents relapse of reflux oesophagitis. Alimentary Pharmacology & Therapeutics 13(11):1481-1491.	protocol excluded, no control group.
Farley A, Wruble LD, Humphries TJ (2000) Rabeprazole versus ranitidine for the treatment of erosive gastroesophageal reflux disease: a double-blind, randomized clinical trial. Rabeprazole Study Group. American Journal of Gastroenterology 95(8):1894-1899.	results not clear for patients with severe erosive esophagitis only.
Fass R, Murthy U, Hayden CW et al. (2000) Omeprazole 40 mg once a day is equally effective as lansoprazole 30 mg twice a day in symptom control of patients with gastro-oesophageal reflux disease (GERD) who are resistant to conventional-dose lansoprazole therapy-a prospective, randomized, multi-centre study. Alimentary Pharmacology & Therapeutics 14(12):1595-1603.	only patients with mild, non-erosive esophagitis included.
Fass R, Delemos B, Nazareno L et al. (2010) Clinical trial: maintenance intermittent therapy with rabeprazole 20 mg in patients with symptomatic gastro-oesophageal reflux disease - a double-blind, placebo-controlled, randomized study. Alimentary Pharmacology & Therapeutics 31(9):950-960.	only patients with mild, non-erosive esophagitis included.
Feldman M, Harford WV, Fisher RS et al. (1993) Treatment of reflux esophagitis resistant to H2-receptor antagonists with lansoprazole, a new H+/K(+)-ATPase inhibitor: a controlled, double-blind study. Lansoprazole Study Group. American Journal of Gastroenterology 88(8):1212-1217.	study includes patients with Barrett's oesophagus.
Fiorucci S, Santucci L, Morelli A (1990) Effect of omeprazole and high doses of ranitidine on gastric acidity and gastroesophageal reflux in patients with moderate-severe esophagitis. American Journal of Gastroenterology 85(11):1458-1462.	follow up period < 28 days.
Frazzoni M, De ME, Grisendi A et al. (2002) Lansoprazole vs omeprazole for gastro-oesophageal reflux disease: a pH-metric comparison. Alimentary Pharmacology & Therapeutics 16(1):35-39.	study includes patients with Barrett's oesophagus.
Frazzoni M, De ME, Grisendi A et al. (2003) Effective intra-oesophageal acid suppression in patients with gastro-oesophageal reflux disease: lansoprazole vs pantoprazole. Alimentary Pharmacology & Therapeutics 17(2):235-241.	study includes patients with Barrett's oesophagus.
Galmiche JP, Barthelemy P, Hamelin B (1997) Treating the symptoms of gastro-oesophageal reflux disease: a double-blind comparison of omeprazole and cisapride. Alimentary Pharmacology & Therapeutics 11(4):765-773.	only patients with mild, non-erosive esophagitis included.
Gardner JD, Gallo-Torres H, Sloan S et al. (2003) The basis for the	follow up period < 28

Excluded studies	Reason for exclusion
decreased response to proton pump inhibitors in gastro-oesophageal reflux disease patients without erosive oesophagitis. Alimentary Pharmacology & Therapeutics 18(9):891-905.	days.
Genta RM, Rindi G, Fiocca R et al. (2003) Effects of 6-12 months of esomeprazole treatment on the gastric mucosa. American Journal of Gastroenterology 98(6):1257-1265.	not a primary study.
Glatzel D, Abdel-Qader M, Gatz G et al. (2006) Pantoprazole 40 mg is as effective as esomeprazole 40 mg to relieve symptoms of gastroesophageal reflux disease after 4 weeks of treatment and superior regarding the prevention of symptomatic relapse. Digestion 74(3-4):145-154.	results not clear for patients with severe erosive esophagitis only.
Glatzel D, Abdel-Qader M, Gatz G (2007) Pantoprazole 40 mg is as effective as esomeprazole 40 mg to relieve symptoms of gastroesophageal reflux disease after 4 weeks of treatment and superior regarding the prevention of symptomatic relapse. Digestion 75 Suppl 1:69-78.	duplicate of Glatzel D, Abdel-Qader M, Gatz G et al. (2006) Digestion 74(3-4):145-154.
Goh KL, Benamouzig R, Sander P et al. (2007) Efficacy of pantoprazole 20 mg daily compared with esomeprazole 20 mg daily in the maintenance of healed gastroesophageal reflux disease: a randomized, double-blind comparative trial - the EMANCIPATE study. European Journal of Gastroenterology & Hepatology 19(3):205-211.	results not clear for patients with severe erosive esophagitis only.
Gough AL, Long RG, Cooper BT et al. (1996) Lansoprazole versus ranitidine in the maintenance treatment of reflux oesophagitis. Alimentary Pharmacology & Therapeutics 10(4):529-539.	results not clear for patients with severe erosive esophagitis only.
Gralnek IM, Dulai GS, Fennerty MB et al. (2006) Esomeprazole versus other proton pump inhibitors in erosive esophagitis: a meta-analysis of randomized clinical trials. Clinical Gastroenterology & Hepatology 4(12):1452-1458.	not a primary study, data not reported by severity of erosive oesophagitis.
Hallerback B, Unge P, Carling L et al. (1994) Omeprazole or ranitidine in long-term treatment of reflux esophagitis. The Scandinavian Clinics for United Research Group. Gastroenterology 107(5):1305-1311.	study includes patients with Barrett's oesophagus.
Hansen AN, Bergheim R, Fagertun H et al. (2006) Long-term management of patients with symptoms of gastro-oesophageal reflux disease -- a Norwegian randomised prospective study comparing the effects of esomeprazole and ranitidine treatment strategies on health-related quality of life in a general practitioners setting. International Journal of Clinical Practice 60(1):15-22.	only patients with mild, non-erosive esophagitis included.
Hatlebakk JG, Berstad A, Carling L et al. (1993) Lansoprazole versus omeprazole in short-term treatment of reflux oesophagitis. Results of a Scandinavian multicentre trial. Scandinavian Journal of Gastroenterology 28(3):224-228.	results not clear for patients with severe erosive esophagitis only.
Havelund T, Laursen LS, Skoubo-Kristensen E et al. (1988) Omeprazole and ranitidine in treatment of reflux oesophagitis: double blind comparative trial. Br Med J (Clin Res Ed) 296 (6615):89-92.	baseline disease severity only partially reported.
Hetzel DJ (1992) Controlled clinical trials of omeprazole in the long-term management of reflux disease [review]. Digestion 51 Suppl 1:35-42.	not a primary study.
Hetzel DJ, Dent J, Reed WD et al (1988) Healing and relapse of severe peptic esophagitis after treatment with omeprazole. Gastroenterology 95(4):903-912.	results not clear for patients with severe erosive esophagitis only.
Holtmann G, Bytzer P, Metz M et al (2002) A randomized, double-blind, comparative study of standard-dose rabeprazole and high-dose	main outcome not relevant, follow up period

Excluded studies	Reason for exclusion
omeprazole in gastro-oesophageal reflux disease. Alimentary Pharmacology & Therapeutics 16(3):479-485.	< 28 days.
Howden CW, Henning JM, Huang B (2001) Management of heartburn in a large, randomized, community-based study: comparison of four therapeutic strategies. American Journal of Gastroenterology 96(6):1704-1710.	baseline disease severity not reported.
Howden CW, Ballard D, Robieson W (2002) Evidence for therapeutic equivalence of lansoprazole 30 mg and esomeprazole 40 mg in the treatment of erosive oesophagitis. Clinical Drug Investigation 22 (2): 99-109.	outcome results unclear for percentages of patients healed.
James OF, Parry-Billings KS (1994) Comparison of omeprazole and histamine H2-receptor antagonists in the treatment of elderly and young patients with reflux oesophagitis. Age Ageing 23(2):121-126.	not a primary study.
Jaspersen D, Schwacha H, Schorr W et al (1996). Omeprazole in the treatment of patients with complicated gastro-oesophageal reflux disease. Journal of Gastroenterology & Hepatology 11(10):900-902.	study includes patients with Barrett's oesophagus.
Johnson D, Crawley JA, Hwang C et al. (2010) Clinical trial: esomeprazole for moderate-to-severe nighttime heartburn and gastro-oesophageal reflux disease-related sleep disturbances. Alimentary Pharmacology & Therapeutics 32(2):182-190.	no endoscopy performed.
Johnson DA, Benjamin SB, Vakil NB et al. (2001) Esomeprazole once daily for 6 months is effective therapy for maintaining healed erosive esophagitis and for controlling gastroesophageal reflux disease symptoms: a randomized, double-blind, placebo-controlled study of efficacy and safety. American Journal of Gastroenterology 96(1):27-34.	results not clear for patients with severe erosive esophagitis only.
Johnson DA, Fennerty MB. (2004) Heartburn severity underestimates erosive esophagitis severity in elderly patients with gastroesophageal reflux disease. Gastroenterology 126(3):660-664.	not a primary study.
Johnson DA, Orr WC, Crawley JA et al (2005) Effect of esomeprazole on nighttime heartburn and sleep quality in patients with GERD: a randomized, placebo-controlled trial. American Journal of Gastroenterology 100(9):1914-1922.	no endoscopy performed.
Johnson DA, Stacy T, Ryan M et al. (2005) A comparison of esomeprazole and lansoprazole for control of intragastric pH in patients with symptoms of gastro-oesophageal reflux disease. Alimentary Pharmacology & Therapeutics 22(2):129-134.	follow up period < 28 days.
Johnson M, Guilford S, Libretto SE (2002) Patients have treatment preferences: a multicentre, double-blind, crossover study comparing rabeprazole and omeprazole. Current Medical Research & Opinion 18(5):303-310.	no endoscopy performed.
Johnsson F, Hatlebakk JG, Klintenberg AC et al (2003) Symptom-relieving effect of esomeprazole 40 mg daily in patients with heartburn. Scandinavian Journal of Gastroenterology 38(4):347-353.	only patients with mild, erosive esophagitis included
Johnsson F, Moum B, Vilien M et al. (2002) On-demand treatment in patients with oesophagitis and reflux symptoms: comparison of lansoprazole and omeprazole. Scandinavian Journal of Gastroenterology 37(6):642-647.	results not clear for patients with severe erosive esophagitis only.
Katz PO, Ginsberg GG, Hoyle PE et al. (2007) Relationship between intragastric acid control and healing status in the treatment of moderate to severe erosive oesophagitis. Alimentary Pharmacology & Therapeutics 25(5):617-628.	protocol excluded, no control group.

Excluded studies	Reason for exclusion
Katz PO, Koch FK, Ballard ED et al. (2007) Comparison of the effects of immediate-release omeprazole oral suspension, delayed-release lansoprazole capsules and delayed-release esomeprazole capsules on nocturnal gastric acidity after bedtime dosing in patients with night-time GERD symptoms. Alimentary Pharmacology & Therapeutics 25(2):197-205.	follow up period < 28 days.
Katz PO, Johnson DA, Levine D et al. (2010) A model of healing of Los Angeles grades C and D reflux oesophagitis: is there an optimal time of acid suppression for maximal healing? Alimentary Pharmacology & Therapeutics 32(3):443-447.	not a primary study.
Kawano S, Murata H, Tsuji S et al. (2002) Randomized comparative study of omeprazole and famotidine in reflux esophagitis. Journal of Gastroenterology & Hepatology 17(9):955-959.	results not clear for patients with severe erosive esophagitis only.
Kinoshita Y, Hongo M (2012) Efficacy of twice-daily rabeprazole for reflux esophagitis patients refractory to standard once-daily administration of PPI: the Japan-based TWICE study. American Journal of Gastroenterology 107(4):522-530.	protocol excluded, no control group.
Klinkenberg-Knol EC, Jansen JM, Festen HP et al. (1987) Double-blind multicentre comparison of omeprazole and ranitidine in the treatment of reflux oesophagitis. Lancet (8529):349-351	study includes patients with Barrett's oesophagus.
Klok RM, Postma MJ, van Hout BA et al. (2003) Meta-analysis: comparing the efficacy of proton pump inhibitors in short-term use. Alimentary Pharmacolgy & Therapeutics 17(10):1237-1245.	limited relevant trials included, one in patients with non-erosive oesophagitis.
Korner T, Schutze K, van Leendert RJ et al. (2003) Comparable efficacy of pantoprazole and omeprazole in patients with moderate to severe reflux esophagitis Results of a multinational study. Digestion 67(1-2):6-13.	results not clear for patients with severe erosive esophagitis only.
Kovacs TO, Freston JW, Haber MM (2010) Long-term quality of life improvement in subjects with healed erosive esophagitis: treatment with Lansoprazole. Digestive Diseases and Sciences 55(5):1325-1336.	not a primary study.
Kusunoki H, Kusaka M, Kido S et al. (2009) Comparison of the effects of omeprazole and famotidine in treatment of upper abdominal symptoms in patients with reflux esophagitis. Journal of Gastroenterology 44(4):261-270.	not a randomised trial.
Labenz J, Armstrong D, Lauritsen K, et al. (2005) A randomized comparative study of esomeprazole 40 mg versus pantoprazole 40 mg for healing erosive oesophagitis: the EXPO study. Alimentary Pharmacology & Therapeutics 21(6):739-746.	study includes patients with Barrett's oesophagus.
Labenz J, Armstrong D, Lauritsen K et al. (2005) Esomeprazole 20 mg vs pantoprazole 20 mg for maintenance therapy of healed erosive oesophagitis: results from the EXPO study. Alimentary Pharmacology & Therapeutics 22(9):803-811	study includes patients with Barrett's oesophagus.
Labenz J, Armstrong D, Zetterstrand S et al. (2009) Clinical trial: factors associated with resolution of heartburn in patients with reflux oesophagitis--results from the EXPO study. Alimentary Pharmacology & Therapeutics 29(9):959-966.	protocol excluded, main outcome not relevant.
Labenz J, Armstrong D, Zetterstrand S et al. (2009) Clinical trial: factors associated with freedom from relapse of heartburn in patients with healed reflux oesophagitis--results from the maintenance phase of the EXPO study. Alimentary Pharmacology & Therapeutics 29(11):1165-1171.	not a primary study.
Laursen LS, Havelund T, Bondesen S et al (1995) Omeprazole in the	results not clear for

Excluded studies	Reason for exclusion
long-term treatment of gastro-oesophageal reflux disease. A double-blind randomized dose-finding study, Scandinavian Journal of Gastroenterology 30(9):839-846.	patients with severe erosive esophagitis only.
Lewin van den Broek NT, Numans ME, Buskens E et al (2001) A randomised controlled trial of four management strategies for dyspepsia: relationships between symptom subgroups and strategy outcome. British Journal of General Practice 51(469):619-624.	baseline endoscopy grades not reported.
Lundell L (1990) Prevention of relapse of reflux oesophagitis after endoscopic healing: the efficacy and safety of omeprazole compared with ranitidine. Digestion 47 Suppl 1:72-75.	results not clear for patients with severe erosive esophagitis only.
Lundell L, Backman L, Ekstrom P et al (1990) Omeprazole or high-dose ranitidine in the treatment of patients with reflux oesophagitis not responding to 'standard doses' of H2-receptor antagonists. Alimentary Pharmacology & Therapeutics 4(2):145-155.	results not clear for patients with severe erosive esophagitis only.
Lundell L, Backman L, Ekstrom P et al (1991) Prevention of relapse of reflux esophagitis after endoscopic healing: the efficacy and safety of omeprazole compared with ranitidine. Scandinavian Journal of Gastroenterology 26(3):248-256.	results not clear for patients with severe erosive esophagitis only.
Marks RD, Richter JE, Rizzo J et al (1994) Omeprazole versus H2-receptor antagonists in treating patients with peptic stricture and esophagitis. Gastroenterology 106(4):907-915.	not relevant, evaluating treatment of peptic stricture, not esophagitis. Comparator was a choice of H2RAs at investigators discretion.
Mathias SD, Castell DO, Elkin EP et al. (1996) Health-related quality of life of patients with acute erosive reflux esophagitis. Digestive Diseases and Sciences 41(11):2123-2129.	not a primary study.
Mathias SD, Colwell HH, Miller DP et al. (2001) Health-Related quality-of-life and quality-days incrementally gained in symptomatic nonerosive GERD patients treated with lansoprazole or ranitidine. Digestive Diseases and Sciences 46(11):2416-2423.	only patients with mild, non-erosive esophagitis included.
Maton PN, Orlando R, Joelsson B. (1999) Efficacy of omeprazole versus ranitidine for symptomatic treatment of poorly responsive acid reflux disease-a prospective, controlled trial. Alimentary Pharmacology & Therapeutics 13(6):819-826.	no endoscopy performed.
Mulder CJ, Dekker W, Gerretsen M. (1996). Lansoprazole 30 mg versus omeprazole 40 mg in the treatment of reflux oesophagitis grade II, III and IVa (a Dutch multicentre trial). Dutch Study Group. European Journal of Gastroenterology & Hepatology 8(11):1101-1106.	study includes patients with Barrett's oesophagus.
Mulder CJ, Westerveld BD, Smit JM et al. (2002) A double-blind, randomized comparison of omeprazole Multiple Unit Pellet System (MUPS) 20 mg, lansoprazole 30 mg and pantoprazole 40 mg in symptomatic reflux oesophagitis followed by 3 months of omeprazole MUPS maintenance treatment: a Dutch multicentre trial. European Journal of Gastroenterology & Hepatology14(6):649-656.	no endoscopy performed.
Norman HA, Bergheim R, Fagertun H et al. (2005) A randomised prospective study comparing the effectiveness of esomeprazole treatment strategies in clinical practice for 6 months in the management of patients with symptoms of gastroesophageal reflux disease. International Journal of Clinical Practice 59(6):665-671.	no endoscopy performed.
Pace F, Negrini C, Wiklund I et al. (2005) Quality of life in acute and maintenance treatment of non-erosive and mild erosive gastro-	not a primary study.

Excluded studies	Reason for exclusion
oesophageal reflux disease. Alimentary Pharmacology & Therapeutics 22(4):349-356.	
Pai VG, Pai NV, Thacker HP et al. (2006) Comparative clinical trial of S-pantoprazole versus racemic pantoprazole in the treatment of gastro-esophageal reflux disease. World Journal of Gastroenterology12(37):6017-6020.	baseline endoscopy grades not reported for all patients.
Pare P, Armstrong D, Pericak D et al. (2003) Pantoprazole rapidly improves health-related quality of life in patients with heartburn: a prospective, randomized, double blind comparative study with nizatidine. Journal of Clinical Gastroenterology 37(2):132-138.	not a primary study.
Peura DA, Freston JW, Haber MM et al. (2009) Lansoprazole for long-term maintenance therapy of erosive esophagitis: double-blind comparison with ranitidine. Digestive Diseases and Sciences 54(5):955-963.	results not clear for patients with severe erosive esophagitis only.
Peura DA, Riff DS, Snoddy AM et al. (2009) Clinical trial: lansoprazole 15 or 30 mg once daily vs placebo for treatment of frequent nighttime heartburn in self-treating subjects. Alimentary Pharmacology & Therapeutics 30(5):459-468.	only patients with mild, non-erosive esophagitis included.
Pilotto A, Leandro G, Franceschi M (2003) Short- and long-term therapy for reflux oesophagitis in the elderly: a multi-centre, placebo-controlled study with pantoprazole. Alimentary Pharmacology & Therapeutics 17(11):1399-1406.	results not clear for patients with severe erosive esophagitis only.
Pilotto A, Franceschi M, Leandro G et al. (2007) Comparison of four proton pump inhibitors for the short-term treatment of esophagitis in elderly patients. World Journal of Gastroenterology 13(33):4467-4472.	study includes patients with Barrett's oesophagus.
Plein K, Hotz J, Wurzer H. (2000) Pantoprazole 20 mg is an effective maintenance therapy for patients with gastro-oesophageal reflux disease. European Journal of Gastroenterology & Hepatology 12(4):425-432.	results not clear for patients with severe erosive esophagitis only.
Pratha V, Hogan DL, Lynn RB et al. (2006) Intravenous pantoprazole as initial treatment in patients with gastroesophageal reflux disease and a history of erosive esophagitis: a randomized clinical trial. Digestive Diseases and Sciences 51(9):1595-1601.	follow up period < 28 days.
Revicki DA, Sorensen S, Maton PN. (1998) Health-related quality of life outcomes of omeprazole versus ranitidine in poorly responsive symptomatic gastroesophageal reflux disease. Digestive Diseases 16(5):284-291.	no endoscopy performed.
Richter JE, Fraga P, Mack M et al. (1991) Reflux oesophagitis resolves more rapidly with omeprazole 20 mg once daily that with ranitidine 150 mg twice daily: omeprazole 40 mg once daily provides further benefit in unresponsive patients. British Journal of Clinical Research 2:133-148.	results not clear for patients with severe erosive esophagitis only.
Richter JE, Sabesin SM, Kogut DG et al. (1996) Omeprazole versus ranitidine or ranitidine/metoclopramide in poorly responsive symptomatic gastroesophageal reflux disease. American Journal of Gastroenterology 91(9):1766-1772.	results not clear for patients with severe erosive esophagitis only.
Richter JE, Kahrilas PJ, Sontag SJ et al. (2001) Comparing lansoprazole and omeprazole in onset of heartburn relief: results of a randomized, controlled trial in erosive esophagitis patients. American Journal of Gastroenterology 96(11):3089-3098.	results not clear for patients with severe erosive esophagitis only.
Robinson M, Decktor DL, Maton PN et al. (1993) Omeprazole is superior to ranitidine plus metoclopramide in the short-term treatment of erosive esophagitis. Alimentary Pharmacology & Therapeutics 7:67-73.	results not clear for patients with severe erosive esophagitis only.

Excluded studies	Reason for exclusion
Ruth M, Enbom H, Lundell L et al. (1988) The effect of omeprazole or ranitidine treatment on 24-hour esophageal acidity in patients with reflux esophagitis. Scandinavian Journal of Gastroenterology 23(9):1141-1146.	results not clear for patients with severe erosive esophagitis only.
Sakurai K, Nagahara A, Inoue K et al (2012) Efficacy of omeprazole, famotidine, mosapride and teprenone in patients with upper gastrointestinal symptoms: an omeprazole-controlled randomized study (J-FOCUS). BMC Gastroenterology 12:42.	results not clear for patients with severe erosive esophagitis only.
Sandmark S, Carlsson R, Fausa O et al. (1988) Omeprazole or ranitidine in the treatment of reflux esophagitis. Results of a double-blind, randomized, Scandinavian multicenter study. Scandinavian Journal of Gastroenterology 23(5):625-632.	study includes patients with Barrett's oesophagus.
Schneider H, Van RC, Schmidt S et al. (2004) Esomeprazole 40 mg administered intravenously has similar safety and efficacy profiles to the oral formulation in patients with erosive esophagitis. Digestion 70(4):250-256.	protocol excluded, no control group.
Scholten T, Gatz G, Hole U (2003) Once-daily pantoprazole 40 mg and esomeprazole 40 mg have equivalent overall efficacy in relieving GERD-related symptoms. Alimentary Pharmacology & Therapeutics 18(6):587-594.	results not clear for patients with severe erosive esophagitis only.
Sharma VK, Leontiadis GI, Howden CW. (2001) Meta-analysis of randomized controlled trials comparing standard clinical doses of omeprazole and lansoprazole in erosive oesophagitis. Alimentary Pharmacology & Therapeutics 15(2):227-231.	not a primary study, data not reported by severity of erosive oesophagitis.
Shimatani T, Inoue M, Kuroiwa T et al. (2007) Which has superior acid-suppressive effect, 10 mg omeprazole once daily or 20 mg famotidine twice daily? Effects of single or repeated administration in Japanese Helicobacter pylori-negative CYP2C19 extensive metabolizers. Digestive Diseases and Sciences 52(2):390-395.	follow up period < 28 days.
Soga T, Matsuura M, Kodama Y et al. (1999) Is a proton pump inhibitor necessary for the treatment of lower-grade reflux esophagitis?Journal of Gastroenterology 34(4):435-440.	results not clear for patients with severe erosive esophagitis only.
Sontag SJ, Hirschowitz BI, Holt S et al. (1992) Two doses of omeprazole versus placebo in symptomatic erosive esophagitis: the US Multicenter Study. Gastroenterology 1992; 102(1):109-118.	study includes patients with Barrett's oesophagus.
Sontag SJ, Kogut DG, Fleischmann R et al. (1996) Lansoprazole prevents recurrence of erosive reflux esophagitis previously resistant to H2-RA therapy The Lansoprazole Maintenance Study Group. American Journal of Gastroenterology 91(9):1758-1765.	baseline disease severity only partially reported.
Sontag SJ, Kogut DG, Fleischmann R et al (1997) Lansoprazole heals erosive reflux esophagitis resistant to histamine H2-receptor antagonist therapy. American Journal of Gastroenterology 92(3):429-437.	study includes patients with Barrett's oesophagus.
Sontag SJ, Robinson M, Roufail W et al. (1997) Daily omeprazole surpasses intermittent dosing in preventing relapse of oesophagitis: a US multi-centre double-blind study. Alimentary Pharmacology & Therapeutics 11(2):373-380.	baseline disease severity not clear.
Suurna MV, Welge J, Surdulescu V et al. (2008) Randomized placebo-controlled trial of pantoprazole for daytime sleepiness in GERD and obstructive sleep disordered breathing. Otolaryngology -- Head and Neck Surgery 139(2):286-290.	no endoscopy performed.
Talley NJ, Moore MG, Sprogis A et al. (2002) Randomised controlled trial of pantoprazole versus ranitidine for the treatment of uninvestigated	no endoscopy performed.

Excluded studies	Reason for exclusion
heartburn in primary care. Medical Journal of Australia 177(8):423-427.	
Tepes B, Stabuc B, Kocijancic B et al. (2009) Maintenance therapy of gastroesophageal reflux disease patients with omeprazole. Hepatogastroenterology 56(89):67-74.	no control in patients with severe oesophagitis.
The Italian Reflux Oesophagitis Group (1991) Omeprazole produces significantly greater healing of erosive or ulcerative reflux esophagitis than ranitidine. European Journal of Gastroenterology & Hepatology 3:511-517.	study includes patients with Barrett's oesophagus.
Thjodleifsson B, Beker JA, Dekkers C et al. (2000) Rabeprazole versus omeprazole in preventing relapse of erosive or ulcerative gastroesophageal reflux disease: a double-blind, multicenter, European trial. The European Rabeprazole Study Group. Digestive Diseases and Sciences 45(5):845-853.	baseline disease severity not reported.
Thjodleifsson B, Rindi G, Fiocca R et al. (2003) A randomized, double-blind trial of the efficacy and safety of 10 or 20 mg rabeprazole compared with 20 mg omeprazole in the maintenance of gastro-oesophageal reflux disease over 5 years. Alimentary Pharmacology & Therapeutics 17(3):343-351.	results not clear for patients with severe erosive esophagitis only.
Thomson AB. (2000) Are the orally administered proton pump inhibitors equivalent? A comparison of lansoprazole, omeprazole, pantoprazole, and rabeprazole [review]. Current Gastroenterology Reports 2(6):482-49.	narrative review.
Umeda N, Miki K, Hoshino E. (1995) Lansoprazole versus famotidine in symptomatic reflux esophagitis: a randomized, multicnter study. Journal of Clinical Gastroenterology 20 Suppl 1:S17-S23.	not appropriately randomised.
Vakil NB, Shaker R, Johnson DA et al. (2001) The new proton pump inhibitor esomeprazole is effective as a maintenance therapy in GERD patients with healed erosive oesophagitis: a 6-month, randomized, double-blind, placebo-controlled study of efficacy and safety. Alimentary Pharmacology & Therapeutics 15(7):927-935.	results not clear for patients with severe erosive esophagitis only.
Vakil N. (2003) Review article: esomeprazole, 40 mg once daily, compared with lansoprazole, 30 mg once daily, in healing and symptom resolution of erosive oesophagitis. Alimentary Pharmacology & Therapeutics 17 Suppl 1:21-23.	not a primary study.
Vakil N, Fennerty MB (2003) Direct comparative trials of the efficacy of proton pump inhibitors in the management of gastro-oesophageal reflux disease and peptic ulcer disease [review] Alimentary Pharmacology & Therapeutics 18(6):559-568.	not a primary study, data not reported by severity of erosive oesophagitis.
van PB, Numans ME, Lau J et al. (2003) Short-term treatment of gastroesophageal reflux disease. Journal of General Internal Medicine 18(9):755-763.	only patients with mild, non-erosive esophagitis included.
van Zanten SV, Wahlqvist P, Talley NJ K et al. (2011) Randomised clinical trial: the burden of illness of uninvestigated dyspepsia before and after treatment with esomeprazole--results from the STARS II study. Alimentary Pharmacology & Therapeutics 34(7):714-723.	no endoscopy performed.
van Zanten SJ, Henderson C, Hughes N (2012) Patient satisfaction with medication for gastroesophageal reflux disease: a systematic review. Canadian Journal of Gastroenterology 26(4):196-204.	not a primary study, non-RCTs selected.
van ZJ, Van RC, Vieweg W et al. (2004) Efficacy and safety of pantoprazole versus ranitidine in the treatment of patients with symptomatic gastroesophageal reflux disease. Digestion 70(1):61-69.	no endoscopy performed.
Vantrappen G, Rutgeerts L, Schurmans P et al. (1988) Omeprazole (40 mg) is superior to ranitidine in short-term treatment of ulcerative reflux	study includes patients with Barrett's

Excluded studies	Reason for exclusion
esophagitis. Digestive Diseases Science 33(5):523-529.	oesophagus.
Vcev A, Begic I, Ostojic R (2006). Esomeprazole versus pantoprazole for healing erosive oesophagitis. Collegium Antropologicum 30(3):519-522.	study includes patients with Barrett's oesophagus.
Venables TL, Newland RD, Patel AC et al. (1997) Maintenance treatment for gastro-oesophageal reflux disease. A placebo-controlled evaluation of 10 milligrams omeprazole once daily in general practice. Scandinavian Journal of Gastroenterology 32(7):627-632.	only patients with mild, non-erosive esophagitis included.
Venables TL, Newland RD, Patel AC et al. (1997) Omeprazole 10 milligrams once daily, omeprazole 20 milligrams once daily, or ranitidine 150 milligrams twice daily, evaluated as initial therapy for the relief of symptoms of gastro-oesophageal reflux disease in general practice. Scandinavian Journal of Gastroenterology 32(10):965-973.	results not clear for patients with severe erosive esophagitis only.
Vigneri S, Termini R, Leandro G et al. (1995) A comparison of five maintenance therapies for reflux esophagitis. New England Journal of Medicine 333(17):1106-1110.	study includes patients with Barrett's oesophagus.
Wang WH, Huang JQ, Zheng GFet al. (2005) Head-to-head comparison of H2-receptor antagonists and proton pump inhibitors in the treatment of erosive esophagitis: a meta-analysis. World Journal of Gastroenterology 11(26):4067-4077.	not a primary study, data pooled across drug classes.
Watson RG, Tham TC, Johnston BT et al. (1997) Double blind cross-over placebo controlled study of omeprazole in the treatment of patients with reflux symptoms and physiological levels of acid reflux--the "sensitive oesophagus". Gut 40(5):587-590.	only patients with mild, non-erosive esophagitis included.
Welage LS, Berardi RR (2000) Evaluation of omeprazole, lansoprazole, pantoprazole, and rabeprazole in the treatment of acid-related diseases.[Review] Journal of the American Pharmacist's Association (Washington) 40(1):52-62.	narrative review.
Wiklund I, Bardhan KD, Muller-Lissner S et al (1998) Quality of life during acute and intermittent treatment of gastro-oesophageal reflux disease with omeprazole compared with ranitidine. Results from a multicentre clinical trial. The European Study Group. Italian Journal of Gastroenterology & Hepatology 30(1):19-27.	results not clear for patients with severe erosive esophagitis only.
Wong WM, Lai KC, Hui WM et al. (2004) Double-blind, randomized controlled study to assess the effects of lansoprazole 30 mg and lansoprazole 15 mg on 24-h oesophageal and intragastric pH in Chinese subjects with gastro-oesophageal reflux disease. Alimentary Pharmacology & Therapeutics 19(4):455-462.	only patients with mild erosive esophagitis included.

G.5 Question 5

Excluded studies	Reason for exclusion
Anon (2007) Switching antibiotics mid-course improves H pylori cure rate. Journal of Family Practice 56: 608.	Not an RCT or SR
Anon (2008) 7 days of triple therapy good for H pylori. Journal of Family Practice 57: 8.	Secondary publication of included study
Adachi K, Hashimoto T, Ishihara S et al. (2003) Comparison of five-day Helicobacter pylori eradication regimens: Rabeprazole-based and omeprazole-based regimens with and without omeprazole pretreatment. Current Therapeutic Research -	Excluded geographical setting

Excluded studies	Reason for exclusion
Clinical and Experimental 64: 412-21.	
Adamek RJ, Freitag M, Opferkuch W et al. (1994) Intravenous omeprazole/amoxicillin and omeprazole pretreatment in Helicobacter pylori-positive acute peptide ulcer bleeding. A pilot study. Scandinavian Journal of Gastroenterology 29: 880-3.	Not an RCT or SR
Adamek RJ, Szymanski C, Pfaffenbach B (1997) Pantoprazole versus omeprazole in one-week low-dose triple therapy for curve of H. pylori infection. American Journal of Gastroenterology 92: 1949-50.	Only PPI differs between regimens
Adamek RJ, Bethke TD (1998) Cure of Helicobacter pylori infection and healing of duodenal ulcer: comparison of pantoprazole-based one-week modified triple therapy versus two-week dual therapy. The International Pantoprazole HP Study Group. American Journal of Gastroenterology 93: 1919-24.	Excluded geographical setting
Adamek RJ, Szymanski C, Pfaffenbach B (1999) Pantoprazole suppresses Helicobacter pylori without affecting cure. Helicobacter 4: 266-71.	Only PPI differs between regimens
al-Assi MT, Cole RA, Karttunen TJ et al. (1995) Treatment of Helicobacter pylori infection with omeprazole-amoxicillin combination therapy versus ranitidine/sodium bicarbonate-amoxicillin. American Journal of Gastroenterology 90: 1411-4.	Interventions do not include antibiotics, PPIs, H2RAs or chelates & complexes
al-Assi MT, Genta RM, Karttunen TJ et al. (1995) Azithromycin triple therapy for Helicobacter pylori infection: azithromycin, tetracycline, and bismuth. American Journal of Gastroenterology 90: 403-5.	Not an RCT or SR
Altintas E, Ulu O, Sezgin O et al. (2004) Comparison of ranitidine bismuth citrate, tetracycline and metronidazole with ranitidine bismuth citrate and azithromycin for the eradication of Helicobacter pylori in patients resistant to PPI based triple therapy. Turkish Journal of Gastroenterology 15: 90-3.	Second line studies
Amarapurkar D, Makesar M, Amarapurkar A et al. (2004) Helicobacter pylori eradication: efficacy of conventional therapy in India. Tropical Doctor 34: 101-2.	Study not published as full text
Amrani N, Kanouni N, Bennani M et al. (2003) Helicobacter pylori eradication: Which first intention tri-therapy?. [French, English] OT - Eradication d'Helicobacter pylori: Quelle tritherapie de premiere intention? Acta Endoscopica 33: 371-5.	Excluded geographical setting
Anagnostopoulos GK, Tsiakos S, Margantinis G et al. (2004) Esomeprazole versus omeprazole for the eradication of Helicobacter pylori infection: results of a randomized controlled study. Journal of Clinical Gastroenterology 38: 503-6.	Excluded geographical setting
Arkkila PE, Seppala K, Kosunen TU et al. (2003) Eradication of Helicobacter pylori improves the healing rate and reduces the relapse rate of nonbleeding ulcers in patients with bleeding peptic ulcer. American Journal of Gastroenterology 98: 2149-56.	Unknown population
Asaka M, Ohtaki T, Kato M et al. (1994) Causal role of Helicobacter pylori in peptic ulcer relapse. Journal of Gastroenterology 29: Suppl-8.	Not an RCT or SR
Avidan B, Melzer E, Keller N et al. (2001) The effect of culture results for Helicobacter pylori on the choice of treatment following failure of initial eradication. Israel Medical Association	Excluded geographical setting

Excluded studies	Reason for exclusion
Journal: Imaj 3: 163-5.	
Aydin A, Onder G, Akarca U et al. (2007) Comparison of 1- and 2-week pantoprazole-based triple therapies in clarithromycin-sensitive and resistant cases. European Journal of Internal Medicine 18: 496-500.	Excluded geographical setting
Bago J, Halle ZB, Strinic D et al. (2002) The impact of primary antibiotic resistance on the efficacy of ranitidine bismuth citrate- vs. omeprazole-based one-week triple therapies in H. pylori eradication--a randomised controlled trial. Wiener Klinische Wochenschrift 114: 448-53.	Excluded geographical setting
Bago J, Galovic A, Belosic HZ et al. (2004) Comparison of the efficacy of 250 mg and 500 mg clarithromycin used with lansoprazole and amoxicillin in eradication regimens for Helicobacter pylori infection. Wiener Klinische Wochenschrift 116: 495-9.	Excluded geographical setting
Bago J, Pevec B, Tomic M et al. (2009) Second-line treatment for Helicobacter pylori infection based on moxifloxacin triple therapy: a randomized controlled trial. Wiener Klinische Wochenschrift 121: 47-52.	Second line studies
Bago P, Vcev A, Tomic M et al. (2007) High eradication rate of H. pylori with moxifloxacin-based treatment: a randomized controlled trial. Wiener Klinische Wochenschrift 119: 372-8.	Excluded geographical setting
Bancu L, Georgescu D, Ureche C et al. (2004) A prospective, randomized study on duodenal ulcer. Annals of Fundeni Hospital 9: 10-2.	Excluded geographical setting
Bardhan K, Bayerdorffer E, Veldhuyzen Van Zanten SJ et al. (2000) The HOMER Study: the effect of increasing the dose of metronidazole when given with omeprazole and amoxicillin to cure Helicobacter pylori infection. Helicobacter 5: 196-201.	Excluded geographical setting
Bardhan KD, Graham DY, Hunt RH et al. (1997) Effects of smoking on cure of Helicobacter pylori infection and duodenal ulcer recurrence in patients treated with clarithromycin and omeprazole. Helicobacter 2: 27-31.	Exclude for any other question specific reason
Bardhan KD, Dillon J, Axon AT et al. (2000) Triple therapy for Helicobacter pylori eradication: a comparison of pantoprazole once versus twice daily. Alimentary Pharmacology & Therapeutics 14: 59-67.	Only PPI differs between regimens
Bate CM, Keeling PWN, Crowe JP et al. (1998) Effect of Helicobacter pylori eradication in patients with non-ulcer dyspepsia and duodenal ulcer disease using two omeprazole treatment regimens - A 12 month follow-up study. Journal of Clinical Research 1: 103-18.	British Library unable to fulfil
Bayerdorffer E, Miehlke S, Mannes GA et al. (1995) Double-blind trial of omeprazole and amoxicillin to cure Helicobacter pylori infection in patients with duodenal ulcers. Gastroenterology 108: 1412-7.	Exclude for any other question specific reason
Bayerdorffer E, Lind T, Dite P et al. (1999) Omeprazole, amoxycillin and metronidazole for the cure of Helicobacter pylori infection. Eur J Gastroenterol Hepatol 11 Suppl 2: 19-22.	Excluded geographical setting
Bazzoli F, Pozzato P, Zagari M et al. (1998) Efficacy of lansoprazole in eradicating Helicobacter pylori: a meta-analysis.	Systematic reviews which have been

Excluded studies	Reason for exclusion
Helicobacter 3: 195-201.	screened for relevant studies
Bazzoli F, Zagari M, Pozzato P et al. (1998) Evaluation of short-term low-dose triple therapy for the eradication of Helicobacter pylori by factorial design in a randomized, double-blind, controlled study. Alimentary Pharmacology & Therapeutics 12: 439-45.	Excluded geographical setting
Bazzoli F, Zagari RM, Pozzato P et al. (2002) Low-dose lansoprazole and clarithromycin plus metronidazole vs. full-dose lansoprazole and clarithromycin plus amoxicillin for eradication of Helicobacter pylori infection. Alimentary Pharmacology & Therapeutics 16: 153-8.	Excluded geographical setting
Befrits R, Sjostedt S, Tour R et al. (2004) Long-term effects of eradication of Helicobacter pylori on relapse and histology in gastric ulcer patients: a two-year follow-up study. Scandinavian Journal of Gastroenterology 39: 1066-72.	Exclude for any other question specific reason
Bell GD, Bate CM, Axon AT et al. (1995) Addition of metronidazole to omeprazole/amoxycillin dual therapy increases the rate of Helicobacter pylori eradication: a double-blind, randomized trial. Alimentary Pharmacology & Therapeutics 9: 513-20.	Unknown population
Bell GD, Bate CM, Axon AT et al. (1996) Symptomatic and endoscopic duodenal ulcer relapse rates 12 months following Helicobacter pylori eradication treatment with omeprazole and amoxycillin with or without metronidazole. Alimentary Pharmacology & Therapeutics 10: 637-44.	Not dyspepsia
Bertoni G, Sassatelli R, Nigrisoli E et al. (1996) Triple therapy with omeprazole, amoxycillin and azitromycin is highly effective in the eradication of H. pylori infection - A multicenter controlled study versus dual therapy (amoxycillin and omeprazole). Argomenti Di Gastroenterologia Clinica 9: 55-61.	Study not available in English
Bertoni G, Sassatelli R, Nigrisoli E et al. (1996) Triple therapy with azithromycin, omeprazole, and amoxicillin is highly effective in the eradication of Helicobacter pylori: a controlled trial versus omeprazole plus amoxicillin. American Journal of Gastroenterology 91: 258-63.	Unknown population
Bianchi PG, Parente F, Lazzaroni M (1993) Short and long term outcome of Helicobacter pylori positive resistant duodenal ulcers treated with colloidal bismuth subcitrate plus antibiotics or sucralfate alone. Gut 34: 466-9.	Exclude for any other question specific reason
Bianchi PG, Lazzaroni M, Bargiggia S et al. (1996) Omeprazole coupled with two antibiotics for Helicobacter pylori eradication and prevention of ulcer recurrence. American Journal of Gastroenterology 91: 695-700.	Unknown population
Bilardi C, Dulbecco P, Zentilin P et al. (2004) A 10-day levofloxacin-based therapy in patients with resistant Helicobacter pylori infection: a controlled trial. Clinical Gastroenterology & Hepatology 2: 997-1002.	Second line studies
Bochenek WJ, Peters S, Fraga PD et al. (2003) Eradication of Helicobacter pylori by 7-day triple-therapy regimens combining pantoprazole with clarithromycin, metronidazole, or amoxicillin in patients with peptic ulcer disease: results of two double-blind,	Unknown population

Excluded studies	Reason for exclusion
randomized studies.[Erratum appears in Helicobacter. 2004 Apr;9(2):183]. Helicobacter 8: 626-42.	
Broutet N, Marais A, Lamouliatte H et al. (2001) cagA Status and eradication treatment outcome of anti-Helicobacter pylori triple therapies in patients with nonulcer dyspepsia. Journal of Clinical Microbiology 39: 1319-22.	Excluded geographical setting
Bujanda L, Sanchez A, Iriondo C et al. (2001) Ranitidine bismuth citrate versus omeprazole plus two antibiotics for Helicobacter pylori eradication during one week. Anales de Medicina Interna 18: 361-3.	Study not available in English
Bujanda L, Herrerias JM, Ripolles V et al. (2001) Efficacy and tolerability of three regimens for Helicobacter pylori eradication: A multicentre, double-blind, randomised clinical trial. Clinical Drug Investigation 21: 1-7.	Excluded geographical setting
Burette A, Glupczynski Y, De PC (1992) Evaluation of various multi-drug eradication regimens for Helicobacter pylori. European Journal of Gastroenterology and Hepatology 4: 817-23.	Exclude for any other question specific reason
Buzas GM, Gyorffy H, Szeles I et al. (2004) Second-line and third-line trial for helicobacter pylori infection in patients with duodenal ulcers: A prospective, crossover, controlled study. Current Therapeutic Research - Clinical and Experimental 65: 13-25.	Second line studies
Buzas GM, Jozan J (2006) First-line eradication of H pylori infection in Europe: a meta-analysis based on congress abstracts, 1997-2004. World Journal of Gastroenterology 12: 5311-9.	Exclude for any other question specific reason
Buzas GM, Szeles I (2008) Interpretation of the 13C-urea breath test in the choice of second- and third-line eradication of Helicobacter pylori infection. Journal of Gastroenterology 43: 108-14.	Second line studies
Calvet X, Garcia N, Campo R et al. (1998) Two-day quadruple therapy for cure of Helicobacter pylori infection: a comparative, randomized trial. American Journal of Gastroenterology 93: 932-4.	One or more study arms are less than 7 days
Calvet X, Lopez-Lorente M, Cubells M et al. (1999) Two-week dual vs. one-week triple therapy for cure of Helicobacter pylori infection in primary care: a multicentre, randomized trial. Alimentary Pharmacology & Therapeutics 13: 781-6.	Excluded geographical setting
Calvet X, Garcia N, Lopez T et al. (2000) A meta-analysis of short versus long therapy with a proton pump inhibitor, clarithromycin and either metronidazole or amoxycillin for treating Helicobacter pylori infection. Alimentary Pharmacology & Therapeutics 14: 603-9.	Systematic reviews which have been screened for relevant studies
Calvet X, Ducons J, Guardiola J et al. (2002) One-week triple vs. quadruple therapy for Helicobacter pylori infection - a randomized trial. Alimentary Pharmacology & Therapeutics 16: 1261-7.	Excluded geographical setting
Calvet X, Ducons J, Bujanda L et al. (2005) Seven versus ten days of rabeprazole triple therapy for Helicobacter pylori eradication: a multicenter randomized trial. American Journal of Gastroenterology 100: 1696-701.	Excluded geographical setting

Excluded studies	Reason for exclusion
Cammarota G, Tursi A, Papa A et al. (1996) Helicobacter pylori eradication using one-week low-dose lansoprazole plus amoxycillin and either clarithromycin or azithromycin. Alimentary Pharmacology & Therapeutics 10: 997-1000.	Excluded geographical setting
Cammarota G, Cianci R, Gasbarrini G (1999) Eradication of Helicobacter pylori in routine clinical practice: doubts and uncertainties. Hepato-Gastroenterology 46: 312-5.	Excluded geographical setting
Carvalho AF, Fiorelli LA, Jorge VN et al. (1998) Addition of bismuth subnitrate to omeprazole plus amoxycillin improves eradication of Helicobacter pylori. Alimentary Pharmacology & Therapeutics 12: 557-61.	Comparator dataset
Caselli M, Trevisani L, Tursi A et al. (1997) Short-term low-dose triple therapy with azithromycin, metronidazole and lansoprazole appears highly effective for the eradication of Helicobacter pylori. European Journal of Gastroenterology & Hepatology 9: 45-8.	Excluded geographical setting
Caselli M, Zullo A, Maconi G et al. (2007) "Cervia II Working Group Report 2006": guidelines on diagnosis and treatment of Helicobacter pylori infection in Italy. Digestive & Liver Disease 39: 782-9.	Not an RCT or SR
Catalano F, Catanzaro R, Bentivegna C et al. (1998) Ranitidine bismuth citrate versus omeprazole triple therapy for the eradication of Helicobacter pylori and healing of duodenal ulcer. Alimentary Pharmacology & Therapeutics 12: 59-62.	Excluded geographical setting
Catalano F, Branciforte G, Catanzaro R et al. (1999) Comparative treatment of Helicobacter pylori-positive duodenal ulcer using pantoprazole at low and high doses versus omeprazole in triple therapy. Helicobacter 4: 178-84.	Excluded geographical setting
Catalano F, Branciforte G, Brogna A et al. (1999) Helicobacter pylori-positive functional dyspepsia in elderly patients: comparison of two treatments. Digestive Diseases & Sciences 44: 863-7.	Comparator dataset
Catalano F, Catanzaro R, Branciforte G et al. (2000) Five-day triple therapy in Helicobacter pylori-positive duodenal ulcer: an eighteen-month follow-up. Journal of Clinical Gastroenterology 31: 130-6.	Only PPI differs between regimens
Catalano F, Branciforte G, Catanzaro R et al. (2000) Helicobacter pylori-positive duodenal ulcer: three-day antibiotic eradication regimen. Alimentary Pharmacology & Therapeutics 14: 1329-34.	Excluded geographical setting
Catalano F, Terminella C, Branciforte G et al. (2002) Eradication therapy with rabeprazole versus omeprazole in the treatment of active duodenal ulcer. Digestion 66: 154-9.	Excluded geographical setting
Cataldo MG, Brancato D, Donatelli M et al. (1996) Treatment of patients with duodenal ulcer positive for Helicobacter pylori infection: Ranitidine or omeprazole associated with colloidal bismuth subcitrate plus amoxicillin. Current Therapeutic Research Clinical and Experimental. 57: 168-74.	Comparator dataset
Chaudhary A, Ahuja V, Bal CS et al. (2004) Rank order of success favors longer duration of imidazole-based therapy for Helicobacter pylori in duodenal ulcer disease: a randomized pilot study. Helicobacter 9: 124-9.	Children < 16 (or mixed population without separate reporting of adult data)

Excluded studies	Reason for exclusion
Chen LW, Chien RN, Chang JJ et al. (2010) Comparison of the once-daily levofloxacin-containing triple therapy with the twice-daily standard triple therapy for first-line Helicobacter pylori eradication: a prospective randomised study. International Journal of Clinical Practice 64: 1530-4.	Excluded geographical setting
Chen SY, Wang JY, Chen J et al. (1999) Assessment of decisions in the treatment of Helicobacter pylori-related duodenal ulcer: a cost-effectiveness study. Journal of Gastroenterology & Hepatology 14: 977-83.	Excluded geographical setting
Chen TS, Tsay SH, Chang FY et al. (1995) Triple therapy for the eradication of Helicobacter pylori and reduction of duodenal ulcer relapse: comparison of 1 week and 2 week regimens and recrudescence rates over 12 months. Journal of Gastroenterology & Hepatology 10: 300-5.	Excluded geographical setting
Chen YK, Jajodia P, DeGuzman L et al. (2006) Randomized controlled trial comparing proton pump inhibitor-based eradication regimen versus low-cost eradication regimen for patients with Helicobacter pylori with uninvestigated dyspepsia. Journal of Applied Research 6: 214-22.	Contacted authors for further information / data but received no response
Chen ZQ, Zhang J, Kong CM (2002) Effect and therapy cost of short-term low-dose therapy with azithromycin, metronidazole and lansoprazole for eradication of Helicobacter pylori. Chinese Journal of New Drugs and Clinical Remedies 21: 687-9.	Study not available in English
Cheng H, Hu FL (2009) Furazolidone, amoxicillin, bismuth and rabeprazole quadruple rescue therapy for the eradication of Helicobacter pylori. World Journal of Gastroenterology 15: 860-4.	Second line studies
Cheng HC, Chang WL, Chen WY et al. (2007) Levofloxacin-containing triple therapy to eradicate the persistent H. pylori after a failed conventional triple therapy. Helicobacter 12: 359-63.	Second line studies
Cheon JH, Kim SG, Kim JM et al. (2006) Combinations containing amoxicillin-clavulanate and tetracycline are inappropriate for Helicobacter pylori eradication despite high in vitro susceptibility. Journal of Gastroenterology & Hepatology 21: 1590-5.	Second line studies
Cheon JH, Kim N, Lee DH et al. (2006) Efficacy of moxifloxacin-based triple therapy as second-line treatment for Helicobacter pylori infection. Helicobacter 11: 46-51.	Second line studies
Chey WD, Fisher L, Elta GH et al. (1997) Bismuth subsalicylate instead of metronidazole with lansoprazole and clarithromycin for Helicobacter pylori infection: a randomized trial. American Journal of Gastroenterology 92: 1483-6.	Not an RCT or SR
Chi CH, Lin CY, Sheu BS et al. (2003) Quadruple therapy containing amoxicillin and tetracycline is an effective regimen to rescue failed triple therapy by overcoming the antimicrobial resistance of Helicobacter pylori. Alimentary Pharmacology & Therapeutics 18: 347-53.	Second line studies
Chiba N, Rao BV, Rademaker JW et al. (1992) Meta-analysis of the efficacy of antibiotic therapy in eradicating Helicobacter pylori. American Journal of Gastroenterology 87: 1716-27.	Exclude for any other question specific reason
Chiba N, Lahaie R, Fedorak RN et al. (1998) Helicobacter pylori and peptic ulcer disease. Current evidence for management	Exclude for any other

Excluded studies	Reason for exclusion
strategies. Canadian Family Physician 44: 1481-8.	question specific reason
Chiba N, Marshall CP (2000) Omeprazole once or twice daily with clarithromycin and metronidazole for Helicobacter pylori eradication in a Canadian community practice. Canadian Journal of Gastroenterology 14: 27-31.	Only PPI differs between regimens
Childs SM, Roberts AP, Meineche-Schmidt V et al. (2000) The management of Helicobacter pylori infection in primary care: A systematic review of the literature. Family Practice 17: S6-S11.	Systematic reviews which have been screened for relevant studies
Ching CK, Ng WC (1997) Clarithromycin makes a difference to the approved dual therapy for eradication of Helicobacter pylori infection. Hong Kong Practitioner 19: 131-5.	Excluded geographical setting
Ching SS, Sabanathan S, Jenkinson LR (2008) Treatment of Helicobacter pylori in surgical practice: a randomised trial of triple versus quadruple therapy in a rural district general hospital. World Journal of Gastroenterology 14: 3855-60.	Unknown population
Chisholm MA (1998) Eradication of Helicobacter pylori in the treatment of uncomplicated peptic ulcer disease. Disease Management and Health Outcomes 3: 191-200.	Not an RCT or SR
Choi HS, Park DI, Hwang SJ et al. (2007) Double-dose, new-generation proton pump inhibitors do not improve Helicobacter pylori eradication rate. Helicobacter 12: 638-42.	Only PPI differs between regimens
Chu KM, Choi HK, Tuen HH et al. (1998) A prospective randomized trial comparing the use of omeprazole-based dual and triple therapy for eradication of Helicobacter pylori. American Journal of Gastroenterology 93: 1436-42.	Excluded geographical setting
Chuah SK, Tsay FW, Hsu PI et al. (2011) A new look at anti-Helicobacter pylori therapy. World Journal of Gastroenterology 17: 3971-5.	Not an RCT or SR
Chuah SK, Hsu PI, Chang KC et al. (2012) Randomized comparison of two non-bismuth-containing second-line rescue therapies for Helicobacter pylori. Helicobacter 17: 216-23.	Second line studies
Chuang CH, Sheu BS, Yang HB et al. (2001) Ranitidine bismuth citrate or omeprazole-based triple therapy for Helicobacter pylori eradication in Helicobacter pylori-infected non-ulcer dyspepsia. Digestive & Liver Disease 33: 125-30.	Excluded geographical setting
Chung JW, Lee JH, Jung HY et al. (2011) Second-line Helicobacter pylori eradication: a randomized comparison of 1-week or 2-week bismuth-containing quadruple therapy. Helicobacter 16: 289-94.	Second line studies
Ciociola AA, Webb DD, Turner K (1996) Dual and triple therapy regimens of antisecretory agents and antibiotics for the eradication of Helicobacter pylori: an overview. Scandinavian Journal of Gastroenterology - Supplement 218: 3-9.	Systematic reviews which have been screened for relevant studies
Cottrill MR, McKinnon C, Mason I et al. (1997) Two omeprazole-based Helicobacter pylori eradication regimens for the treatment of duodenal ulcer disease in general practice. Alimentary Pharmacology & Therapeutics 11: 919-27.	Exclude for any other question specific reason
Crispino P, Iacopini F, Pica R et al. (2005) Beta-lactamase inhibition with clavulanic acid supplementing standard amoxycillin-based triple therapy does not increase Helicobacter	Excluded geographical setting

Excluded studies	Reason for exclusion
pylori eradication rate. Digestive & Liver Disease 37: 826-31.	
Dal BN, Di MF, Battaglia G et al. (1998) Low dose of clarithromycin in triple therapy for the eradication of Helicobacter pylori: one or two weeks? Journal of Gastroenterology & Hepatology 13: 288-93.	Excluded geographical setting
Dammann HG, Folsch UR, Hahn EG et al. (2000) Eradication of H. pylori with pantoprazole, clarithromycin, and metronidazole in duodenal ulcer patients: a head-to-head comparison between two regimens of different duration. Helicobacter 5: 41-51.	Unknown population
Danese S, Armuzzi A, Romano A et al. (2001) Efficacy and tolerability of antibiotics in patients undergoing H. pylori eradication. Hepato-Gastroenterology 48: 465-7.	Excluded geographical setting
Daryani NE, Taher M, Shirzad S (2011) Helicobacter pylori infection: A review. Iranian Journal of Clinical Infectious Diseases 6 (1): 56-64.	Not an RCT or SR
de Boer WA, Driessen WM, Potters VP et al. (1994) Randomized study comparing 1 with 2 weeks of quadruple therapy for eradicating Helicobacter pylori. American Journal of Gastroenterology 89: 1993-7.	Exclude for any other question specific reason
de Boer WA, Driessen WM, Jansz AR et al. (1995) Quadruple therapy compared with dual therapy for eradication of Helicobacter pylori in ulcer patients: results of a randomized prospective single-centre study. European Journal of Gastroenterology & Hepatology 7: 1189-94.	Unknown population
de BW, Driessen W, Jansz A et al. (1995) Effect of acid suppression on efficacy of treatment for Helicobacter pylori infection. Lancet 345: 817-20.	Unknown population
De F, V, Zullo A, Hassan C et al. (2001) Two new treatment regimens for Helicobacter pylori eradication: a randomised study. Digestive & Liver Disease 33: 676-9.	Excluded geographical setting
De F, V, Zullo A, Hassan C et al. (2004) The prolongation of triple therapy for Helicobacter pylori does not allow reaching therapeutic outcome of sequential scheme: a prospective, randomised study. Digestive & Liver Disease 36: 322-6.	Excluded geographical setting
De KJD, Joubert M, Bazin N et al. (1994) Lansoprazole versus lansoprazole plus antibiotics in the treatment of Helicobacter pylori gastric infection. A randomised multicenter trial. ANN MED NANCY EST 33: 123-5.	Study not available in English
Delchier JC, Elamine I, Goldfain D et al. (1996) Omeprazole-amoxycillin versus omeprazole-amoxycillin-clarithromycin in the eradication of Helicobacter pylori. Alimentary Pharmacology & Therapeutics 10: 263-8.	Excluded geographical setting
Della LE, Rohr MR, Moraes M et al. (2001) Eradication of Helicobacter pylori infection in patients with duodenal ulcer and non-ulcer dyspepsia and analysis of one-year reinfection rates. Brazilian Journal of Medical & Biological Research 34: 753-7.	Unknown baseline characteristics of the population
Deltenre M, Jonas C, van GM et al. (1995) Omeprazole-based antimicrobial therapies: results in 198 Helicobacter pylori-positive patients. European Journal of Gastroenterology & Hepatology 7: Suppl-44.	Not an RCT or SR
Deltenre M, Jonas C, Otero J et al. (1996) Strategies for	Not an RCT or SR

Excluded studies	Reason for exclusion
Helicobacter pylori eradication in 1995: a review of international and Belgian experience. Journal of Physiology & Pharmacology 47: 59-69.	
Demir M, Gokturk HS, Ozturk NA et al. (2009) Efficacy of two different Helicobacter pylori eradication regimens in patients with type 2 diabetes and the effect of Helicobacter pylori eradication on dyspeptic symptoms in patients with diabetes: a randomized controlled study. American Journal of the Medical Sciences 338: 459-64.	Excluded geographical setting
Demir M, Gokturk S, Ozturk NA et al. (2010) Bismuth-based first-line therapy for Helicobacter pylori eradication in type 2 diabetes mellitus patients. Digestion 82: 47-53.	Excluded geographical setting
Di CS, Franceschi F, Mariani A et al. (2009) Second-line levofloxacin-based triple schemes for Helicobacter pylori eradication. Digestive & Liver Disease 41: 480-5.	Second line studies
Di MF, Battaglia F, Dal BN et al. (2000) Cure of Helicobacter pylori-positive active duodenal ulcer patients: a double-blind, multicentre, 12-month study comparing a two-week dual vs a one-week triple therapy. GISU (Interdisciplinary Group for Ulcer Study). Digestive & Liver Disease 32: 108-15.	Unknown population
Di MF, Aragona G, Bo ND et al. (2003) Use of lactoferrin for Helicobacter pylori eradication. Preliminary results. Journal of Clinical Gastroenterology 36: 396-8.	Excluded geographical setting
Dixon JS (1995) Helicobacter pylori eradication: unravelling the facts. Scandinavian Journal of Gastroenterology - Supplement 212: 48-62.	Systematic reviews which have been screened for relevant studies
Dixon JS, Pipkin GA, Mills JG et al. (1997) Ranitidine bismuth citrate plus clarithromycin for the eradication of H. pylori. Journal of Physiology & Pharmacology 48: Suppl-58.	Secondary publication of included study
Dogan UB, Tuncer C, Dursun A et al. (1997) A randomized prospective trial comparing results of different therapeutic regimens in the treatment of duodenal ulcer and Helicobacter pylori infection. Turkish Journal of Gastroenterology 8: 342-5.	Excluded geographical setting
Dong J, Yu XF, Zou J (2009) Azithromycin-containing versus standard triple therapy for Helicobacter pylori eradication: a meta-analysis. World Journal of Gastroenterology 15: 6102-10.	Systematic reviews which have been screened for relevant studies
Dotto P, Battaglia G, Franceschi M et al. (1993) Comparison of three different therapeutic regimens for eradicating Helicobacter pylori. CURR THER RES CLIN EXP 53: 557-64.	Exclude for any other question specific reason
Dresner D, Coyle W, Nemec R et al. (1996) Efficacy of ciprofloxacin in the eradication of Helicobacter pylori. Southern Medical Journal 89: 775-8.	Unknown population
Ell C, Schoerner C, Solbach W et al. (2001) The AMOR study: a randomized, double-blinded trial of omeprazole versus ranitidine together with amoxycillin and metronidazole for eradication of Helicobacter pylori. European Journal of Gastroenterology & Hepatology 13: 685-91.	Unknown population
Eralp Y, Dobrucali A, Bagatur N et al. (2000) A comparison of lansoprazole and omeprazole based triple combinations for the	Excluded geographical setting

Excluded studies	Reason for exclusion
treatment of Helicobacter pylori associated gastritis and peptic ulcer. Turkish Journal of Gastroenterology 11: 25-9.	
Ercin CN, Yesilova Z, Ozcan A et al. (2008) The effect of helicobacter pylori eradication therapy on dyspepsia and histopathologic score in patients with helicobacter pylori positive nonulcer dyspepsia. Anatolian Journal of Clinical Investigation 2: 118-22.	Not an RCT or SR
Essa AS, Kramer JR, Graham DY et al. (2009) Meta-analysis: four-drug, three-antibiotic, non-bismuth-containing "concomitant therapy" versus triple therapy for Helicobacter pylori eradication. Helicobacter 14: 109-18.	Exclude for any other question specific reason
Fanti L, Ieri R, Mezzi G et al. (2001) Long-term follow-up and serologic assessment after triple therapy with omeprazole or lansoprazole of Helicobacter-associated duodenal ulcer. Journal of Clinical Gastroenterology 32: 45-8.	Excluded geographical setting
Farup PG, Tholfsen J, Wetternus S et al. (2002) Comparison of three triple regimens with omeprazole or ranitidine bismuth citrate for Helicobacter pylori eradication. Scandinavian Journal of Gastroenterology 37: 1374-9.	Not dyspepsia
Fattahi MR, Saberi-Firoozi M, Saadat AR et al. (1999) Helicobacter pylori re-infection and recurrence rates of duodenal ulcer following treatment with three different anti-H. pylori regimens: A two-year follow-up study. Iranian Journal of Medical Sciences 24: 82-6.	Excluded geographical setting
Fennerty MB, Kovacs TO, Krause R et al. (1998) A comparison of 10 and 14 days of lansoprazole triple therapy for eradication of Helicobacter pylori. Archives of Internal Medicine 158: 1651-6.	Not dyspepsia
Fischbach L, Evans EL (2007) Meta-analysis: the effect of antibiotic resistance status on the efficacy of triple and quadruple first-line therapies for Helicobacter pylori. Alimentary Pharmacology & Therapeutics 26: 343-57.	Systematic reviews which have been screened for relevant studies
Fischbach LA, Correa P, Ramirez H et al. (2001) Anti-inflammatory and tissue-protectant drug effects: results from a randomized placebo-controlled trial of gastritis patients at high risk for gastric cancer. Alimentary Pharmacology & Therapeutics 15: 831-41.	Comparator dataset
Fischbach LA, Goodman KJ, Feldman M et al. (2002) Sources of variation of Helicobacter pylori treatment success in adults worldwide: a meta-analysis. International Journal of Epidemiology 31: 128-39.	Exclude for any other question specific reason
Fischbach LA, van ZS, Dickason J (2004) Meta-analysis: the efficacy, adverse events, and adherence related to first-line anti-Helicobacter pylori quadruple therapies. Alimentary Pharmacology & Therapeutics 20: 1071-82.	Systematic reviews which have been screened for relevant studies
Forbes GM, Collins BJ, McCullough CA et al. (1998) Short duration therapy for Helicobacter pylori in Western Australia: the impact of metronidazole resistance. Australian & New Zealand Journal of Medicine 28: 13-7.	Not dyspepsia
Ford A, Moayyedi P (2003) How can the current strategies for Helicobacter pylori eradication therapy be improved? Canadian Journal of Gastroenterology 17: Suppl-40B.	Not an RCT or SR

Excluded studies	Reason for exclusion
Ford AC, Malfertheiner P, Giguere M et al. (2008) Adverse events with bismuth salts for Helicobacter pylori eradication: Systematic review and meta-analysis. World Journal of Gastroenterology 14: 7361-70.	Exclude for any other question specific reason
Forne M, Viver JM, Espinos JC et al. (1995) Impact of colloidal bismuth subnitrate in the eradication rates of Helicobacter pylori infection-associated duodenal ulcer using a short treatment regimen with omeprazole and clarithromycin: a randomized study. American Journal of Gastroenterology 90: 718-21.	Excluded geographical setting
Forne M, Viver JM, Esteve M et al. (1998) Randomized clinical trial comparing two one-week triple-therapy regimens for the eradication of Helicobacter pylori infection and duodenal ulcer healing. American Journal of Gastroenterology 93: 35-8.	Excluded geographical setting
Frevel M, Daake H, Janisch HD et al. (2000) Eradication of Helicobacter pylori with pantoprazole and two antibiotics: a comparison of two short-term regimens. Alimentary Pharmacology & Therapeutics 14: 1151-7.	Unknown population
Fuccio L, Minardi ME, Zagari RM et al. (2007) Meta-analysis: duration of first-line proton-pump inhibitor based triple therapy for Helicobacter pylori eradication. Annals of Internal Medicine 147: 553-62.	Systematic reviews which have been screened for relevant studies
Furuta T, Shirai N, Kodaira M et al. (2007) Pharmacogenomics-based tailored versus standard therapeutic regimen for eradication of H. pylori. Clinical Pharmacology & Therapeutics 81: 521-8.	Excluded geographical setting
Gabryelewicz A, Czajkowski A, Skrodzka D et al. (1999) Multicentre study of efficacy and safety of lansoprazole, clarithromycin and amoxicillin in the treatment of duodenal ulcer in patients with Helicobacter pylori infection. Gastroenterologia Polska 6: 349-54.	Study not available in English
Gambaro C, Bilardi C, Dulbecco P et al. (2003) Comparable Helicobacter pylori eradication rates obtained with 4- and 7-day rabeprazole-based triple therapy: a preliminary study. Digestive & Liver Disease 35: 763-7.	Excluded geographical setting
Gasbarrini A, Ojetti V, Pitocco D et al. (2000) Efficacy of different Helicobacter pylori eradication regimens in patients affected by insulin-dependent diabetes mellitus. Scandinavian Journal of Gastroenterology 35: 260-3.	Not dyspepsia
Gasparetto M, Pescarin M, Guariso G (2012) Helicobacter pylori Eradication Therapy: Current Availabilities. Isrn Gastroenterology Print 2012: 186734.	Systematic reviews which have been screened for relevant studies
Gatta L, Vakil N, Leandro G et al. (2009) Sequential therapy or triple therapy for helicobacter pylori infection: Systematic review and meta-analysis of randomized controlled trials in adults and children. American Journal of Gastroenterology 104: 3069-79.	Systematic reviews which have been screened for relevant studies
Gene E, Calvet X, Azagra R et al. (2003) Triple vs quadruple therapy for treating Helicobacter pylori infection: an updated meta-analysis. Alimentary Pharmacology & Therapeutics 18: 543-4.	Not an RCT or SR
Gene E, Calvet X, Azagra R et al. (2003) Triple vs. quadruple therapy for treating Helicobacter pylori infection: a meta-analysis.	Systematic reviews which have been

Excluded studies	Reason for exclusion
Alimentary Pharmacology and Therapeutics 17: 1137-43.	screened for relevant studies
Georgopoulos SD, Ladas SD, Karatapanis S et al. (2002) Effectiveness of two quadruple, tetracycline- or clarithromycin-containing, second-line, Helicobacter pylori eradication therapies. Alimentary Pharmacology & Therapeutics 16: 569-75.	Second line studies
Georgopoulos SD, Papastergiou V, Karatapanis S (2012) Helicobacter pylori eradication therapies in the era of increasing antibiotic resistance: A paradigm shift to improved efficacy. Gastroenterology Research and Practice Article Number: 757926.	Not an RCT or SR
Giannini E, Romagnoli P, Fasoli A et al. (2000) Influence of Helicobacter pylori eradication therapy on 13C aminopyrine breath test: comparison among omeprazole-, lansoprazole-, or pantoprazole-containing regimens. American Journal of Gastroenterology 95: 2762-7.	Excluded geographical setting
Giannini EG, Bilardi C, Dulbecco P et al. (2006) A study of 4- and 7-day triple therapy with rabeprazole, high-dose levofloxacin and tinidazole rescue treatment for Helicobacter pylori eradication. Alimentary Pharmacology & Therapeutics 23: 281-7.	Second line studies
Gilbert G (2008) 7 Days of treatment good for Helicobacter pylori. Journal of the National Medical Association 100: 266-7.	Not an RCT or SR
Gisbert JP, Gisbert JL, Marcos S et al. (1999) Seven-day 'rescue' therapy after Helicobacter pylori treatment failure: omeprazole, bismuth, tetracycline and metronidazole vs. ranitidine bismuth citrate, tetracycline and metronidazole. Alimentary Pharmacology & Therapeutics 13: 1311-6.	Second line studies
Gisbert JP, Carpio D, Marcos S et al. (2000) One-week therapy with pantoprazole versus ranitidine bismuth citrate plus two antibiotics for Helicobacter pylori eradication. European Journal of Gastroenterology & Hepatology 12: 489-95.	Excluded geographical setting
Gisbert JP, Gonzalez L, Calvet X et al. (2000) Helicobacter pylori eradication: proton pump inhibitor vs. ranitidine bismuth citrate plus two antibiotics for 1 week-a meta-analysis of efficacy. Alimentary Pharmacology & Therapeutics 14: 1141-50.	Systematic reviews which have been screened for relevant studies
Gisbert JP, Gonzalez L, Calvet X et al. (2000) Proton pump inhibitor, clarithromycin and either amoxycillin or nitroimidazole: a meta-analysis of eradication of Helicobacter pylori. Alimentary Pharmacology & Therapeutics 14: 1319-28.	Systematic reviews which have been screened for relevant studies
Gisbert JP, Khorrami S, Calvet X et al. (2003) Meta-analysis: Proton pump inhibitors vs. H₂-receptor antagonists -Their efficacy with antibiotics in Helicobacter pylori eradication. Alimentary Pharmacology and Therapeutics 18: 757-66.	Systematic reviews which have been screened for relevant studies
Gisbert JP, Khorrami S, Calvet X et al. (2003) Systematic review: Rabeprazole-based therapies in Helicobacter pylori eradication. Alimentary Pharmacology & Therapeutics 17: 751-64.	Systematic reviews which have been screened for relevant studies
Gisbert JP, Pajares JM (2004) Esomeprazole-based therapy in Helicobacter pylori eradication: a meta-analysis. Digestive & Liver Disease 36: 253-9.	Systematic reviews which have been screened for relevant studies

Excluded studies	Reason for exclusion
Gisbert JP, Pajares JM (2004) Esomeprazole-based therapy in Helicobacter pylori eradication: A meta-analysis. Digestive and Liver Disease 36: 253-9.	Systematic reviews which have been screened for relevant studies
Gisbert JP, Khorrami S, Calvet X et al. (2004) Pantoprazole based therapies in Helicobacter pylori eradication: a systematic review and meta-analysis. European Journal of Gastroenterology & Hepatology 16: 89-99.	Systematic reviews which have been screened for relevant studies
Gisbert JP, Gonzalez L, Calvet X (2005) Systematic review and meta-analysis: proton pump inhibitor vs. ranitidine bismuth citrate plus two antibiotics in Helicobacter pylori eradication. Helicobacter 10: 157-71.	Systematic reviews which have been screened for relevant studies
Gisbert JP, Dominguez-Munoz A, Dominguez-Martin A et al. (2005) Esomeprazole-based therapy in Helicobacter pylori eradication: any effect by increasing the dose of esomeprazole or prolonging the treatment? American Journal of Gastroenterology 100: 1935-40.	Excluded geographical setting
Gisbert JP, Fuentes J, Carpio D et al. (2005) 7-day rescue therapy with ranitidine bismuth citrate after Helicobacter pylori treatment failure. Alimentary Pharmacology & Therapeutics 21: 1249-53.	Second line studies
Gisbert JP, Gisbert JL, Marcos S et al. (2006) Third-line rescue therapy with levofloxacin is more effective than rifabutin rescue regimen after two Helicobacter pylori treatment failures. Alimentary Pharmacology & Therapeutics 24: 1469-74.	Third line therapy
Gisbert JP, Morena F (2006) Systematic review and meta-analysis: levofloxacin-based rescue regimens after Helicobacter pylori treatment failure. Alimentary Pharmacology & Therapeutics 23: 35-44.	Second line studies
Gisbert JP, Gisbert JL, Marcos S et al. (2007) Levofloxacin- vs. ranitidine bismuth citrate-containing therapy after H. pylori treatment failure. Helicobacter 12: 68-73.	Second line studies
Gisbert JP, Pajares R, Pajares JM (2007) Evolution of Helicobacter pylori therapy from a meta-analytical perspective. Helicobacter 12: 50-8.	Not an RCT or SR
Gisbert JP, Gisbert JL, Marcos S et al. (2008) Empirical rescue therapy after Helicobacter pylori treatment failure: a 10-year single-centre study of 500 patients. Alimentary Pharmacology & Therapeutics 27: 346-54.	Second line studies
Gisbert JP, Calvet X, O'Connor JP et al. (2010) The sequential therapy regimen for Helicobacter pylori eradication. Expert Opinion on Pharmacotherapy 11: 905-18.	Exclude for any other question specific reason
Gisbert JP, Calvet X, O'Connor A et al. (2010) Sequential therapy for Helicobacter pylori eradication: a critical review. Journal of Clinical Gastroenterology 44: 313-25.	Exclude for any other question specific reason
Gisbert JP, Calvet X (2011) Review article: non-bismuth quadruple (concomitant) therapy for eradication of Helicobater pylori. Alimentary Pharmacology & Therapeutics 34: 604-17.	Exclude for any other question specific reason
Gisbert JP, Calvet X (2011) Erratum: Review article: Non-bismuth quadruple (concomitant) therapy for eradication of Helicobacter pylor (Aliment Pharmacol Ther (2011) 34 (604-	Exclude for any other question specific reason

Excluded studies	Reason for exclusion
167)). Alimentary Pharmacology and Therapeutics 34: 1352.	
Gisbert JP (2012) Rescue therapy for Helicobacter pylori infection 2012. Gastroenterology Research and Practice Article Number: 974594.	Second line studies
Gisbert JP, Calvet X (2012) Review article: Rifabutin in the treatment of refractory Helicobacter pylori infection. Alimentary Pharmacology and Therapeutics 35 (2): 209-21.	Second line studies
Gisbert JP, Calvet X (2012) Update on non-bismuth quadruple (concomitant) therapy for eradication of Helicobacter pylori. Clinical and Experimental Gastroenterology 5 (1): 23-34.	Systematic reviews which have been screened for relevant studies
Goddard AF, Logan RP, Lawes S et al. (1999) Randomized controlled comparison of nitroimidazoles for the eradication of Helicobacter pylori and relief of ulcer-associated and non-ulcer dyspepsia. Alimentary Pharmacology & Therapeutics 13: 637-42.	Unknown population
Goenka MK, Das K, Vaiphei K et al. (1996) Helicobacter pylori eradication--evaluation of triple therapy containing omeprazole. Indian Journal of Gastroenterology 15: 1-3.	Excluded geographical setting
Goh KL, Chuah SY, Azian M et al. (1994) Roxithromycin in the eradication of Helicobacter pylori. American Journal of Gastroenterology 89: 2099-100.	Comparator dataset
Goh KL, Peh SC, Parasakthi N et al. (1994) Omeprazole 40 mg o.m. combined with amoxycillin alone or with amoxycillin and metronidazole in the eradication of Helicobacter pylori. American Journal of Gastroenterology 89: 1789-92.	Excluded geographical setting
Gong C, Mera R, Bravo JC et al. (1999) KRAS mutations predict progression of preneoplastic gastric lesions. Cancer Epidemiology, Biomarkers & Prevention 8: 167-71.	Study looked at efficacy / effectiveness of non-pharmacological therapy
Goodwin CS, Mendall MM, Northfield TC (1997) Helicobacter pylori infection. Lancet 349: 265-9.	Not an RCT or SR
Graham DY, Breiter JR, Ciociola AA et al. (1998) An alternative non-macrolide, non-imidazole treatment regimen for curing Helicobacter pylori and duodenal ulcers: ranitidine bismuth citrate plus amoxicillin. The RBC H. pylori Study Group. Helicobacter 3: 125-31.	Comparator dataset
Graham DY, Hammoud F, El-Zimaity HM et al. (2003) Meta-analysis: proton pump inhibitor or H2-receptor antagonist for Helicobacter pylori eradication. Alimentary Pharmacology & Therapeutics 17: 1229-36.	Excluded geographical setting
Grimley CE, Penny A, O'sullivan M et al. (1999) Comparison of two 3-day Helicobacter pylori eradication regimens with a standard 1-week regimen. Alimentary Pharmacology & Therapeutics 13: 869-73.	Exclude for any other question specific reason
Grimm KJ (1999) Treatment of Helicobacter pylori infection in functional dyspepsia. Journal of Family Practice 48: 496-7.	Not an RCT or SR
Gschwantler M, Dragosics B, Schutze K et al. (1999) Famotidine versus omeprazole in combination with clarithromycin and metronidazole for eradication of Helicobacter pylori--a randomized, controlled trial. Alimentary Pharmacology & Therapeutics 13: 1063-9.	Excluded geographical setting

Excluded studies	Reason for exclusion
Gu LY, Lin WW, Lu H et al. (2011) Quadruple therapy with medications containing either rufloxacin or furazolidone as a rescue regimen in the treatment of Helicobacter pylori-infected dyspepsia patients: a randomized pilot study. Helicobacter 16: 284-8.	Second line studies
Guo CY, Wu YB, Liu HL et al. (2004) Clinical evaluation of four one-week triple therapy regimens in eradicating Helicobacter pylori infection. World Journal of Gastroenterology 10: 747-9.	Excluded geographical setting
Harris AW, Misiewicz JJ, Bardhan KD et al. (1998) Incidence of duodenal ulcer healing after 1 week of proton pump inhibitor triple therapy for eradication of Helicobacter pylori. The Lansoprazole Helicobacter Study Group. Alimentary Pharmacology & Therapeutics 12: 741-5.	Unknown population
Hawkey CJ, Atherton JC, Treichel HC et al. (2003) Safety and efficacy of 7-day rabeprazole- and omeprazole-based triple therapy regimens for the eradication of Helicobacter pylori in patients with documented peptic ulcer disease. Alimentary Pharmacology & Therapeutics 17: 1065-74.	Excluded geographical setting
Hojo M, Miwa H, Nagahara A et al. (2001) Pooled analysis on the efficacy of the second-line treatment regimens for Helicobacter pylori infection. Scandinavian Journal of Gastroenterology 36: 690-700.	Exclude for any other question specific reason
Holtmann G, Layer P, Goebell H (1996) Proton-pump inhibitors or H2-receptor antagonists for Helicobacter pylori eradication - A meta-analysis. Lancet 347: 763.	Not an RCT or SR
Houben MH, van de Beek D, Hensen EF et al. (1999) A systematic review of Helicobacter pylori eradication therapy--the impact of antimicrobial resistance on eradication rates. Alimentary Pharmacology & Therapeutics 13: 1047-55.	Exclude for any other question specific reason
Houben MH, Hensen EF, Rauws EA et al. (1999) Randomized trial of omeprazole and clarithromycin combined with either metronidazole or amoxycillin in patients with metronidazole-resistant or -susceptible Helicobacter pylori strains. Alimentary Pharmacology & Therapeutics 13: 883-9.	Unknown population
Houben MHMG, van de Beek D, Hensen EF et al. (1999) Helicobacter pylori eradication therapy in The Netherlands. Scandinavian Journal of Gastroenterology, Supplement 33: 17-22.	Exclude for any other question specific reason
Hsu CC, Lu SN, Changchien CS (2003) One-week low-dose triple therapy without anti-acid treatment has sufficient efficacy on Helicobacter pylori eradication and ulcer healing. Hepato-Gastroenterology 50: 1731-4.	Excluded geographical setting
Hsu PI, Lai KH, Lin CK et al. (2005) A prospective randomized trial of esomeprazole- versus pantoprazole-based triple therapy for Helicobacter pylori eradication. American Journal of Gastroenterology 100: 2387-92.	Excluded geographical setting
Hu TH, Chuah SK, Hsu PI et al. (2011) Randomized comparison of two nonbismuth-containing rescue therapies for Helicobacter pylori. American Journal of the Medical Sciences 342: 177-81.	Second line studies
Huang J, Hunt RH (1999) The importance of clarithromycin dose in the management of Helicobacter pylori infection: a meta-analysis of triple therapies with a proton pump inhibitor,	Systematic reviews which have been screened for relevant

Excluded studies	Reason for exclusion
clarithromycin and amoxycillin or metronidazole. Alimentary Pharmacology & Therapeutics 13: 719-29.	studies
Huang WH, Ho AS, Shyu RY et al. (1998) New one-week, low-dose triple therapy for the treatment of duodenal ulcer with Helicobacter pylori infection. Chung Hua i Hsueh Tsa Chih - Chinese Medical Journal 61: 448-55.	Excluded geographical setting
Huang YK, Wu MC, Wang SS et al. (2012) Lansoprazole-based sequential and concomitant therapy for the first-line Helicobacter pylori eradication. Journal of Digestive Diseases 13: 232-8.	Excluded geographical setting
Hundal O, Bergseth M, Gharehnia B et al. (1999) Absorption of bismuth from two bismuth compounds before and after healing of peptic ulcers. Hepato-Gastroenterology 46: 2882-6.	Comparator dataset
Hunt R, Fallone C, Veldhuyzan van ZS et al. (2004) Canadian Helicobacter Study Group Consensus Conference: Update on the management of Helicobacter pylori--an evidence-based evaluation of six topics relevant to clinical outcomes in patients evaluated for H pylori infection. Canadian Journal of Gastroenterology 18: 547-54.	Exclude for any other question specific reason
Hurenkamp GJ, Van Der Ende A, Grundmeijer HG et al. (2000) Equally high efficacy of 4, 7 and 10-day triple therapies to eradicate Helicobacter pylori infection in patients with ulcer disease. Alimentary Pharmacology & Therapeutics 14: 1065-70.	Unknown population
Iacopini F, Crispino P, Paoluzi OA et al. (2005) One-week once-daily triple therapy with esomeprazole, levofloxacin and azithromycin compared to a standard therapy for Helicobacter pylori eradication. Digestive & Liver Disease 37: 571-6.	Excluded geographical setting
Inaba T, Mizuno M, Kawai K et al. (2002) Randomized open trial for comparison of proton pump inhibitors in triple therapy for Helicobacter pylori infection in relation to CYP2C19 genotype. Journal of Gastroenterology & Hepatology 17: 748-53.	Excluded geographical setting
Isakov V, Domareva I, Koudryavtseva L et al. (2002) Furazolidone-based triple 'rescue therapy' vs. quadruple 'rescue therapy' for the eradication of Helicobacter pylori resistant to metronidazole. Alimentary Pharmacology & Therapeutics 16: 1277-82.	Second line studies
Isomoto H, Inoue K, Furusu H et al. (2003) High-dose rabeprazole-amoxicillin versus rabeprazole-amoxicillin-metronidazole as second-line treatment after failure of the Japanese standard regimen for Helicobacter pylori infection. Alimentary Pharmacology & Therapeutics 18: 101-7.	Second line studies
Isomoto H, Inoue K, Furusu H et al. (2003) Lafutidine, a novel histamine H2-receptor antagonist, vs lansoprazole in combination with amoxicillin and clarithromycin for eradication of Helicobacter pylori. Helicobacter 8: 111-9.	Excluded geographical setting
Jacobson K, Chiba N, Chen Y et al. (2001) Gastric acid secretory response in Helicobacter pylori-positive patients with duodenal ulcer disease. Canadian Journal of Gastroenterology 15: 29-39.	Exclude for any other question specific reason
Jafri NS, Hornung CA, Howden CW (2008) Meta-analysis: sequential therapy appears superior to standard therapy for Helicobacter pylori infection in patients naive to treatment.[Erratum appears in Ann Intern Med. 2008 Sep	Exclude for any other question specific reason

Excluded studies	Reason for exclusion
16;149(6):439]. Annals of Internal Medicine 148: 923-31.	
Jalalzadeh M, Nazarian M, Vafaeimanesh J et al. (2012) Comparison of azithromycin and clarithromycin triple therapy regimens for Helicobacter pylori eradication in hemodialysis patients. Nephro-Urology Monthly 4 (3): 571-7.	Excluded geographical setting
Janssen MJ, Van Oijen AH, Verbeek AL et al. (2001) A systematic comparison of triple therapies for treatment of Helicobacter pylori infection with proton pump inhibitor/ ranitidine bismuth citrate plus clarithromycin and either amoxicillin or a nitroimidazole. Alimentary Pharmacology & Therapeutics 15: 613-24.	Systematic reviews which have been screened for relevant studies
Janssen MJ, Laheij RJ, de Boer WA et al. (2005) Meta-analysis: the influence of pre-treatment with a proton pump inhibitor on Helicobacter pylori eradication. Alimentary Pharmacology & Therapeutics 21: 341-5.	Not an RCT or SR
Jaup BK (1996) Duodenal ulcer healing after 7-day treatment: a pilot study with lansoprazole, amoxicillin, and clarithromycin. Helicobacter 1: 260-1.	Not an RCT or SR
Jodlowski TZ, Lam S, Ashby J (2008) Emerging therapies for the treatment of Helicobacter pylori infections. Annals of Pharmacotherapy 42: 1621-39.	Systematic reviews which have been screened for relevant studies
Kale-Pradhan PB, Landry HK, Sypula WT et al. (2002) Esomeprazole for acid peptic disorders. Annals of Pharmacotherapy 36: 655-63.	Study not relevant to review question
Kang JM, Kim N, Lee DH et al. (2007) Second-line treatment for Helicobacter pylori infection: 10-day moxifloxacin-based triple therapy versus 2-week quadruple therapy. Helicobacter 12: 623-8.	Second line studies
Kashifard M, Malekzadeh R, Siavoshi F et al. (1998) Continuous and more effective duodenal ulcer healing under therapy with bismuth and two antibiotics than with dual therapy comprising omeprazole and amoxicillin. European Journal of Gastroenterology & Hepatology 10: 847-50.	Excluded geographical setting
Kawai T, Kawakami K, Kataoka M et al. (2006) Comparison of efficacies of dual therapy and triple therapy using rabeprazole in second-line eradication of Helicobacter pylori in Japan. Alimentary Pharmacology and Therapeutics 24: 16-22.	Second line studies
Kawai T, Yamagishi T, Yagi K et al. (2008) Tailored eradication therapy based on fecal Helicobacter pylori clarithromycin sensitivities. Journal of Gastroenterology and Hepatology 23 Suppl 2: S171-S174.	Excluded geographical setting
Kearney DJ (2001) Retreatment of Helicobacter pylori infection after initial treatment failure. American Journal of Gastroenterology 96: 1335-9.	Not an RCT or SR
Kihira K, Satoh K, Saifuku K et al. (2000) Rabeprazole, amoxycillin and low- or high-dose clarithromycin for cure of Helicobacter pylori infection.[Erratum appears in Aliment Pharmacol Ther 2000 Oct;14(10):1381]. Alimentary Pharmacology & Therapeutics 14: 1083-7.	Excluded geographical setting
Kilic ZM, Koksal AS, Cakal B et al. (2008) Moxifloxacine plus	Excluded geographical

Excluded studies	Reason for exclusion
amoxicillin and ranitidine bismuth citrate or esomeprazole triple therapies for Helicobacter pylori infection. Digestive Diseases & Sciences 53: 3133-7.	setting
Kim HS, Lee DK, Kim KH et al. (2001) Comparison of the efficacy and safety of different formulations of omeprazole-based triple therapies in the treatment of Helicobacter pylori-positive peptic ulcer. Journal of Gastroenterology 36: 96-102.	Only PPI differs between regimens
Kim JI, Park SH, Kim JK et al. (2002) The effects of nocturnal acid breakthrough on Helicobacter pylori eradication. Helicobacter 7: 331-6.	Excluded geographical setting
Kim NY, Oh HS, Jung MH et al. (1994) The effect of eradication of Helicobacter pylori upon the duodenal ulcer recurrence--a 24 month follow-up study. Korean Journal of Internal Medicine 9: 72-9.	Excluded geographical setting
Kim SY, Lee SW, Jung SW et al. (2008) Comparative study of Helicobacter pylori eradication rates of twice-versus four-times-daily amoxicillin administered with proton pump inhibitor and clarithromycin: a randomized study. Helicobacter 13: 282-7.	Excluded geographical setting
Kirstein FW, Epple HJ, Bojarski C et al. (1998) Dual versus triple therapy: comparison of five antibiotic regimens for eradication of Helicobacter pylori in a prospective, randomized study. Zeitschrift fur Gastroenterologie 36: 803-9.	Second line studies
Kiyota K, Habu Y, Sugano Y et al. (1999) Comparison of 1-week and 2-week triple therapy with omeprazole, amoxicillin, and clarithromycin in peptic ulcer patients with Helicobacter pylori infection: results of a randomized controlled trial. Journal of Gastroenterology 34: Suppl-9.	Excluded geographical setting
Klok RM, Postma MJ, Van Hout BA et al. (2003) Meta-analysis: Comparing the efficacy of proton pump inhibitors in short-term use. Alimentary Pharmacology and Therapeutics 17: 1237-45.	Systematic reviews which have been screened for relevant studies
Kohli Y, Kato T, Azuma T et al. (1995) Lansoprazole treatment of Helicobacter pylori-positive peptic ulcers. Journal of Clinical Gastroenterology 20: Suppl-51.	Not an RCT or SR
Koizumi W, Tanabe S, Hibi K et al. (1998) A prospective randomized study of amoxycillin and omeprazole with and without metronidazole in the eradication treatment of Helicobacter pylori. Journal of Gastroenterology & Hepatology 13: 301-4.	Excluded geographical setting
Koksal AS, Parlak E, Filik L et al. (2005) Ranitidine bismuth citrate-based triple therapies as a second-line therapy for Helicobacter pylori in Turkish patients. Journal of Gastroenterology & Hepatology 20: 637-42.	Second line studies
Kotzampassi K, Herodotou A, Paramythiotis D et al. (1997) Comparison of two therapeutic regimens for H. pylori eradication. Hellenic Journal of Gastroenterology 10: 215-9.	Excluded geographical setting
Kuo CH, Hu HM, Kuo FC et al. (2009) Efficacy of levofloxacin-based rescue therapy for Helicobacter pylori infection after standard triple therapy: a randomized controlled trial. Journal of Antimicrobial Chemotherapy 63: 1017-24.	Second line studies
Kuo CH, Wang SS, Hsu WH et al. (2010) Rabeprazole can	Second line studies

Excluded studies	Reason for exclusion
overcome the impact of CYP2C19 polymorphism on quadruple therapy. Helicobacter 15: 265-72.	
Kuo CH, Kuo FC, Hu HM et al. (2012) The optimal first-line therapy of helicobacter pylori infection in year 2012. Gastroenterology Research and Practice Article Number: 168361.	Not an RCT or SR
Labenz J, Gyenes E, Ruhl GH et al. (1993) Amoxicillin plus omeprazole versus triple therapy for eradication of Helicobacter pylori in duodenal ulcer disease: a prospective, randomized, and controlled study. Gut 34: 1167-70.	Comparator dataset
Labenz J, Ruhl GH, Bertrams J et al. (1994) Clinical course of duodenal ulcer disease one year after omeprazole plus amoxycillin or triple therapy plus ranitidine for cure of Helicobacter pylori infection. European Journal of Gastroenterology and Hepatology 6: 293-7.	Comparator dataset
Labenz J, Ruhl GH, Bertrams J et al. (1994) Medium- or high-dose omeprazole plus amoxicillin eradicates Helicobacter pylori in gastric ulcer disease. American Journal of Gastroenterology 89: 726-30.	Comparator dataset
Labenz J, Stolte M, Peitz U et al. (1995) Omeprazole/amoxicillin versus triple therapy for Helicobacter pylori in duodenal ulcer disease: two-year follow-up of a prospective randomized study. Zeitschrift fur Gastroenterologie 33: 590-3.	Comparator dataset
Labenz J, Stolte M, Ruhl GH et al. (1995) One-week low-dose triple therapy for the eradication of Helicobacter pylori infection. European Journal of Gastroenterology & Hepatology 7: 9-11.	Not an RCT or SR
Labenz J, Idstrom JP, Tillenburg B et al. (1997) One-week low-dose triple therapy for Helicobacter pylori is sufficient for relief from symptoms and healing of duodenal ulcers. Alimentary Pharmacology & Therapeutics 11: 89-93.	Only PPI differs between regimens
Laheij RJ, Rossum LG, Jansen JB et al. (1999) Evaluation of treatment regimens to cure Helicobacter pylori infection--a meta-analysis. Alimentary Pharmacology & Therapeutics 13: 857-64.	Not an RCT or SR
Laine L, Stein C, Neil G (1995) Limited efficacy of omeprazole-based dual and triple therapy for Helicobacter pylori: a randomized trial employing "optimal" dosing. American Journal of Gastroenterology 90: 1407-10.	Not dyspepsia
Laine L, Estrada R, Trujillo M et al. (1996) Randomized comparison of differing periods of twice-a-day triple therapy for the eradication of Helicobacter pylori. Alimentary Pharmacology & Therapeutics 10: 1029-33.	Not dyspepsia
Laine L, Frantz JE, Baker A et al. (1997) A United States multicentre trial of dual and proton pump inhibitor-based triple therapies for Helicobacter pylori. Alimentary Pharmacology & Therapeutics 11: 913-7.	Not dyspepsia
Laine L, Suchower L, Frantz J et al. (1998) Twice-daily, 10-day triple therapy with omeprazole, amoxicillin, and clarithromycin for Helicobacter pylori eradication in duodenal ulcer disease: results of three multicenter, double-blind, United States trials. American Journal of Gastroenterology 93: 2106-12.	Unknown population
Laine L, Suchower L, Frantz J et al. (1998) Low rate of	Unknown population

Excluded studies	Reason for exclusion
emergence of clarithromycin-resistant Helicobacter pylori with amoxycillin co-therapy. Alimentary Pharmacology & Therapeutics 12: 887-92.	
Laine L, Hopkins RJ, Girardi LS (1998) Has the impact of Helicobacter pylori therapy on ulcer recurrence in the United States been overstated? A meta-analysis of rigorously designed trials. American Journal of Gastroenterology 93: 1409-15.	Exclude for any other question specific reason
Lam SK, Hu WH, Ching CK (1995) Sucralfate in Helicobacter pylori eradication strategies. Scandinavian Journal of Gastroenterology - Supplement 210: 89-91.	Not an RCT or SR
Lamouliatte H (1993) Effect of lansoprazole on Helicobacter pylori. Clinical Therapeutics 15: Suppl-6.	Not an RCT or SR
Lamouliatte H, Cayla R, Zerbib F et al. (1998) Dual therapy using a double dose of lansoprazole with amoxicillin versus triple therapy using a double dose of lansoprazole, amoxicillin, and clarithromycin to eradicate Helicobacter pylori infection: results of a prospective randomized open study. American Journal of Gastroenterology 93: 1531-4.	Excluded geographical setting
Lamouliatte H, Perie F, Joubert-Collin M (2000) Lansoprazole 30 mg or 60 mg combined with two antibiotics (amoxicillin and clarithromycin) to eradicate Helicobacter pylori in patients with duodenal ulcer. Gastroenterologie Clinique et Biologique 24: 495-500.	Study not available in English
Lamouliatte H, Megraud F, Delchier JC et al. (2003) Second-line treatment for failure to eradicate Helicobacter pylori: a randomized trial comparing four treatment strategies. Alimentary Pharmacology & Therapeutics 18: 791-7.	Second line studies
Lara LF, Cisneros G, Gurney M et al. (2003) One-day quadruple therapy compared with 7-day triple therapy for Helicobacter pylori infection. Archives of Internal Medicine 163: 2079-84.	One or more study arms are less than 7 days
Lazzaroni M, Bargiggia S, Bianchi PG (1997) Triple therapy with ranitidine or lansoprazole in the treatment of Helicobacter pylori-associated duodenal ulcer. American Journal of Gastroenterology 92: 649-52.	Excluded geographical setting
Lee BH, Kim N, Hwang TJ et al. (2010) Bismuth-containing quadruple therapy as second-line treatment for Helicobacter pylori infection: effect of treatment duration and antibiotic resistance on the eradication rate in Korea. Helicobacter 15: 38-45.	Second line studies
Lee DH, Park HJ, Song SY et al. (1996) Evaluation of therapeutic regimens for the treatment of Helicobacter pylori infection. Yonsei Medical Journal 37: 270-7.	Excluded geographical setting
Lehmann FS, Drewe J, Terracciano L et al. (2000) Effect of ornidazole and clarithromycin resistance on eradication of Helicobacter pylori in peptic ulcer disease. Alimentary Pharmacology & Therapeutics 14: 305-9.	Excluded geographical setting
Leontiadis GI, Sreedharan A, Dorward S et al. (2007) Systematic reviews of the clinical effectiveness and cost-effectiveness of proton pump inhibitors in acute upper gastrointestinal bleeding. Health Technology Assessment 11: iii-126.	Study not relevant to review question
Leontiadis GI, Moayyedi P, Ford AC (2011) Helicobacter pylori	Systematic reviews

Excluded studies	Reason for exclusion
infection. Clinical Evidence 2009.	which have been screened for relevant studies
Lerang F, Moum B, Haug JB et al. (1997) Highly effective second-line anti-Helicobacter pylori therapy in patients with previously failed metronidazole-based therapy. Scandinavian Journal of Gastroenterology 32: 1209-14.	Second line studies
Li Y, Huang X, Yao L et al. (2010) Advantages of Moxifloxacin and Levofloxacin-based triple therapy for second-line treatments of persistent Helicobacter pylori infection: a meta analysis. Wiener Klinische Wochenschrift 122: 413-22.	Second line studies
Li YY, Sha WH (2000) Treatment of Helicobactor pylori infection: Analysis of Chinese clinical trials. World Journal of Gastroenterology 6: 324-5.	Excluded geographical setting
Lin JT, Wang JT, Wu MS et al. (1994) Prospective, randomized study of H2-blocker and triple therapy for duodenal ulcer treatment and the eradication of Helicobacter pylori. Journal of the Formosan Medical Association 93: 368-73.	Excluded geographical setting
Lind T, Megraud F, Unge P et al. (1999) The MACH2 study: role of omeprazole in eradication of Helicobacter pylori with 1-week triple therapies. Gastroenterology 116: 248-53.	Excluded geographical setting
Liou JM, Chen CY, Wu MS et al. (2006) Comparative study of modified-release clarithromycin and immediate-release clarithromycin in the treatment of Helicobacter pylori-associated peptic ulcer disease. Hepato-Gastroenterology 53: 792-6.	Excluded geographical setting
Liou JM, Lin JT, Chang CY et al. (2010) Levofloxacin-based and clarithromycin-based triple therapies as first-line and second-line treatments for Helicobacter pylori infection: a randomised comparative trial with crossover design. Gut 59: 572-8.	Second line studies
Liu WZ, Xiao SD, Shi Y et al. (1999) Furazolidone-containing short-term triple therapies are effective in the treatment of Helicobacter pylori infection. Alimentary Pharmacology & Therapeutics 13: 317-22.	Excluded geographical setting
Lo WC, Lin HJ, Wang K et al. (1997) Clarithromycin in the combination therapy for the eradication of Helicobacter pylori in peptic ulcer disease. Chung Hua i Hsueh Tsa Chih - Chinese Medical Journal 59: 171-6.	Excluded geographical setting
Louw JA, Van Rensburg CJ, Hanslo D et al. (1998) Two-week course of pantoprazole combined with 1 week of amoxycillin and clarithromycin is effective in Helicobacter pylori eradication and duodenal ulcer healing. Alimentary Pharmacology & Therapeutics 12: 545-50.	Excluded geographical setting
Luther J, Higgins PD, Schoenfeld PS et al. (2010) Empiric quadruple vs. triple therapy for primary treatment of Helicobacter pylori infection: Systematic review and meta-analysis of efficacy and tolerability. American Journal of Gastroenterology 105: 65-73.	Exclude for any other question specific reason
Luzza F, Giglio A, Ciliberto E et al. (2001) Lansoprazole-based triple therapy versus ranitidine bismuth citrate-based dual therapy in the eradication of Helicobacter pylori in patients with duodenal ulcer: a multicenter, randomized, double-dummy study. Clinical Therapeutics 23: 761-70.	Excluded geographical setting

Excluded studies	Reason for exclusion
Lynch DA, Sobala GM, Gallacher B et al. (1994) Effectiveness of a five times daily triple therapy regimen against Helicobacter pylori. Journal of Antimicrobial Chemotherapy 33: 877-9.	Not an RCT or SR
Maconi G, Russo A, Imbesi V et al. (2000) Prolonging proton pump inhibitor-based anti-Helicobacter pylori treatment from one to two weeks in duodenal ulcer: is it worthwhile? Digestive & Liver Disease 32: 275-80.	Excluded geographical setting
Maconi G, Parente F, Russo A et al. (2001) Do some patients with Helicobacter pylori infection benefit from an extension to 2 weeks of a proton pump inhibitor-based triple eradication therapy? American Journal of Gastroenterology 96: 359-66.	Excluded geographical setting
Magaret N, Burm M, Faigel D et al. (2001) A randomized trial of lansoprazole, amoxycillin, and clarithromycin versus lansoprazole, bismuth, metronidazole and tetracycline in the retreatment of patients failing initial Helicobacter pylori therapy. Digestive Diseases 19: 174-8.	Second line studies
Malfertheiner P, Bayerdorffer E, Diete U et al. (1999) The GU-MACH study: the effect of 1-week omeprazole triple therapy on Helicobacter pylori infection in patients with gastric ulcer. Alimentary Pharmacology & Therapeutics 13: 703-12.	Contacted authors for further information / data but received no response
Malfertheiner P, Kirchner T, Kist M et al. (2003) Helicobacter pylori eradication and gastric ulcer healing--comparison of three pantoprazole-based triple therapies. Alimentary Pharmacology & Therapeutics 17: 1125-35.	Unknown population
Malfertheiner P, MOssner J, Fischbach W et al. (2003) Helicobacter pylori eradication is beneficial in the treatment of functional dyspepsia. Alimentary Pharmacology & Therapeutics 18: 615-25.	Only PPI differs between regimens
Malfertheiner P, Bazzoli F, Delchier JC et al. (2011) Helicobacter pylori eradication with a capsule containing bismuth subcitrate potassium, metronidazole, and tetracycline given with omeprazole versus clarithromycin-based triple therapy: a randomised, open-label, non-inferiority, phase 3 trial. Lancet 377: 905-13.	Excluded geographical setting
Manes G, Pieramico O, Perri F et al. (2005) Twice-daily standard dose of omeprazole achieves the necessary level of acid inhibition for Helicobacter pylori eradication. A randomized controlled trial using standard and double doses of omeprazole in triple therapy. Digestive Diseases & Sciences 50: 443-8.	Excluded geographical setting
Mansour-Ghanaei F, Fallah MS, Shafaghi A (2002) Eradication of Helicobacter pylori in duodenal ulcer disease tetracycline & furazolidone vs. metronidazole & amoxicillin in omeprazole based triple therapy. Medical Science Monitor 8: I27-I30.	Excluded geographical setting
Mansour NM, Hashash JG, El-Halabi M et al. (2011) A randomized trial of standard-dose versus half-dose rabeprazole, clarithromycin, and amoxicillin in the treatment of Helicobacter pylori infection. European Journal of Gastroenterology & Hepatology 23: 865-70.	Excluded geographical setting
Mantzaris GJ, Hatzis A, Tamvakologos G et al. (1993) Prospective, randomized, investigator-blind trial of Helicobacter pylori infection treatment in patients with refractory duodenal ulcers. Healing and long-term relapse rates. Digestive Diseases	Comparator dataset

Excluded studies	Reason for exclusion
& Sciences 38: 1132-6.	
Mantzaris GJ, Petraki C, Petraki K et al. (2005) Prospective, randomized study of seven versus fourteen days omeprazole quadruple therapy for eradication of Helicobacter pylori infection in patients with duodenal ulcer after failure of omeprazole triple therapy. Annals of Gastroenterology 18: 330-5.	Second line studies
Mario FD, Dal BN, Aragona G et al. (2003) Rabeprazole in a one-week eradication therapy of Helicobacter pylori: comparison of different dosages. Journal of Gastroenterology & Hepatology 18: 783-6.	Excluded geographical setting
Marko D, Calvet X, Ducons J et al. (2005) Comparison of two management strategies for Helicobacter pylori treatment: clinical study and cost-effectiveness analysis. Helicobacter 10: 22-32.	Excluded geographical setting
Marzio L, Cellini L, Angelucci D (2003) Triple therapy for 7 days vs. triple therapy for 7 days plus omeprazole for 21 days in treatment of active duodenal ulcer with Helicobacter pylori infection. A double blind placebo controlled trial. Digestive & Liver Disease 35: 20-3.	Excluded geographical setting
Massarrat S, Ihm P, Koch HK (1998) Efficacy of tetracycline and metronidazole alone or with ranitidine on the healing of duodenal ulcer and eradication of Helicobacter pylori. A randomized controlled multicenter study. Tetra-Metro-Ran Study Group. Arzneimittel-Forschung 48: 686-90.	Exclude for any other question specific reason
Matsuhisa T, Kawai T, Masaoka T et al. (2006) Efficacy of metronidazole as second-line drug for the treatment of Helicobacter pylori Infection in the Japanese population: a multicenter study in the Tokyo Metropolitan Area.[Erratum appears in Helicobacter. 2006 Aug;11(4):306]. Helicobacter 11: 152-8.	Second line studies
Matsumoto Y, Miki I, Aoyama N et al. (2005) Levofloxacin- versus metronidazole-based rescue therapy for H. pylori infection in Japan. Digestive & Liver Disease 37: 821-5.	Second line studies
McKeage K, Blick SK, Croxtall JD et al. (2008) Esomeprazole: a review of its use in the management of gastric acid-related diseases in adults. Drugs 68: 1571-607.	Not an RCT or SR
Mehrdad H, Amir MS, Mehdi A et al. (2006) Ampicillin-sulbactam versus amoxycillin in quadruple therapy for Helicobacter pylori eradication: a preliminary study. Indian Journal of Gastroenterology 25: 169-70.	Excluded geographical setting
Michopoulos S, Tsibouris P, Bouzakis H et al. (2000) Randomized study comparing omeprazole with ranitidine as anti-secretory agents combined in quadruple second-line Helicobacter pylori eradication regimens. Alimentary Pharmacology & Therapeutics 14: 737-44.	Second line studies
Miehlke S, Meining A, Lehn N et al. (1998) Comparison of omeprazole, metronidazole and clarithromycin with omeprazole/amoxicillin dual-therapy for the cure of Helicobacter pylori infection. Digestion 59: 646-50.	Unknown population
Miehlke S, Kirsch C, Schneider-Brachert W et al. (2003) A prospective, randomized study of quadruple therapy and high-dose dual therapy for treatment of Helicobacter pylori resistant to both metronidazole and clarithromycin. Helicobacter 8: 310-9.	Second line studies

Excluded studies	Reason for exclusion
Miehlke S, Schneider-Brachert W, Bastlein E et al. (2003) Esomeprazole-based one-week triple therapy with clarithromycin and metronidazole is effective in eradicating Helicobacter pylori in the absence of antimicrobial resistance. Alimentary Pharmacology & Therapeutics 18: 799-804.	Only PPI differs between regimens
Miehlke S, Hansky K, Schneider-Brachert W et al. (2006) Randomized trial of rifabutin-based triple therapy and high-dose dual therapy for rescue treatment of Helicobacter pylori resistant to both metronidazole and clarithromycin. Alimentary Pharmacology & Therapeutics 24: 395-403.	Second line studies
Miehlke S, Krasz S, Schneider-Brachert W et al. (2011) Randomized trial on 14 versus 7 days of esomeprazole, moxifloxacin, and amoxicillin for second-line or rescue treatment of Helicobacter pylori infection. Helicobacter 16: 420-6.	Second line studies
Minakari M, Davarpanah Jazi AH, Shavakhi A et al. (2010) A randomized controlled trial: efficacy and safety of azithromycin, ofloxacin, bismuth, and omeprazole compared with amoxicillin, clarithromycin, bismuth, and omeprazole as second-line therapy in patients with Helicobacter pylori infection. Helicobacter 15: 154-9.	Second line studies
Misiewicz JJ, Harris AW, Bardhan KD et al. (1997) One week triple therapy for Helicobacter pylori: a multicentre comparative study. Lansoprazole Helicobacter Study Group. Gut 41: 735-9.	Unknown population
Misiewicz JJ (1997) Is the only good Helicobacter a dead Helicobacter?. Helicobacter 2: Suppl-91.	Not an RCT or SR
Miwa H, Yamada T, Sato K et al. (2000) Efficacy of reduced dosage of rabeprazole in PPI/AC therapy for Helicobacter pylori infection: comparison of 20 and 40 mg rabeprazole with 60 mg lansoprazole. Digestive Diseases & Sciences 45: 77-82.	Excluded geographical setting
Moayyedi P, Langworthy H, Shanahan K et al. (1996) Comparison of one or two weeks of lansoprazole, amoxicillin, and clarithromycin in the treatment of Helicobacter pylori. Helicobacter 1: 71-4.	Not dyspepsia
Mones J, Rodrigo L, Sancho F et al. (2001) Helicobacter pylori eradication versus one-year maintenance therapy: effect on relapse and gastritis outcome. Revista Espanola de Enfermedades Digestivas 93: 372-89.	Excluded geographical setting
Mones J, Gisbert JP, Borda F et al. (2005) Indications, diagnostic tests and Helicobacter pylori eradication therapy. Recommendations by the 2nd Spanish Consensus Conference. [Spanish, English] OT - Indicaciones, metodos diagnosticos y tratamiento erradicador de Helicobacter pylori. Recomendaciones de la II Conferencia Espanola de Consenso. Revista Espanola de Enfermedades Digestivas 97: 348-74.	Exclude for any other question specific reason
Moreno JA, Pajares JM, Santander C et al. (1996) Significant increase in eradication rates of Helicobacter pylori infection with two consecutive dual therapies (omeprazole and amoxycillin or omeprazole and clarithromycin). A randomized study in 450 Spanish patients. Journal of Gastroenterology 31: Suppl-52.	Excluded geographical setting
Murakami K, Okimoto T, Kodama M et al. (2006) Comparison of amoxicillin-metronidazole plus famotidine or lansoprazole for amoxicillin-clarithromycin-proton pump inhibitor treatment	Second line studies

Excluded studies	Reason for exclusion
failures for Helicobacter pylori infection. Helicobacter 11: 436-40.	
Murakami K, Sato R, Okimoto T et al. (2006) Effectiveness of minocycline-based triple therapy for eradication of Helicobacter pylori infection. Journal of Gastroenterology and Hepatology 21: 262-7.	Second line studies
Murakami K, Okimoto T, Kodama M et al. (2008) Evaluation of three different proton pump inhibitors with amoxicillin and metronidazole in retreatment for Helicobacter pylori infection. Journal of Clinical Gastroenterology 42: 139-42.	Second line studies
Nash C, Fischbach L, Veldhuyzen van ZS (2003) What are the global response rates to Helicobacter pylori eradication therapy?. Canadian Journal of Gastroenterology 17: Suppl-29B.	Not an RCT or SR
Navarro-Jarabo JM, Fernandez N, Sousa FL et al. (2007) Efficacy of rifabutin-based triple therapy as second-line treatment to eradicate helicobacter pylori infection. BMC Gastroenterology 7: 31.	Second line studies
Neil GA, Suchower LJ, Ronca PD et al. (1997) Time of Helicobacter pylori eradication assessment following treatment. Helicobacter 2: 13-20.	Comparator dataset
Neil GA, Suchower LJ, Johnson E et al. (1998) Helicobacter pylori eradication as a surrogate marker for the reduction of duodenal ulcer recurrence. Alimentary Pharmacology & Therapeutics 12: 619-33.	Comparator dataset
Neri M, Susi D, Laterza F et al. (1994) Omeprazole, bismuth and clarithromycin in the sequential treatment of Helicobacter pylori infection. Alimentary Pharmacology & Therapeutics 8: 469-71.	Excluded geographical setting
Neville PM, Barrowclough S, Crocombe W et al. (2001) Randomised study of the efficacy of omeprazole and clarithromycin with either amoxycillin or metronidazole in the eradication of Helicobacter pylori in screened primary care patients.[Erratum appears in Dig Liver Dis 2001 May;33(4):392]. Digestive & Liver Disease 33: 131-4.	Not dyspepsia
Nie Y, Li Y, Wu H et al. (1999) Colloidal bismuth pectin: an alternative to bismuth subcitrate for the treatment of Helicobacter pylori--positive duodenal ulcer. Helicobacter 4: 128-34.	Excluded geographical setting
Nishizawa T, Suzuki H, Nakagawa I et al. (2008) Gatifloxacin-based triple therapy as a third-line regimen for Helicobacter pylori eradication. Journal of Gastroenterology & Hepatology 23: Suppl-70.	Second line studies
Nista EC, Candelli M, Cremonini F et al. (2003) Levofloxacin-based triple therapy vs. quadruple therapy in second-line Helicobacter pylori treatment: a randomized trial. Alimentary Pharmacology & Therapeutics 18: 627-33.	Second line studies
Nista EC, Candelli M, Zocco MA et al. (2006) Levofloxacin-based triple therapy in first-line treatment for Helicobacter pylori eradication. American Journal of Gastroenterology 101: 1985-90.	Excluded geographical setting
O'Brien B, Goeree R, Mohamed AH et al. (1995) Cost-effectiveness of Helicobacter pylori eradication for the long-term management of duodenal ulcer in Canada. Archives of Internal Medicine 155: 1958-64.	Exclude for any other question specific reason
O'Connor HJ (1994) Eradication of Helicobacter pylori. European	Not an RCT or SR

Excluded studies	Reason for exclusion
Journal of Gastroenterology & Hepatology 6: Suppl-9.	
Ogura K, Yoshida H, Maeda S et al. (2001) Clarithromycin-based triple therapy for non-resistant Helicobacter pylori infection. How long should it be given? Scandinavian Journal of Gastroenterology 36: 584-8.	Excluded geographical setting
Ojetti V, Migneco A, Zocco MA et al. (2004) Beta-lactamase inhibitor enhances Helicobacter pylori eradication rate. Journal of Internal Medicine 255: 125-9.	Excluded geographical setting
Okudaira K, Furuta T, Shirai N et al. (2005) Concomitant dosing of famotidine with a triple therapy increases the cure rates of Helicobacter pylori infections in patients with the homozygous extensive metabolizer genotype of CYP2C19.[Erratum appears in Aliment Pharmacol Ther. 2005 Jun 1;21(11):1398]. Alimentary Pharmacology & Therapeutics 21: 491-7.	Excluded geographical setting
Oustamanolakis P, Tack J (2012) Dyspepsia: Organic versus functional. Journal of Clinical Gastroenterology 46 (3): 175-90.	Not an RCT or SR
Padol S, Yuan Y, Thabane M et al. (2006) The effect of CYP2C19 polymorphisms on H. pylori eradication rate in dual and triple first-line PPI therapies: a meta-analysis. American Journal of Gastroenterology 101: 1467-75.	Systematic reviews which have been screened for relevant studies
Pajares-Garcia JM, Villarroya RP, Gisbert JP (2007) Role of sequential therapy in Helicobacter pylori eradication therapy. Future Microbiology 2: 481-4.	Excluded geographical setting
Palmas F, Pellicano R, Massimetti E et al. (2002) Eradication of Helicobacter pylori infection with proton pump inhibitor-based triple therapy. A randomised study. Panminerva Medica 44: 145-7.	Excluded geographical setting
Paoluzi OA, Visconti E, Andrei F et al. (2010) Ten and eight-day sequential therapy in comparison to standard triple therapy for eradicating Helicobacter pylori infection: a randomized controlled study on efficacy and tolerability. Journal of Clinical Gastroenterology 44: 261-6.	Excluded geographical setting
Paoluzi P, Iacopini F, Crispino P et al. (2006) 2-week triple therapy for Helicobacter pylori infection is better than 1-week in clinical practice: a large prospective single-center randomized study. Helicobacter 11: 562-8.	Excluded geographical setting
Parente F, Maconi G, Bargiggia S et al. (1996) Comparison of two lansoprazole-antibiotic combinations (amoxycillin or classical triple therapy) for treatment of H. pylori infection in duodenal ulcer patients. Alimentary Pharmacology & Therapeutics 10: 211-3.	Unknown population
Park KN, Hahm JS, Kim HJ (1995) Pharmacological effects of metronidazole + tetracycline + bismuth subcitrate versus omeprazole + amoxycillin + bismuth subcitrate in Helicobacter pylori-related gastritis and peptic ulcer disease. European Journal of Gastroenterology and Hepatology, Supplement. 6: S103-S107.	Excluded geographical setting
Pedrazzoli J, Jr., Magalhaes AF, Ferraz JG et al. (1994) Triple therapy with sucralfate is not effective in eradicating Helicobacter pylori and does not reduce duodenal ulcer relapse rates. American Journal of Gastroenterology 89: 1501-4.	Exclude for any other question specific reason

Excluded studies	Reason for exclusion
Peitz U, Sulliga M, Wolle K et al. (2002) High rate of post-therapeutic resistance after failure of macrolide-nitroimidazole triple therapy to cure Helicobacter pylori infection: impact of two second-line therapies in a randomized study. Alimentary Pharmacology & Therapeutics 16: 315-24.	Second line studies
Pellicano R, Palmas F, Ponzetto A et al. (2002) Decreasing eradicaton rate of Helicobacter pylori infection with metronidazole-based triple therapy. A randomised study. Minerva Gastroenterologica e Dietologica 48: 265-70.	Unknown population
Penston JG (1996) Review article: clinical aspects of Helicobacter pylori eradication therapy in peptic ulcer disease. Alimentary Pharmacology & Therapeutics 10: 469-86.	Exclude for any other question specific reason
Penston JG, McColl KE (1997) Eradication of Helicobacter pylori: an objective assessment of current therapies. British Journal of Clinical Pharmacology 43: 223-43.	Not an RCT or SR
Perez MA, Alberdi JM, Pita L et al. (1997) Helicobacter pylori, efficacy of the new triple therapy in six and twelve-day schedules. Revista Espanola de Enfermedades Digestivas 89: 879-84.	Excluded geographical setting
Perri F, Villani MR, Quitadamo M et al. (2001) Ranitidine bismuth citrate-based triple therapies after failure of the standard 'Maastricht triple therapy': a promising alternative to the quadruple therapy? Alimentary Pharmacology & Therapeutics 15: 1017-22.	Second line studies
Perri F, Festa V, Clemente R et al. (2001) Randomized study of two "rescue" therapies for Helicobacter pylori-infected patients after failure of standard triple therapies. American Journal of Gastroenterology 96: 58-62.	Second line studies
Perri F, Festa V, Merla A et al. (2003) Randomized study of different 'second-line' therapies for Helicobacter pylori infection after failure of the standard 'Maastricht triple therapy'. Alimentary Pharmacology & Therapeutics 18: 815-20.	Second line studies
Pieramico O, Zanetti MV, Innerhofer M et al. (1997) Omeprazole-based dual and triple therapy for the treatment of Helicobacter pylori infection in peptic ulcer disease: a randomized trial. Helicobacter 2: 92-7.	Excluded geographical setting
Pilotto A, Di MF, Franceschi M et al. (1996) Cure of Helicobacter pylori infection in the elderly: effects of eradication on gastritis and serological markers. Alimentary Pharmacology & Therapeutics 10: 1021-7.	Excluded geographical setting
Pinheiro JOP, Both CT, Dittrich S et al. (1999) 'Helicobacter pylori' treatment: Comparison of two therapeutic schemes. GED - Gastrenterologia Endoscopia Digestiva 18: 97-101.	British Library unable to fulfil
Pipkin GA, Dixon JS, Williamson R et al. (1997) Clarithromycin dual therapy regimens for eradication of Helicobacter pylori: a review. Helicobacter 2: 159-71.	Not an RCT or SR
Polat Z, Kadayifci A, Kantarcioglu M et al. (2012) Comparison of levofloxacin-containing sequential and standard triple therapies for the eradication of Helicobacter pylori. European Journal of Internal Medicine 23: 165-8.	Excluded geographical setting
Pounder RE (1997) New developments in Helicobacter pylori	Not an RCT or SR

Excluded studies	Reason for exclusion
eradication therapy. Scandinavian Journal of Gastroenterology - Supplement 223: 43-5.	
Powell KU, Bell GD, Bowden AF et al. (1995) Helicobacter pylori eradication therapy: a comparison between either omeprazole or ranitidine in combination with amoxycillin plus metronidazole. British Journal of Clinical Research 6: 163-9.	British Library unable to fulfil
Prach AT, Malek M, Tavakoli M et al. (1998) H2-antagonist maintenance therapy versus Helicobacter pylori eradication in patients with chronic duodenal ulcer disease: a prospective study. Alimentary Pharmacology & Therapeutics 12: 873-80.	Unknown population
Qureshi H, Mehdi I, Alam E (2000) Two weeks triple therapy with lansoprazole, amoxycillin and roxythromycin is better than dual therapy with lansoprazole and amoxycillin for H. pylori infection: a randomised, clinical trial. JPMA - Journal of the Pakistan Medical Association 50: 157-8.	Not dyspepsia
Ramirez-Ramos A, Gilman RH, Leon-Barua R et al. (1997) Rapid recurrence of Helicobacter pylori infection in Peruvian patients after successful eradication. Gastrointestinal Physiology Working Group of the Universidad Peruana Cayetano Heredia and The Johns Hopkins University. Clinical Infectious Diseases 25: 1027-31.	Children < 16 (or mixed population without separate reporting of adult data)
Rathi P, Sawant P, Gopanpallikar A (2000) Comparison of two regimens on eradication of Helicobacter pylori. Journal of the Association of Physicians of India 48: 852-3.	Not an RCT or SR
Realdi G, Dore MP, Piana A et al. (1999) Pretreatment antibiotic resistance in Helicobacter pylori infection: results of three randomized controlled studies. Helicobacter 4: 106-12.	Excluded geographical setting
Ren Q, Ma B, Yang K et al. (2010) Lafutidine-based triple therapy for Helicobacter pylori eradication. Hepato-Gastroenterology 57: 1074-81.	Systematic reviews which have been screened for relevant studies
Riahizadeh S, Malekzadeh R, Agah S et al. (2010) Sequential metronidazole-furazolidone or clarithromycin-furazolidone compared to clarithromycin-based quadruple regimens for the eradication of Helicobacter pylori in peptic ulcer disease: a double-blind randomized controlled trial. Helicobacter 15: 497-504.	Excluded geographical setting
Rinaldi V, Zullo A, Pugliano F et al. (1997) The management of failed dual or triple therapy for Helicobacter pylori eradication. Alimentary Pharmacology & Therapeutics 11: 929-33.	Second line studies
Rodgers C, van Zanten SV (2007) A meta-analysis of the success rate of Helicobacter pylori therapy in Canada. Canadian Journal of Gastroenterology 21: 295-300.	Systematic reviews which have been screened for relevant studies
Rodriguez TM, Valenzuela BM, Caballero PA et al. (1999) Morphometric estimation of acid output in duodenal ulcer associated with Helicobacter pylori infection. Revista Espanola de Enfermedades Digestivas 91: 549-58.	Excluded geographical setting
Roesler BM, Costa SCB, Zeitune JMR (2012) Eradication treatment of helicobacter pylori infection: Its importance and possible relationship in preventing the development of gastric cancer. ISRN Gastroenterology Article Number: 935410.	Not an RCT or SR

Excluded studies	Reason for exclusion
Rokkas T, Karameris A, Liatsos C et al. (1996) Helicobacter pylori eradication rates and long-term clinical course in duodenal ulcer patients treated either with triple therapy or with amoxycillin/omeprazole. Hellenic Journal of Gastroenterology 9: 142-6.	Comparator dataset
Rokkas T (2012) The role of Helicobacter pylori infection in functional dyspepsia. Annals of Gastroenterology 25 (2): 176-7.	Not an RCT or SR
Romano M, Marmo R, Cuomo A et al. (2003) Pretreatment antimicrobial susceptibility testing is cost saving in the eradication of Helicobacter pylori. Clinical Gastroenterology & Hepatology 1: 273-8.	Excluded geographical setting
Romano M, Cuomo A, Gravina AG et al. (2010) Empirical levofloxacin-containing versus clarithromycin-containing sequential therapy for Helicobacter pylori eradication: a randomised trial. Gut 59: 1465-70.	Excluded geographical setting
Ruggiero P (2012) Helicobacter pylori infection: what's new. Current Opinion in Infectious Diseases 25: 337-44.	Not an RCT or SR
Saad RJ, Schoenfeld P, Kim HM et al. (2006) Levofloxacin-based triple therapy versus bismuth-based quadruple therapy for persistent Helicobacter pylori infection: a meta-analysis. American Journal of Gastroenterology 101: 488-96.	Systematic reviews which have been screened for relevant studies
Saberi-Firoozi M, Massarrat S, Zare S et al. (1995) Effect of triple therapy or amoxycillin plus omeprazole or amoxycillin plus tinidazole plus omeprazole on duodenal ulcer healing, eradication of Helicobacter pylori, and prevention of ulcer relapse over a 1-year follow-up period: a prospective, randomized, controlled study. American Journal of Gastroenterology 90: 1419-23.	Excluded geographical setting
Salcedo JA, Al-Kawas F (1998) Treatment of Helicobacter pylori infection. Archives of Internal Medicine 158: 842-51.	Not an RCT or SR
Sanches B, Coelho L, Moretzsohn L et al. (2008) Failure of Helicobacter pylori treatment after regimes containing clarithromycin: new practical therapeutic options. Helicobacter 13: 572-6.	Second line studies
Savarino V, Zentilin P, Bisso G et al. (1999) Head-to-head comparison of 1-week triple regimens combining ranitidine or omeprazole with two antibiotics to eradicate Helicobacter pylori. Alimentary Pharmacology & Therapeutics 13: 643-9.	Excluded geographical setting
Scaccianoce G, Hassan C, Panarese A et al. (2006) Helicobacter pylori eradication with either 7-day or 10-day triple therapies, and with a 10-day sequential regimen. Canadian Journal of Gastroenterology 20: 113-7.	Excluded geographical setting
Scheiman JM, Chey WD, Behler EM et al. (1996) One-week therapy for Helicobacter pylori. A randomized trial of two treatment regimens. Journal of Clinical Gastroenterology 23: 170-3.	Not an RCT or SR
Schmid CH, Whiting G, Cory D et al. (1999) Omeprazole plus antibiotics in the eradication of Helicobacter pylori infection: a meta-regression analysis of randomized, controlled trials. American Journal of Therapeutics 6: 25-36.	Systematic reviews which have been screened for relevant studies
Schwartz H, Krause R, Sahba B et al. (1998) Triple versus dual	Exclude for any other

Excluded studies	Reason for exclusion
therapy for eradicating Helicobacter pylori and preventing ulcer recurrence: a randomized, double-blind, multicenter study of lansoprazole, clarithromycin, and/or amoxicillin in different dosing regimens. American Journal of Gastroenterology 93: 584-90.	question specific reason
Scolapio JS, Camilleri M (1996) Nonulcer dyspepsia. Gastroenterologist 4: 13-23.	Not an RCT or SR
Selgrad M, Malfertheiner P (2011) Treatment of Helicobacter pylori. Current Opinion in Gastroenterology 27: 565-70.	Not an RCT or SR
Severi C, Abdullahi M, Tari R et al. (2009) High efficacy of bismuth subcitrate for Helicobacter pylori eradication in pangastritis. Digestive & Liver Disease 41: 555-8.	Comparator dataset
Sheu BS, Wu JJ, Yang HB et al. (1998) One-week proton pump inhibitor-based triple therapy eradicates residual Helicobacter pylori after failed dual therapy. Journal of the Formosan Medical Association 97: 266-70.	Second line studies
Sheu BS, Chi CH, Yang HB et al. (1999) A three-day course of intravenous omeprazole plus antibiotics for H. pylori-positive bleeding duodenal ulcer. Hepato-Gastroenterology 46: 2363-71.	Excluded geographical setting
Sheu BS, Yang HB, Wang YL et al. (2002) Stool antigen assay to screen Helicobacter pylori infection and to assess the success of 3-day and 7-day eradication therapy in the patients with partial gastrectomy. Helicobacter 7: 199-204.	Excluded geographical setting
Shirai N, Sugimoto M, Kodaira C et al. (2007) Dual therapy with high doses of rabeprazole and amoxicillin versus triple therapy with rabeprazole, amoxicillin, and metronidazole as a rescue regimen for Helicobacter pylori infection after the standard triple therapy. European Journal of Clinical Pharmacology 63: 743-9.	Second line studies
Sieg A, Sellinger M, Schlauch D et al. (1999) Short-term triple therapy with lansoprazole 30 mg or 60 mg, amoxycillin and clarithromycin to eradicate Helicobacter pylori. Alimentary Pharmacology & Therapeutics 13: 865-8.	Only PPI differs between regimens
Simsek H, Kadayifci A, Tatar G (1996) Low eradication rates of Helicobacter pylori with omeprazole plus amoxycillin combination in a Turkish population. American Journal of Gastroenterology 91: 1062.	Exclude for any other question specific reason
Sito E, Konturek PC, Bielanski W et al. (1996) One week treatment with omeprazole, clarithromycin and tinidazole or lansoprazole, amoxicillin and metronidazole for cure of Helicobacter pylori infection in duodenal ulcer patients. Journal of Physiology & Pharmacology 47: 221-8.	Excluded geographical setting
Song KH, Lee YC, Fan DM et al. (2011) Healing effects of rebamipide and omeprazole in helicobacter pylori-positive gastric ulcer patients after eradication therapy: A randomized double-blind, multinational, multi-institutional comparative study. Digestion 84: 221-9.	Excluded geographical setting
Songur Y, Senol A, Balkarli A et al. (2009) Triple or quadruple tetracycline-based therapies versus standard triple treatment for Helicobacter pylori treatment. American Journal of the Medical Sciences 338: 50-3.	Excluded geographical setting
Sotudehmanesh R, Malekzadeh R, Fazel A et al. (2001) A	Excluded geographical

Excluded studies	Reason for exclusion
randomized controlled comparison of three quadruple therapy regimens in a population with low Helicobacter pylori eradication rates. Journal of Gastroenterology & Hepatology 16: 264-8.	setting
Spadaccini A, De FC, Sciampa G et al. (1998) Triple regimens using lansoprazole or ranitidine bismuth citrate for Helicobacter pylori eradication. Alimentary Pharmacology & Therapeutics 12: 997-1001.	Excluded geographical setting
Spaziani E, Del DP, Mingoli A et al. (2001) Eradication of Helicobacter pylori: Cost-effectiveness of five therapeutic protocols. Internista 9: 223-7.	Study not available in English
Stack WA, Knifton A, Thirlwell D et al. (1998) Safety and efficacy of rabeprazole in combination with four antibiotic regimens for the eradication of Helicobacter pylori in patients with chronic gastritis with or without peptic ulceration. American Journal of Gastroenterology 93: 1909-13.	Not dyspepsia
Subei IM, Cardona HJ, Bachelet E et al. (2007) One week of esomeprazole triple therapy vs 1 week of omeprazole triple therapy plus 3 weeks of omeprazole for duodenal ulcer healding in Helicobacter pylori-positive patients. Digestive Diseases & Sciences 52: 1505-12.	Excluded geographical setting
Sun Q, Liang X, Zheng Q et al. (2010) High efficacy of 14-day triple therapy-based, bismuth-containing quadruple therapy for initial Helicobacter pylori eradication. Helicobacter 15: 233-8.	Excluded geographical setting
Sun TT, Wang JL, Fang JY (2011) Quality of RCTs exploring Helicobacter pylori eradication for the prevention of gastric cancer and preneoplastic lesions. Expert Review of Anticancer Therapy 11: 1509-19.	Exclude for any other question specific reason
Sung JJ, Chung SC, Ling TK et al. (1996) Dual therapy versus triple therapy for Helicobacter pylori-associated duodenal ulcers. Digestive Diseases & Sciences 41: 453-7.	Excluded geographical setting
Sung JJ, Leung WK, Ling TK et al. (1998) One-week use of ranitidine bismuth citrate, amoxycillin and clarithromycin for the treatment of Helicobacter pylori-related duodenal ulcer. Alimentary Pharmacology & Therapeutics 12: 725-30.	Excluded geographical setting
Svoboda P, Kantorova I, Ochmann J et al. (1997) Double and triple pantoprazole-based combination therapy for eradication of Helicobacter pylori: A randomised controlled trial. Vnitrni Lekarstvi 43: 435-9.	Study not available in English
Svoboda P, Kantorova I, Ochmann J et al. (1997) Pantoprazole-based dual and triple therapy for the eradication of Helicobacter pylori infection: a randomized controlled trial. Hepato-Gastroenterology 44: 886-90.	Excluded geographical setting
Taghavi SA, Jafari A, Eshraghian A (2009) Efficacy of a new therapeutic regimen versus two routinely prescribed treatments for eradication of Helicobacter pylori: a randomized, double-blind study of doxycycline, co-amoxiclav, and omeprazole in Iranian patients. Digestive Diseases & Sciences 54: 599-603.	Excluded geographical setting
Take S, Mizuno M, Ishiki K et al. (2003) Interleukin-1beta genetic polymorphism influences the effect of cytochrome P 2C19 genotype on the cure rate of 1-week triple therapy for Helicobacter pylori infection. American Journal of Gastroenterology 98: 2403-8.	Excluded geographical setting

Excluded studies	Reason for exclusion
Talley NJ, Ormand JE, Carpenter HA et al. (1991) Triple therapy for Helicobacter pylori in nonulcer dyspepsia. American Journal of Gastroenterology 86: 121-3.	Not dyspepsia
Tan AC, den HG, Meijer JW et al. (1997) No additional value of bismuth subcitrate to combination omeprazole/amoxicillin therapy in the eradication of Helicobacter pylori. Helicobacter 2: 194-8.	Comparator dataset
Tan WC, Hogan J, Purkayastha SK et al. (1997) Helicobacter pylori eradication--comparison of three drug regimens and symptomatic assessment in duodenitis and antral gastritis. International Journal of Clinical Practice 51: 214-6.	Comparator dataset
Taylor JL, Zagari M, Murphy K et al. (1997) Pharmacoeconomic comparison of treatments for the eradication of Helicobacter pylori. Archives of Internal Medicine 157: 87-97.	Exclude for any other question specific reason
Tennvall GR, Norinder A, Ohlin B (1999) Cost effectiveness of Helicobacter pylori eradication therapies in patients with duodenal ulcer. An analysis of triple therapy versus two dual therapy alternatives. Pharmacoeconomics 16: 297-306.	Unknown population
Tham TC, Collins JS, Molloy C et al. (1996) Randomised controlled trial of ranitidine versus omeprazole in combination with antibiotics for eradication of Helicobacter pylori. Ulster Medical Journal 65: 131-6.	Unknown population
Thijs JC, Kuipers EJ, van Zwet AA et al. (1995) Treatment of Helicobacter pylori infections. Qjm 88: 369-89.	Not an RCT or SR
Thijs JC, van Zwet AA, Moolenaar W et al. (1996) Triple therapy vs. amoxicillin plus omeprazole for treatment of Helicobacter pylori infection: a multicenter, prospective, randomized, controlled study of efficacy and side effects. American Journal of Gastroenterology 91: 93-7.	Comparator dataset
Thomas J (2012) Standard 14-day triple drug therapy most effective for H. pylori infection. Australian Journal of Pharmacy.93 (1100): 58.	Secondary publication of included study
Tomtitchong P, Siribumrungwong B, Vilaichone RK et al. (2012) Systematic Review and Meta-Analysis: Helicobacter pylori Eradication Therapy After Simple Closure of Perforated Duodenal Ulcer. Helicobacter.17 (2): 148-52.	Study not relevant to review question
Tong JL, Ran ZH, Shen J et al. (2009) Sequential therapy vs. standard triple therapies for Helicobacter pylori infection: a meta-analysis. Journal of Clinical Pharmacy & Therapeutics 34: 41-53.	Exclude for any other question specific reason
Treiber G (1996) The influence of drug dosage on Helicobacter pylori eradication: a cost-effectiveness analysis. American Journal of Gastroenterology 91: 246-57.	Systematic reviews which have been screened for relevant studies
Treiber G, Ammon S, Schneider E et al. (1998) Amoxicillin/metronidazole/omeprazole/clarithromycin: a new, short quadruple therapy for Helicobacter pylori eradication. Helicobacter 3: 54-8.	One or more study arms are less than 7 days
Treiber G (2000) Treating H. pylori shorter than one week--a real future perspective? Zeitschrift fur Gastroenterologie 38: 807-12.	Exclude for any other question specific reason
Treiber G, Wittig J, Ammon S et al. (2002) Clinical outcome and influencing factors of a new short-term quadruple therapy for	Exclude for any other question specific reason

Excluded studies	Reason for exclusion
Helicobacter pylori eradication: a randomized controlled trial (MACLOR study). Archives of Internal Medicine 162: 153-60.	
Trevisani L, Sartori S, Caselli M et al. (1998) A four-day low dose triple therapy regimen for the treatment of Helicobacter pylori infection.[Erratum appears in Am J Gastroenterol 1998 Jul;93(7):1196]. American Journal of Gastroenterology 93: 390-3.	Excluded geographical setting
Tucci A, Poli L, Gasperoni S et al. (1994) Evaluation of two therapeutic regimens for the treatment of Helicobacter pylori infection. Italian Journal of Gastroenterology 26: 107-10.	Comparator dataset
Tulassay Z, Kryszewski A, Dite P et al. (2001) One week of treatment with esomeprazole-based triple therapy eradicates Helicobacter pylori and heals patients with duodenal ulcer disease. European Journal of Gastroenterology & Hepatology 13: 1457-65.	Excluded geographical setting
Tursi A, Cammarota G, Montalto M et al. (1996) Low-dose omeprazole plus clarithromycin and either tinidazole or amoxycillin for Helicobacter pylori infection. Alimentary Pharmacology & Therapeutics 10: 285-8.	Excluded geographical setting
Tursi A, Cammarota G, Papa A et al. (1996) One-week low-dose triple therapy vs. two-week medium-dose double therapy for H.pylori infection. Hepato-Gastroenterology 43: 859-62.	Excluded geographical setting
Tursi A, Cammarota G, Montalto M et al. (1996) Evaluation of the efficacy and tolerability of four different therapeutic regimens for the Helicobacter pylori eradication. Panminerva Medica 38: 145-9.	Not an RCT or SR
Tzivras M, Archimandritis A, Balatsos V et al. (1997) One-week therapy with omeprazole, clarithromycin and metronidazole or ornidazole, followed by 3 weeks' treatment with omeprazole, eradicates Helicobacter pylori equally and heals duodenal ulcer. European Journal of Gastroenterology & Hepatology 9: 1185-9.	Excluded geographical setting
Ueki N, Miyake K, Kusunoki M et al. (2009) Impact of quadruple regimen of clarithromycin added to metronidazole-containing triple therapy against Helicobacter pylori infection following clarithromycin-containing triple-therapy failure. Helicobacter 14: 91-9.	Second line studies
Ulmer HJ, Beckerling A, Gatz G (2003) Recent use of proton pump inhibitor-based triple therapies for the eradication of H pylori: a broad data review. Helicobacter 8: 95-104.	Systematic reviews which have been screened for relevant studies
Ungan M, Kulacoglu H, Kayhan B (2001) Cure rates obtained with five different Helicobacter pylori eradication protocols in patients with duodenal ulcer: A prospective, open-label, randomized study in a primary care setting in Turkey. Current Therapeutic Research - Clinical and Experimental 62: 462-72.	Excluded geographical setting
Unge P (1996) Review of Helicobacter pylori eradication regimens. Scandinavian Journal of Gastroenterology - Supplement 215: 74-81.	Not an RCT or SR
Unge P, Berstad A (1996) Pooled analysis of anti-Helicobacter pylori treatment regimens. Scandinavian Journal of Gastroenterology - Supplement 220: 27-40.	Exclude for any other question specific reason

Excluded studies	Reason for exclusion
Unge P (1997) What other regimens are under investigation to treat Helicobacter pylori infection?. Gastroenterology 113: Suppl-48.	Exclude for any other question specific reason
Unge P (1998) Antimicrobial treatment of H. pylori infection - A pooled efficacy analysis of eradication therapies. European Journal of Surgery, Supplement 164: 16-26.	Systematic reviews which have been screened for relevant studies
Unge P (1998) Eradication therapy of Helicobacter pylori. A review. Report from a workshop organized by the Swedish and Norwegian Medical Products Agencies, September 1995. Journal of Gastroenterology 33: Suppl-61.	Not an RCT or SR
Unge P (1999) The OAC and OMC options. European Journal of Gastroenterology & Hepatology 11: Suppl-17.	Secondary publication of included study
Ushiama H, Echizen H, Nachi S et al. (2002) Dose-dependent inhibition of CYP3A activity by clarithromycin during Helicobacter pylori eradication therapy assessed by changes in plasma lansoprazole levels and partial cortisol clearance to 6beta-hydroxycortisol. Clinical Pharmacology & Therapeutics 72: 33-43.	Excluded geographical setting
Uygun A, Kadayifci A, Safali M et al. (2007) The efficacy of bismuth containing quadruple therapy as a first-line treatment option for Helicobacter pylori. Journal of Digestive Diseases 8: 211-5.	Excluded geographical setting
Uygun A, Ozel AM, Yildiz O et al. (2008) Comparison of three different second-line quadruple therapies including bismuth subcitrate in Turkish patients with non-ulcer dyspepsia who failed to eradicate Helicobacter pylori with a 14-day standard first-line therapy. Journal of Gastroenterology & Hepatology 23: 42-5.	Second line studies
Uygun A, Kadayifci A, Yesilova Z et al. (2008) Comparison of sequential and standard triple-drug regimen for Helicobacter pylori eradication: a 14-day, open-label, randomized, prospective, parallel-arm study in adult patients with nonulcer dyspepsia. Clinical Therapeutics 30: 528-34.	Excluded geographical setting
Vaira D, Miglioli M, Menegatti M et al. (1993) Treatment of symptom-free Helicobacter pylori-positive subjects. Eur J Gastroenterol Hepatol 5: S96-S98.	Not dyspepsia
Vallve M, Vergara M, Gisbert JP et al. (2002) Single vs. double dose of a proton pump inhibitor in triple therapy for Helicobacter pylori eradication: a meta-analysis. Alimentary Pharmacology & Therapeutics 16: 1149-56.	Not an RCT or SR
Valooran GJ, Kate V, Jagdish S et al. (2011) Sequential therapy versus standard triple drug therapy for eradication of Helicobacter pylori in patients with perforated duodenal ulcer following simple closure. Scandinavian Journal of Gastroenterology 46: 1045-50.	Excluded geographical setting
Van Der Hulst RW, Weel JF, Verheul SB et al. (1996) Treatment of Helicobacter pylori infection with low or high dose omeprazole combined with amoxycillin and the effect of early retreatment. Alimentary Pharmacology & Therapeutics 10: 165-71.	Second line studies
Van Der Hulst RW, Keller JJ, Rauws EA et al. (1996) Treatment of Helicobacter pylori infection: a review of the world literature.	Systematic reviews which have been

Excluded studies	Reason for exclusion
Helicobacter 1: 6-19.	screened for relevant studies
Van Der Hulst RW, Weel JF, Van Der Ende A et al. (1996) Therapeutic options after failed Helicobacter pylori eradication therapy. American Journal of Gastroenterology 91: 2333-7.	Second line studies
van der Wouden EJ, Thijs JC, van Zwet AA et al. (1999) The influence of in vitro nitroimidazole resistance on the efficacy of nitroimidazole-containing anti-Helicobacter pylori regimens: a meta-analysis. American Journal of Gastroenterology 94: 1751-9.	Exclude for any other question specific reason
Van Oijen AH, Verbeek AL, Jansen JB et al. (2000) Review article: treatment of Helicobacter pylori infection with ranitidine bismuth citrate- or proton pump inhibitor-based triple therapies. Alimentary Pharmacology & Therapeutics 14: 991-9.	Not an RCT or SR
Vcev A, Vukovic D, Ivandic A et al. (1997) Another therapeutic schedule in eradication of Helicobacter pylori. Acta Medica Croatica 51: 95-9.	Not an RCT or SR
Vcev A, Stimac D, Ivandic A et al. (2000) Pantoprazole, amoxycillin and either azithromycin or clarithromycin for eradication of Helicobacter pylori in duodenal ulcer. Alimentary Pharmacology & Therapeutics 14: 69-72.	Excluded geographical setting
Vcev A, Vceva A, Kurbel S et al. (2001) Amoxycillin, clarithromycin and either sucralfate or pantoprazole for eradication of Helicobacter pylori in duodenal ulcer (a randomized controlled trial). Wiener Klinische Wochenschrift 113: 939-41.	Excluded geographical setting
Veldhuyzen van Zanten SJO, Bradette M, Farley A et al. (1999) The DU-MACH study: Eradication of Helicobacter pylori and ulcer healing in patients with acute duodenal ulcer using omeprazole based triple therapy. Alimentary Pharmacology and Therapeutics 13: 289-95.	Contacted authors for further information / data but received no response
Veldhuyzen van Zanten SJO, Bradette M, Chiba N et al. (2005) Evidence-based recommendations for short- and long-term management of uninvestigated dyspepsia in primary care: An update of the Canadian Dyspepsia Working Group (CanDys) clinical management tool. Canadian Journal of Gastroenterology 19: 285-303.	Exclude for any other question specific reason
Veldhuyzen van ZS, Hunt RH, Cockeram A et al. (1998) Adding once-daily omeprazole 20 mg to metronidazole/amoxicillin treatment for Helicobacter pylori gastritis: a randomized, double-blind trial showing the importance of metronidazole resistance. American Journal of Gastroenterology 93: 5-10.	Unknown population
Veldhuyzen van ZS, Machado S, Lee J (2003) One-week triple therapy with esomeprazole, clarithromycin and metronidazole provides effective eradication of Helicobacter pylori infection. Alimentary Pharmacology & Therapeutics 17: 1381-7.	Only PPI differs between regimens
Vergara M, Vallve M, Gisbert JP et al. (2003) Meta-analysis: comparative efficacy of different proton-pump inhibitors in triple therapy for Helicobacter pylori eradication. Alimentary Pharmacology & Therapeutics 18: 647-54.	Not an RCT or SR
Villoria A, Garcia P, Calvet X et al. (2008) Meta-analysis: high-dose proton pump inhibitors vs. standard dose in triple therapy	Systematic reviews which have been

Excluded studies	Reason for exclusion
for Helicobacter pylori eradication. Alimentary Pharmacology & Therapeutics 28: 868-77.	screened for relevant studies
Vondracek TG (1998) Ranitidine bismuth citrate in the treatment of Helicobacter pylori infection and duodenal ulcer. Annals of Pharmacotherapy 32: 672-9.	Not an RCT or SR
Wagner S, Varrentrapp M, Haruma K et al. (1991) The role of omeprazole (40 mg) in the treatment of gastric Helicobacter pylori infection. Zeitschrift fur Gastroenterologie 29: 595-8.	Comparator dataset
Wang K, Lin HJ, Chua RT et al. (1996) Omeprazole plus amoxicillin versus triple therapy eradicates Helicobacter pylori in the Chinese with peptic ulcer disease. Chung Hua i Hsueh Tsa Chih - Chinese Medical Journal 57: 184-90.	Excluded geographical setting
Wang WH, Wong BC, Lam SK (2000) Pooled analysis of Helicobacter pylori eradication regimes in Asia. Journal of Gastroenterology & Hepatology 15: 1007-17.	Exclude for any other question specific reason
Wang WM, Chen CY, Jan CM et al. (1993) Eradication of Helicobacter pylori infection and the recurrence of duodenal ulcers. Journal of the Formosan Medical Association 92: 721-4.	Excluded geographical setting
Wang X, Fang JY, Lu R et al. (2006) A meta-analysis: comparison of esomeprazole and other proton pump inhibitors in eradicating Helicobacter pylori.[Erratum appears in Digestion. 2006;74(3-4):235]. Digestion 73: 178-86.	Systematic reviews which have been screened for relevant studies
Wang Z, Wu S (2012) Doxycycline-based quadruple regimen versus routine quadruple regimen for rescue eradication of Helicobacter pylori: An open-label control study in chinese patients. Singapore Medical Journal.53 (4): 273-6.	Second line studies
Wenzhen Y, Kehu Y, Bin M et al. (2009) Moxifloxacin-based triple therapy versus clarithromycin-based triple therapy for first-line treatment of Helicobacter pylori infection: a meta-analysis of randomized controlled trials. Internal Medicine 48: 2069-76.	Systematic reviews which have been screened for relevant studies
Wenzhen Y, Yumin L, Quanlin G et al. (2010) Is antimicrobial susceptibility testing necessary before first-line treatment for Helicobacter pylori infection? Meta-analysis of randomized controlled trials. Internal Medicine 49: 1103-9.	Systematic reviews which have been screened for relevant studies
Wermeille J, Zelger G, Cunningham M (1998) The eradication treatments of Helicobacter pylori. Pharmacy World & Science 20: 1-17.	Exclude for any other question specific reason
Wermeille J, Cunningham M, Armenian B et al. (1999) Failure of a 1-day high-dose quadruple therapy for cure of Helicobacter pylori infection. Alimentary Pharmacology & Therapeutics 13: 173-7.	Excluded geographical setting
Wheeldon TU, Granstrom M, Hoang TT et al. (2004) The importance of the level of metronidazole resistance for the success of Helicobacter pylori eradication. Alimentary Pharmacology & Therapeutics 19: 1315-21.	Excluded geographical setting
Whitehead MW, Phillips RH, Sieniawska CE et al. (2000) Double-blind comparison of absorbable colloidal bismuth subcitrate and nonabsorbable bismuth subnitrate in the eradication of Helicobacter pylori and the relief of nonulcer dyspepsia. Helicobacter 5: 169-75.	Comparator dataset
Wong VWS, Chan FKL (2007) 10 day sequential therapy was	Not an RCT or SR

Excluded studies	Reason for exclusion
more effective than 10 day triple drug therapy for eradicating Helicobacter pylori infection. Evidence-Based Medicine 12: 146.	
Wong WM, Gu Q, Lam SK et al. (2003) Randomized controlled study of rabeprazole, levofloxacin and rifabutin triple therapy vs. quadruple therapy as second-line treatment for Helicobacter pylori infection. Alimentary Pharmacology & Therapeutics 17: 553-60.	Second line studies
Wong WM, Gu Q, Chu KM et al. (2006) Lansoprazole, levofloxacin and amoxicillin triple therapy vs. quadruple therapy as second-line treatment of resistant Helicobacter pylori infection. Alimentary Pharmacology & Therapeutics 23: 421-7.	Second line studies
Wu C, Chen X, Liu J et al. (2011) Moxifloxacin-containing triple therapy versus bismuth-containing quadruple therapy for second-line treatment of Helicobacter pylori infection: a meta-analysis. Helicobacter 16: 131-8.	Second line studies
Wu DC, Hsu PI, Chen A et al. (2006) Randomized comparison of two rescue therapies for Helicobacter pylori infection. European Journal of Clinical Investigation 36: 803-9.	Second line studies
Wu DC, Hsu PI, Tseng HH et al. (2011) Helicobacter pylori infection: a randomized, controlled study comparing 2 rescue therapies after failure of standard triple therapies. Medicine 90: 180-5.	Second line studies
Wu W, Yang Y, Sun G (2012) Recent insights into antibiotic resistance in helicobacter pylori eradication. Gastroenterology Research and Practice Article Number: 723183.	Not an RCT or SR
Wurzer H, Rodrigo L, Stamler D et al. (1997) Short-course therapy with amoxycillin-clarithromycin triple therapy for 10 days (ACT-10) eradicates Helicobacter pylori and heals duodenal ulcer. ACT-10 Study Group. Alimentary Pharmacology & Therapeutics 11: 943-52.	Excluded geographical setting
Xia HX, Gilvarry J, Beattie S et al. (1995) Recrudescence of Helicobacter pylori infection in patients with healed duodenal ulcer after treatment with different regimens. American Journal of Gastroenterology 90: 1221-5.	Second line studies
Xiao SD, Liu WZ, Hu PJ et al. (1999) High cure rate of Helicobacter pylori infection using tripotassium dicitrato bismuthate, furazolidone and clarithromycin triple therapy for 1 week. Alimentary Pharmacology & Therapeutics 13: 311-5.	Excluded geographical setting
Xu YZ, Ji WM, Yao Q et al. (2001) Clinic comparison of two triple-methods on the anti-helicobater pylori infection. Hainan Medical Journal 12: 1-3.	Study not available in English
Yang JC, Yang KC, Hsu CT et al. (1999) A multicenter study on eradication of Helicobacter pylori infection in patients with duodenal ulcer by lansoprazole-antibiotics combined therapy. Journal of Microbiology, Immunology & Infection 32: 1-8.	Excluded geographical setting
Yang KC, Wang GM, Chen JH et al. (2003) Comparison of rabeprazole-based four- and seven-day triple therapy and omeprazole-based seven-day triple therapy for Helicobacter pylori infection in patients with peptic ulcer. Journal of the Formosan Medical Association 102: 857-62.	Excluded geographical setting
Yee YK, Cheung TK, Chu KM et al. (2007) Clinical trial:	Second line studies

Excluded studies	Reason for exclusion
levofloxacin-based quadruple therapy was inferior to traditional quadruple therapy in the treatment of resistant Helicobacter pylori infection. Alimentary Pharmacology & Therapeutics 26: 1063-7.	
Zanten SJ, Bradette M, Farley A et al. (1999) The DU-MACH study: eradication of Helicobacter pylori and ulcer healing in patients with acute duodenal ulcer using omeprazole based triple therapy. Alimentary Pharmacology & Therapeutics 13: 289-95.	Exclude for any other question specific reason
Zhao F, Wang J, Yang Y et al. (2008) Effect of CYP2C19 genetic polymorphisms on the efficacy of proton pump inhibitor-based triple therapy for Helicobacter pylori eradication: a meta-analysis. Helicobacter 13: 532-41.	Systematic reviews which have been screened for relevant studies
Zheng Q, Wu S, Ke M et al. (2002) Rabeprazole-based triple therapy versus omeprazole-based triple therapy for the eradication of Helicobacter pylori infection: A multicentre, randomized, double-blind, parallel-controlled study. [Chinese, English]. Chinese Journal of Gastroenterology 7: 272-6.	Study not available in English
Zullo A, Rinaldi V, Pugliano F et al. (1997) Omeprazole plus clarithromycin and either tinidazole or tetracycline for Helicobacter pylori infection: a randomized prospective study. American Journal of Gastroenterology 92: 2029-31.	Excluded geographical setting
Zullo A, Rinaldi V, Meddi P et al. (1999) Helicobacter pylori eradication with dual and low-dose triple therapy in patients with liver cirrhosis. Italian Journal of Gastroenterology & Hepatology 31: 831-5.	Excluded geographical setting
Zullo A, Gatta L, De F, V et al. (2005) High rate of Helicobacter pylori eradication with sequential therapy in elderly patients with peptic ulcer: a prospective controlled study. Alimentary Pharmacology & Therapeutics 21: 1419-24.	Excluded geographical setting
Zullo A, De F, V, Hassan C et al. (2007) The sequential therapy regimen for Helicobacter pylori eradication: a pooled-data analysis. Gut 56: 1353-7.	Exclude for any other question specific reason
Zullo A, Perna F, Ricci C et al. (2008) 13C-urea breath test values and Helicobacter pylori eradication. Digestive Diseases and Sciences 53: 370-4.	Excluded geographical setting
Zullo A, Ierardi E, Hassan C et al. (2012) Furazolidone-based therapies for Helicobacter pylori infection: A pooled-data analysis. Saudi Journal of Gastroenterology.18 (1): 11-7.	Exclude for any other question specific reason

G.6 Question 6

Excluded studies	Reason for exclusion
Ackroyd R, Watson D.I., Majeed A.W. et al. (2004) Randomized clinical trial of laparoscopic versus open fundoplication for gastro-oesophageal reflux disease. British Journal of Surgery 91 (8): 975-982.	Not relevant control - not PPI
Allgood PC,Bachmann M. (2000) Medical or surgical treatment for chronic gastrooesophageal reflux? A systematic review of published evidence of effectiveness. European Journal of Surgery 166 (9): 713-721.	Meta analysis included some cohort studies in the review
Anvari M, Allen C., and Goldsmith C. (2010) A randomized controlled trial of Laparoscopic Nissen Fundoplication (LNF) versus proton pump inhibitors for treatment of patients with chronic Gastro-Esophageal Reflux	Abstract only - not full study publication

Excluded studies	Reason for exclusion
Disease (GERD) who complained of cough. Gastroenterology 138 (5 Suppl 1): S885	
Anvari M, Allen C., Marshall J. et al. (2011) A randomized controlled trial of laparoscopic Nissen fundoplication versus proton pump inhibitors for the treatment of patients with chronic gastroesophageal reflux disease (GERD): 3-year outcomes. Surgical Endoscopy 25 (8): 2547-2554	Duplicate publication of Goeree (2011)
Arguedas MR, Heudebert G.R., Klapow J.C. et al. (2004) Re-examination of the cost-effectiveness of surgical versus medical therapy in patients with gastroesophageal reflux disease: the value of long-term data collection. American Journal of Gastroenterology 99 (6): 1023-1028	Not clinical RCT.
Attwood SE, Lundell L., Hatlebakk J.G. et al. (2008) Medical or surgical management of GERD patients with Barrett's esophagus: the LOTUS trial 3-year experience. Journal of gastrointestinal surgery : official journal of the Society for Surgery of the Alimentary Tract 12 (10): 1646-1654	Same patients as Galmiche (2011) included for this question
Bais JE, Bartelsman J.F., Bonjer H.J. et al. (2000) Laparoscopic or conventional Nissen fundoplication for gastro-oesophageal reflux disease: randomised clinical trial. The Netherlands Antireflux Surgery Study Group. Lancet 355 (9199): 170-174	Not relevant control - not PPI
Behar J, Sheahan D.G., and Biancani P. (1975) Medical and surgical management of reflux esophagitis. A 38 month report on a prospective clinical trial. NEW ENGLJMED 293 (6): 263-268.	Not relevant intervention open fundoplication plus gastropexy
Blomqvist A, Lonroth H., Dalenback J. et al. (1996) Quality of life assessment after laparoscopic and open fundoplications. Results of a prospective, clinical study. Scandinavian Journal of Gastroenterology 31 (11): 1052-1058.	Not RCT
Blomqvist AM, Lonroth H., Dalenback J. et al. (1998) Laparoscopic or open fundoplication? A complete cost analysis. Surgical Endoscopy 12 (10): 1209-1212	Not RCT
Booth M,Dehn T.C. (2002) Discussion on esophageal motility in reflux disease before and after fundoplication: a prospective, randomized, clinical, and manometric study. Gastroenterology 122 (4): 1184-1185.	Not RCT
Booth MI, Stratford J., Jones L. et al. (2008) Randomized clinical trial of laparoscopic total (Nissen) versus posterior partial (Toupet) fundoplication for gastro-oesophageal reflux disease based on preoperative oesophageal manometry. British Journal of Surgery 95 (1): 57-63	Not relevant control - not PPI
Botden SM,Bouvy N.D. (2011) Systematic review and meta-analysis of laparoscopic Nissen (posterior total) versus Toupet (posterior partial) fundoplication for gastro-oesophageal reflux disease (Br J Surg 2010; 97: 1318-1330). British Journal of Surgery 98 (2): 316-317	Not RCT
Broeders JA, Rijnhart-de Jong H.G., Draaisma W.A. et al. (2009) Ten-year outcome of laparoscopic and conventional nissen fundoplication: randomized clinical trial. Annals of Surgery 250 (5): 698-706	Not relevant control - not PPI
Broeders JA, Draaisma W.A., Rijnhart-de Jong H.G. et al. (2011) Impact of surgeon experience on 5-year outcome of laparoscopic Nissen fundoplication. Archives of Surgery 146 (3): 340-346	Not relevant control - not PPI
Cai W, Watson D.I., Lally C.J. et al. (2008) Ten-year clinical outcome of a prospective randomized clinical trial of laparoscopic Nissen versus anterior 180(degrees) partial fundoplication. British Journal of Surgery 95 (12): 1501-1505	Not relevant control - not PPI
Catarci M, Gentileschi P., Papi C. et al. (2004) Evidence-based appraisal of antireflux fundoplication. [Review] [113 refs]. Annals of Surgery 239 (3):	Not relevant control - not PPI

Excluded studies	Reason for exclusion
325-337	
Chrysos E, Tsiaoussis J., Athanasakis E. et al. (2002) Laparoscopic vs open approach for Nissen fundoplication. A comparative study. Surgical Endoscopy 16 (12): 1679-1684	Not relevant control - not PPI
Chrysos E, Athanasakis E., Pechlivanides G. et al. (2004) The effect of total and anterior partial fundoplication on antireflux mechanisms of the gastroesophageal junction. American Journal of Surgery 188 (1): 39-44	Not relevant control - not PPI
Cookson R, Flood C., Koo B. et al. (2005) Short-term cost effectiveness and long-term cost analysis comparing laparoscopic Nissen fundoplication with proton-pump inhibitor maintenance for gastro-oesophageal reflux disease. British Journal of Surgery 92 (6): 700-706	Not RCT - Economic analysis of Mahon (2005)
Corey KE, Schmitz S.M., and Shaheen N.J. (2003) Does a surgical antireflux procedure decrease the incidence of esophageal adenocarcinoma in Barrett's esophagus? A meta-analysis. American Journal of Gastroenterology 98 (11): 2390-2394	Not relevant indication
Dallemagne B,Perretta S. (2011) Twenty years of laparoscopic fundoplication for GERD. [Review]. World Journal of Surgery 35 (7): 1428-1435	Review / editorial
DeVault KR,Castell D.O. (2005) Updated guidelines for the diagnosis and treatment of gastroesophageal reflux disease. American Journal of Gastroenterology 100 (1): 190-200	Not RCT
Draaisma WA, Rijnhart-de Jong H.G., Broeders I.A. et al. (2006) Five-year subjective and objective results of laparoscopic and conventional Nissen fundoplication: a randomized trial. Annals of Surgery 244 (1): 34-41	Not relevant control – not PPI
Draaisma WA, Buskens E., Bais J.E. et al. (2006) Randomized clinical trial and follow-up study of cost-effectiveness of laparoscopic versus conventional Nissen fundoplication. British Journal of Surgery 93 (6): 690-697	Not relevant control – not PPI
Epstein D, Bojke L., Sculpher M.J. et al. (2009) Laparoscopic fundoplication compared with medical management for gastro-oesophageal reflux disease: cost effectiveness study. BMJ 339: b2576.	Not RCT - Economic analysis of Grant (2008)
Fiocca R, Mastracci L., Engstrom C. et al. (2010) Long-term outcome of microscopic esophagitis in chronic GERD patients treated with esomeprazole or laparoscopic antireflux surgery in the LOTUS trial. American Journal of Gastroenterology 105 (5): 1015-1023	Same patients as Galmiche (2011)
Franzen T, Anderberg B., Tibbling G.L. et al. (2002) Prospective evaluation of laparoscopic and open 360 degree fundoplication in mild and severe gastro-oesophageal reflux disease. European Journal of Surgery 168 (10): 539-545	Not RCT
Franzen T, Anderberg B., Wiren M. et al. (2005) Long-term outcome is worse after laparoscopic than after conventional Nissen fundoplication. Scandinavian Journal of Gastroenterology 40 (11): 1261-1268	Not relevant control - not PPI
Galandiuk S,Polk H.C. (1989) Nissen fundoplication for complicated reflux oesophagitis. Current Practice in Surgery 1 (3): 157-164	Not RCT
Gerson LB,Fass R. (2009) A Systematic Review of the Definitions, Prevalence, and Response to Treatment of Nocturnal Gastroesophageal Reflux Disease. Clinical Gastroenterology and Hepatology 7 (4): 372-378	Review / editorial (no meta-analysis)
Grant A, Wileman S., Ramsay C. et al. (2008) The effectiveness and cost-effectiveness of minimal access surgery amongst people with gastro-oesophageal reflux disease - a UK collaborative study. The REFLUX trial. Health Technology Assessment (Winchester, England) 12 (31): 1-181	Same patients as Grant (2008) included in the review

Excluded studies	Reason for exclusion
Hakanson BS, Thor K.B., Thorell A. et al. (2007) Open vs laparoscopic partial posterior fundoplication. A prospective randomized trial. Surgical Endoscopy 21 (2): 289-298	Same patients as Grant (2008) included in the review
Heikkinen TJ, Haukipuro K., Bringman S. et al. (2000) Comparison of laparoscopic and open Nissen fundoplication 2 years after operation. A prospective randomized trial. Surgical Endoscopy 14 (11): 1019-1023.	Not relevant control - not PPI
Hinder RA, Raiser F., Katada N. et al. (1995) Results of Nissen fundoplication. A cost analysis. [Review] [20 refs]. Surgical Endoscopy 9 (12): 1328-1332	Not clinical RCT
Hinder RA. (2002) Proton pump inhibitors or surgery for gastro-oesophageal reflux disease. Digestive & Liver Disease 34 (2): 95-96	Not RCT
Ip S, Bonis P., Tatsioni A. et al. (2005) Comparative effectiveness of management strategies for gastroesophageal reflux disease (Structured abstract). Rockville: Agency for Healthcare Research and Quality (AHRQ): 108	Not RCT
Johansson KE,Tibbling L. (1986) Maintenance treatment with ranitidine compared with fundoplication in gastro-oesophageal reflux disease. Scandinavian Journal of Gastroenterology 21 (7): 779-788.	Not RCT
Jourdan I,Bailey M. (1999) Prospective randomized double-blind trial between laparoscopic Nissen fundoplication and anterior partial fundoplication. British Journal of Surgery 86 (7): 970-971.	Not relevant control - not PPI
Kahrilas PJ, Shaheen N.J., and Vaezi M.F. (2008) American Gastroenterological Association Institute Technical Review on the Management of Gastroesophageal Reflux Disease. Gastroenterology 135 (4): 1392-1413	Review / editorial (no meta-analysis)
Khan MA, Smythe A., Globe J. et al. (2009) Randomized controlled trial of laparoscopic Nissen versus Lind fundoplication for gastro-oesophageal reflux disease. Scandinavian Journal of Gastroenterology 44 (3): 269-275	Not relevant control - not PPI
Laine S, Rantala A., Gullichsen R. et al. (1997) Laparoscopic vs conventional Nissen fundoplication. A prospective randomized study. Surgical Endoscopy 11 (5): 441-444	Not relevant control - not PPI
Lundell L, Abrahamsson H., Ruth M. et al. (121) Lower esophageal sphincter characteristics and esophageal acid exposure following partial or 360 degrees fundoplication: results of a prospective, randomized, clinical study. World Journal of Surgery 15 (1): 115-120	Not relevant control - not PPI
Lundell L, Abrahamsson H., Ruth M. et al. (1996) Long-term results of a prospective randomized comparison of total fundic wrap (Nissen-Rossetti) or semifundoplication (Toupet) for gastro-oesophageal reflux. British Journal of Surgery 83 (6): 830-835	Not relevant control - not PPI
Lundell L, Miettinen P., Myrvold H.E. et al. (2000) Long-term management of gastro-oesophageal reflux disease with omeprazole or open antireflux surgery: results of a prospective, randomized clinical trial. The Nordic GORD Study Group. European Journal of Gastroenterology & Hepatology 12 (8): 879-887	Not relevant control - not PPI
Lundell L, Miettinen P., Myrvold H.E. et al. (2001) Continued (5-year) followup of a randomized clinical study comparing antireflux surgery and omeprazole in gastroesophageal reflux disease. Journal of the American College of Surgeons 192 (2): 172-181	Same patients as Galmiche (2011) included in this review
Lundell L. (2002) Laparoscopic fundoplication is the treatment of choice for gastro-oesophageal reflux disease. Gut 51 (4): 468-471	Review / editorial
Lundell L, Miettinen P., Myrvold H.E. et al. (2007) Seven-year follow-up of	Not relevant intervention

Excluded studies	Reason for exclusion
a randomized clinical trial comparing proton-pump inhibition with surgical therapy for reflux oesophagitis. British Journal of Surgery 94 (2): 198-203.	– open surgery
Lundell L, Attwood S., Ell C. et al. (2008) Comparing laparoscopic antireflux surgery with esomeprazole in the management of patients with chronic gastro-oesophageal reflux disease: a 3-year interim analysis of the LOTUS trial. Gut 57 (9): 1207-1213	Same patients as Galmiche (2011) included in this review
Luostarinen M, Virtanen J., Koskinen M. et al. (2001) Dysphagia and oesophageal clearance after laparoscopic versus open Nissen fundoplication. A randomized, prospective trial. Scandinavian Journal of Gastroenterology 36 (6): 565-571	Not relevant control - not PPI
Luostarinen ME, Koskinen M.O., and Isolauri J.O. (1996) Effect of fundal mobilisation in Nissen-Rossetti fundoplication on oesophageal transit and dysphagia. A prospective, randomised trial. European Journal of Surgery 162 (1): 37-42	Not relevant control - not PPI
Mackay C, Wileman S.M., Krukowski Z.H. et al. (2010) Laparoscopic fundoplication for gastro-oesophageal reflux disease (GORD) in adults. Cochrane Database of Systematic Reviews (9).	Protocol only, full review not published to date of search
McKernan JB. (1994) Laparoscopic antireflux surgery. International Surgery 79 (4): 342-345	Not RCT
Mehta S, Bennett J., Mahon D. et al. (2006) Prospective trial of laparoscopic nissen fundoplication versus proton pump inhibitor therapy for gastroesophageal reflux disease: Seven-year follow-up. Journal of gastrointestinal surgery : official journal of the Society for Surgery of the Alimentary Tract 10 (9): 1312-1316	Same patients as Mahon (2005) included in this review
Moayyedi P, Delaney B., and Forman D. (2005) Gastro-oesophageal reflux disease. [Review] [64 refs][Update of Clin Evid. 2004 Jun;(11):583-600; PMID: 15652024]. Clinical Evidence (14): 567-581	Review / editorial
Myrvold HE, Lundell L., Miettinen P. et al. (2001) The cost of long term therapy for gastro-oesophageal reflux disease: a randomised trial comparing omeprazole and open antireflux surgery. Gut 49 (4): 488-494	Not relevant intervention – open surgery
Neufeld M,Graham A. (2007) Levels of evidence available for techniques in antireflux surgery. Diseases of the Esophagus 20 (2): 161-167	Not RCT
Nijjar RS, Watson D.I., Jamieson G.G. et al. (2010) Five-year follow-up of a multicenter, double-blind randomized clinical trial of laparoscopic Nissen vs anterior 90 degrees partial fundoplication. Archives of Surgery 145 (6): 552-557	Not relevant control - not PPI
Nilsson G, Larsson S., and Johnsson F. (2002) Randomized clinical trial of laparoscopic versus open fundoplication: evaluation of psychological well-being and changes in everyday life from a patient perspective. Scandinavian Journal of Gastroenterology 37 (4): 385-391	Not relevant control - not PPI
Nilsson G, Wenner J., Larsson S. et al. (2004) Randomized clinical trial of laparoscopic versus open fundoplication for gastro-oesophageal reflux. British Journal of Surgery 91 (5): 552-559	Not relevant control - not PPI
O'Boyle CJ,Watson D.I. (2001) Long-term management of gastro-eosophageal reflux disease with omeprazole or open antireflux surgery. European Journal of Gastroenterology & Hepatology 13 (6): 751-753	Not RCT
O'Riordan JM, Byrne P.J., Ravi N. et al. (2004) Long-term clinical and pathologic response of Barrett's esophagus after antireflux surgery. American Journal of Surgery 188 (1): 27-33	Not RCT
Ortiz A, Martinez de Haro L.F., Parrilla P. et al. (1996) Conservative treatment versus antireflux surgery in Barrett's oesophagus: long-term	Not relevant intervention

Excluded studies	Reason for exclusion
results of a prospective study. British Journal of Surgery 83 (2): 274-278	
Parrilla P, Martinez de Haro L.F., Ortiz A. et al. (2003) Long-term results of a randomized prospective study comparing medical and surgical treatment of Barrett's esophagus. Annals of Surgery 237 (3): 291-298	Not relevant intervention - open surgery
Perttila J, Salo M., Ovaska J. et al. (1999) Immune response after laparoscopic and conventional Nissen fundoplication. European Journal of Surgery 165 (1): 21-28	Not relevant control - not PPI
Peters MJ, Mukhtar A., Yunus R.M. et al. (2009) Meta-analysis of randomized clinical trials comparing open and laparoscopic anti-reflux surgery. American Journal of Gastroenterology 104 (6): 1548-1561	Meta analysis of primary RCTs included in this review
Rijnhart-de Jong HG, Draaisma W.A., Smout A.J. et al. (2008) The Visick score: a good measure for the overall effect of antireflux surgery? Scandinavian Journal of Gastroenterology 43 (7): 787-793	Not relevant control - not PPI
Salminen PT, Hiekkanen H.I., Rantala A.P. et al. (2007) Comparison of long-term outcome of laparoscopic and conventional nissen fundoplication: a prospective randomized study with an 11-year follow-up. Annals of Surgery 246 (2): 201-206	Not relevant control - not PPI
Sandbu R,Hallgren T. (2000) The economics of laparoscopic antireflux operations compared with open surgery. European Journal of Surgery, Acta Chirurgica, Supplement (585): 37-39	Not RCT
Segol P, Hay J.-M., and Pottier D. (1989) Surgical treatment of gastroesophageal reflux: Nissen's fundoplication, Toupet's posterior fundoplication or Lortat-Jacob's cardiophrenopexy? A multicenter randomized trial. . GASTROENTEROL CLIN BIOL 13 (11): 873-879	Not English language
Sietses C, Wiezer M.J., Eijsbouts Q.A.J. et al. (1999) A prospective randomized study of the systemic immune response after laparoscopic and conventional Nissen fundoplication. Surgery 126 (1): 5-9.	Not relevant control - not PPI
Smith GS, Richardson M.A., and Falk G.L. (1999) Randomized trial to study the effect of fundic mobilization on long-term results of Nissen fundoplication. British Journal of Surgery 86 (11): 1478-1479	Not relevant control - not PPI
Sontag SJ, O'Connell S., Khandelwal S. et al. (2003) Asthmatics with gastroesophageal reflux: long term results of a randomized trial of medical and surgical antireflux therapies. American Journal of Gastroenterology 98 (5): 987-999	Not relevant intervention - open surgery
Soper NJ. (1996) A comparison of outcomes with open and laparoscopic fundoplication. Problems in General Surgery 13 (2): 85-88	Review / editorial
Spechler SJ. (1992) Comparison of medical and surgical therapy for complicated gastroesophageal reflux disease in veterans. The Department of Veterans Affairs Gastroesophageal Reflux Disease Study Group. New England Journal of Medicine 326 (12): 786-792	Not relevant intervention - open surgery
Spechler SJ. (1999) American Gastroenterological Association medical position statement on treatment of patients with dysphagia caused by benign disorders of the distal esophagus. Gastroenterology 117 (1): 229-232	Not RCT
Spechler SJ, Lee E., Ahnen D. et al. (2001) Long-term outcome of medical and surgical therapies for gastroesophageal reflux disease: follow-up of a randomized controlled trial. JAMA 285 (18): 2331-2338	Not relevant intervention - open surgery
Stefanidis D, Hope W.W., Kohn G.P. et al. (2010) Guidelines for surgical treatment of gastroesophageal reflux disease. [Review]. Surgical Endoscopy 24 (11): 2647-2669	Review / editorial

Excluded studies	Reason for exclusion
Tan G, Yang Z., and Wang Z. (2011) Meta-analysis of laparoscopic total (Nissen) versus posterior (Toupet) fundoplication for gastro-oesophageal reflux disease based on randomized clinical trials. [Review]. ANZ Journal of Surgery 81 (4): 246-252	Not relevant control - not PPI
Thijssen AS, Broeders I.A., de Wit G.A. et al. (2011) Cost-effectiveness of proton pump inhibitors versus laparoscopic Nissen fundoplication for patients with gastroesophageal reflux disease: a systematic review of the literature. Surgical Endoscopy 25 (10): 3127-3134	Meta analysis of same primary RCTs included in this review
Trullenque JR, Torres S.T., Marti M.E. et al. (2005) Surgery for gastroesophageal reflux disease: a comparative study between the open and laparoscopic approaches. Revista Espanola de Enfermedades Digestivas 97 (5): 328-337	Not RCT
Van Den Boom G, Go P.M., Hameeteman W. et al. (1996) Cost effectiveness of medical versus surgical treatment in patients with severe or refractory gastroesophageal reflux disease in the Netherlands. Scandinavian Journal of Gastroenterology 31 (1): 1-9.	Not RCT
Viljakka M, Nevalainen J., and Isolauri J. (1997) Lifetime costs of surgical versus medical treatment of severe gastro-oesophageal reflux disease in Finland. Scandinavian Journal of Gastroenterology 32 (8): 766-772	Not RCT
Watson DI. (2007) An anterior or posterior approach to a partial fundoplication? Long-term results of a randomized trial. World Journal of Surgery 31 (6): 1226-1227	Letter
Wileman SM, McCann S., Grant A.M. et al. (2010) Medical versus surgical management for gastro-oesophageal reflux disease (GORD) in adults. [Review] [20 refs]. Cochrane Database of Systematic Reviews (3): CD003243	Meta analysis of same primary RCTs included in this review
Woodcock SA, Watson D.I., Lally C. et al. (2006) Quality of life following laparoscopic anterior 90 degrees versus Nissen fundoplication: results from a multicenter randomized trial. World Journal of Surgery 30 (10): 1856-1863	Not relevant control - not PPI

G.7 Question 7

Excluded studies	Reason for exclusion
Anon (2012) Domperidone: ventricular arrhythmia and sudden death (continued). Prescrire International 21: 183.	Not a primary study
Adachi K, Hashimoto T, Komazawa Y et al. (2005) Helicobacter pylori infection influences symptomatic response to anti-secretory therapy in patients with GORD--crossover comparative study with famotidine and low-dose lansoprazole. Digestive & Liver Disease 37: 485-90.	Not relevant – not refractory population, about maintenance therapy with standard low-dose (lansoprazole 15mg).
Adamek RJ, Behrendt J, Wenzel C (2001) Relapse prevention in reflux oesophagitis with regard to Helicobacter pylori status: a double-blind, randomized, multicentre trial to compare the efficacy of pantoprazole versus ranitidine. European Journal of Gastroenterology & Hepatology 13: 811-7.	Not refractory patients; maintenance therapy study.
Alizadeh-Naeeni M, Saberi-Firoozi M, Pourkhajeh A et al. (2002) Effect of Helicobacter pylori eradication or of ranitidine plus metoclopramide on Helicobacter pylori-positive functional dyspepsia. A randomized, controlled follow-up study. Digestion 66: 92-8.	Not relevant – about functional dyspepsia; less than 6 months follow-up.

Excluded studies	Reason for exclusion
Allgood PC, Bachmann M (2000) Medical or surgical treatment for chronic gastrooesophageal reflux? A systematic review of published evidence of effectiveness. European Journal of Surgery 166: 713-21.	Not about refractory patients.
Anvari M, Allen C, Marshall J et al. (2006) A randomized controlled trial of laparoscopic nissen fundoplication versus proton pump inhibitors for treatment of patients with chronic gastroesophageal reflux disease: One-year follow-up. Surgical Innovation 13: 238-49.	Not relevant – for Q6.
Anvari M, Allen C, Marshall J et al. (2011) A randomized controlled trial of laparoscopic Nissen fundoplication versus proton pump inhibitors for the treatment of patients with chronic gastroesophageal reflux disease (GERD): 3-year outcomes. Surgical Endoscopy 25: 2547-54.	Not relevant, not refractory patients – for Q6.
Arabehety JT, Leitao OR, Fassler S et al. (1988) Cisapride and metoclopramide in the treatment of gastroesophageal reflux disease. Clinical Therapeutics 10: 421-8.	Cisapride has been suspended in the UK.
Archimandritis A, Tzivras M, Fertakis A et al. (1992) Cisapride, metoclopramide, and ranitidine in the treatment of severe nonulcer dyspepsia. Clinical Therapeutics 14: 553-61.	Not refractory patients; cisapride has been suspended in the UK.
Banani SJ, Lankarani KB, Taghavi A et al. (2008) Comparison of metoclopramide oral tablets and solution in treatment of dysmotility-like dyspepsia. American Journal of Health-System Pharmacy 65: 1057-61.	Not relevant – not refractory patients.
Bardhan KD (1989) Omeprazole in the management of refractory duodenal ulcer. Scandinavian Journal of Gastroenterology, Supplement 24: 63-73.	Not a primary study.
Bardhan KD, Naesdal J, Bianchi PG et al. (1991) Treatment of refractory peptic ulcer with omeprazole or continued H2 receptor antagonists: a controlled clinical trial. Gut 32: 435-8.	Refractory to H2RA (but PPI naïve); pre-PPI era; less than 6 months follow-up.
Bate CM, Crowe J, Dickinson RJ et al. (1990) Omeprazole 20 mg om L ranitidine 15o mg bd in reflux oesophagitis;omeprazole 40 mg om-a strategy for treatment failures [abstract]. Gut 31: A1190.	Less than 6 months follow-up (4 weeks study); study population was not refractory (only subgroup who was unresponsive to omeprazole low-dose 20mg were given omeprazole full-dose 40mg for 4 weeks).
Bate CM, Crowe JP, Dickinson RJ et al. (1991) Reflux oesophagitis resolves more rapidly with Omeprazole 20mg once daily than with Ranitidine 150mg twice daily: Omeprazole 40mg once daily provides further benefit in unresponsive patients. British Journal of Clinical Research 2: 133-48.	Less than 6 months follow-up; standard full-dose (omeprazole 40mg).
Bianchi PG, Pace F, Peracchia A et al. (1992) Short-term treatment of refractory reflux esophagitis with different doses of omeprazole or ranitidine. Journal of Clinical Gastroenterology 15: 192-8.	Refractory to H2RA but PPI-naive, pre-PPIs era; standard full-dose (omeprazole 40mg).
Bloom BS, Hillman AL, LaMont B et al. (1995) Omeprazole or ranitidine plus metoclopramide for patients with severe erosive oesophagitis. A cost-effectiveness analysis. Pharmacoeconomics 8: 343-9.	Not relevant – for Q4.
Bredenoord AJ, Smout AJ (2008) Refractory gastrooesophageal reflux disease. European Journal of Gastroenterology and Hepatology 20: 217-23.	Not a primary study.

Excluded studies	Reason for exclusion
Castell D, Bagin R, Goldlust B et al. (2005) Comparison of the effects of immediate-release omeprazole powder for oral suspension and pantoprazole delayed-release tablets on nocturnal acid breakthrough in patients with symptomatic gastro-oesophageal reflux disease. Alimentary Pharmacology & Therapeutics 21: 1467-74.	Less than 6 months follow-up; unavailable formulation (of immediate-release omeprazole powder for oral suspension 20mg and 40mg vs. delayed release pantoprazole 40mg).
Chen SL, Ji JR, Xu P et al. (2010) Effect of domperidone therapy on nocturnal dyspeptic symptoms of functional dyspepsia patients. World Journal of Gastroenterology 16: 613-7.	Not relevant – functional dyspepsia.
Collen MJ, Strong RM (1992) Comparison of omeprazole and ranitidine in treatment of refractory gastroesophageal reflux disease in patients with gastric acid hypersecretion. Digestive Diseases & Sciences 37: 897-903.	Refractory to H2RA (but PPI naïve); pre-PPI era; less than 6 months follow-up.
Corazza GR, Biagi F, Albano O et al. (1996) Levosulpiride in functional dyspepsia: a multicentric, double-blind, controlled trial. Italian Journal of Gastroenterology 28: 317-23.	Not refractory patients; levosulpiride not in the BNF.
Cross LB, Justice LN (2002) Combination drug therapy for gastroesophageal reflux disease. [Review] [25 refs]. Annals of Pharmacotherapy 36: 912-6.	Not a primary study.
Cucchiara S, Minella R, Iervolino C et al. (1993) Omeprazole and high dose ranitidine in the treatment of refractory reflux oesophagitis. Archives of Disease in Childhood 69: 655-9.	Refractory to H2RA (but PPI naïve); pre-PPI era; less than 6 months follow-up.
Davis RH, Clench MH, Mathias JR (1988) Effects of domperidone in patients with chronic unexplained upper gastrointestinal symptoms: a double-blind, placebo-controlled study. Digestive Diseases & Sciences 33: 1505-11.	Refractory to H2RA (but PPI naïve); pre-PPI era; less than 6 months follow-up.
Ezzat WF, Fawaz SA, Fathey H et al. (2011) Virtue of adding prokinetics to proton pump inhibitors in the treatment of laryngopharyngeal reflux disease: prospective study. Journal of Otolaryngology: Head and Neck Surgery 40: 350-6.	Less than 6 months follow-up (8-16 weeks study); unclear whether study population was refractory.
Fackler WK, Ours TM, Vaezi MF et al. (2002) Long-term effect of H2RA therapy on nocturnal gastric acid breakthrough. Gastroenterology 122: 625-32.	Less than 6 months follow-up (28 days study); control group was healthy volunteers.
Fass R, Johnson DA, Orr WC et al. (2011) The effect of dexlansoprazole MR on nocturnal heartburn and GERD-related sleep disturbances in patients with symptomatic GERD. American Journal of Gastroenterology 106: 421-31.	Dexlansoprazole not licensed in the UK.
Fiorucci S, Santucci L, Morelli A (1990) Effect of omeprazole and high doses of ranitidine on gastric acidity and gastroesophageal reflux in patients with moderate-severe esophagitis. American Journal of Gastroenterology 85: 1458-62.	Refractory to H2RA (but PPI naïve); pre-PPI era; less than 6 months follow-up.
Fumagalli I, Hammer B (1994) Cisapride versus metoclopramide in the treatment of functional dyspepsia. A double-blind comparative trial. Scandinavian Journal of Gastroenterology 29: 33-7.	Cisapride has been suspended in the UK.
Futagami S, Iwakiri K, Shindo T et al. (2010) The prokinetic effect of	Less than 6 months

Excluded studies	Reason for exclusion
mosapride citrate combined with omeprazole therapy improves clinical symptoms and gastric emptying in PPI-resistant NERD patients with delayed gastric emptying. Journal of Gastroenterology 45: 413-21.	follow-up (4 months study); control group was healthy volunteers; not relevant (study on gastric emptying).
Gadenstatter M, Klocker J, Weiss H et al. (2000) Prokinetic medication following surgical treatment of GERD patients with impaired esophageal peristalsis: A randomized controlled trial (RCT). Wiener Klinische Wochenschrift 112: 917-21.	Cisapride has been suspended in the UK.
Haag S, Senf W, Tagay S et al. (2007) Is there a benefit from intensified medical and psychological interventions in patients with functional dyspepsia not responding to conventional therapy? Alimentary Pharmacology and Therapeutics 25: 973-86.	Treatments not in review protocol (antidepressants and psychological therapy).
Haag S, Holtmann G (2010) Onset of relief of symptoms of gastroesophageal reflux disease: post hoc analysis of two previously published studies comparing pantoprazole 20 mg once daily with nizatidine or ranitidine 150 mg twice daily. [Review] [27 refs]. Clinical Therapeutics 32: 678-90.	Unclear baseline (whether patients were refractory or not); standard low-dose (pantoprazole 20mg vs. H2RA).
Halter F, Staub P, Hammer B et al. (1997) Study with two prokinetics in functional dyspepsia and GORD: domperidone vs. cisapride. Journal of Physiology & Pharmacology 48: 185-92.	Cisapride has been suspended in the UK.
Hsu YC, Yang TH, Hsu WL et al. (2010) Mosapride as an adjunct to lansoprazole for symptom relief of reflux oesophagitis. British Journal of Clinical Pharmacology 70: 171-9.	Not refractory patients (patients on PPIs excluded); less than 6 months follow-up.
Janiak P, Thumshirn M, Menne D et al. (2007) Clinical trial: the effects of adding ranitidine at night to twice daily omeprazole therapy on nocturnal acid breakthrough and acid reflux in patients with systemic sclerosis--a randomized controlled, cross-over trial. Alimentary Pharmacology & Therapeutics 26: 1259-65.	Not relevant – about patients with systemic sclerosis.
Johnson D, Crawley JA, Hwang C et al. (2010) Clinical trial: esomeprazole for moderate-to-severe nighttime heartburn and gastro-oesophageal reflux disease-related sleep disturbances. Alimentary Pharmacology & Therapeutics 32: 182-90.	Less than 6 months follow-up; standard low-dose (esomeprazole 20mg vs. placebo).
Johnson DA, Orr WC, Crawley JA et al. (2005) Effect of esomeprazole on nighttime heartburn and sleep quality in patients with GERD: a randomized, placebo-controlled trial. American Journal of Gastroenterology 100: 1914-22.	Less than 6 months follow-up; standard low-dose and full-dose (esomeprazole 20mg vs. 40mg vs. placebo).
Johnsson F, Hatlebakk JG, Klintenberg AC et al. (2003) Symptom-relieving effect of esomeprazole 40 mg daily in patients with heartburn. Scandinavian Journal of Gastroenterology 38: 347-53.	Less than 6 months follow-up (12 days study); standard full-dose (esomeprazole 40mg).
Juul-Hansen P, Rydning A (2009) On-demand requirements of patients with endoscopy-negative gastro-oesophageal reflux disease: H2-blocker vs. proton pump inhibitor. Alimentary Pharmacology & Therapeutics 29: 207-12.	Not refractory patients; about 'on demand strategy'.
Katz PO, Castell DO, Chen Y et al. (2004) Intragastric acid suppression and pharmacokinetics of twice-daily esomeprazole: a randomized, three-way crossover study. Alimentary Pharmacology & Therapeutics 20: 399-406.	Study on healthy volunteers.
Katz PO, Koch FK, Ballard ED et al. (2007) Comparison of the effects of	Not refractory patients

Excluded studies	Reason for exclusion
immediate-release omeprazole oral suspension, delayed-release lansoprazole capsules and delayed-release esomeprazole capsules on nocturnal gastric acidity after bedtime dosing in patients with night-time GERD symptoms. Alimentary Pharmacology & Therapeutics 25: 197-205.	(patients were partially responsive to antacids or acid suppressants).
Koshino K, Adachi K, Furuta K et al. (2010) Effects of mosapride on esophageal functions and gastroesophageal reflux. Journal of Gastroenterology & Hepatology 25: 1066-71.	Study on healthy volunteers.
Laheij RJ, van Rossum LG, Heinen N et al. (2004) Long-term follow-up of empirical treatment or prompt endoscopy for patients with persistent dyspeptic symptoms? European Journal of Gastroenterology & Hepatology 16: 785-9.	Not relevant – about patients characteristics, not about treatments.
Laheij RJ, De Koning RW, Horrevorts AM et al. (2004) Predominant symptom behavior in patients with persistent dyspepsia during treatment. Journal of Clinical Gastroenterology 38: 490-5.	Not relevant – about patient's behaviour, not about treatments.
Lundell L, Backman L, Ekstrom P et al. (1990) Omeprazole or high-dose ranitidine in the treatment of patients with reflux oesophagitis not responding to 'standard doses' of H2-receptor antagonists. Alimentary Pharmacology & Therapeutics 4: 145-55.	Refractory to H2RA (but PPI naïve); pre-PPI era; less than 6 months follow-up.
Lundell L, Backman L, Ekstrom P et al. (1991) Prevention of relapse of reflux esophagitis after endoscopic healing: the efficacy and safety of omeprazole compared with ranitidine. Scandinavian Journal of Gastroenterology 26: 248-56.	Not refractory patients, maintenance study.
Lundell L, Miettinen P, Myrvold HE et al. (2007) Seven-year follow-up of a randomized clinical trial comparing proton-pump inhibition with surgical therapy for reflux oesophagitis. The British journal of surgery 94: 198-203.	Unclear baseline: could not separate out patients who were truly refractory from those who opted for surgery voluntarily.
Lundell L, Attwood S, Ell C et al. (2008) Comparing laparoscopic antireflux surgery with esomeprazole in the management of patients with chronic gastro-oesophageal reflux disease: a 3-year interim analysis of the LOTUS trial. Gut 57: 1207-13.	Not relevant – for Q6.
Madan K, Ahuja V, Kashyap PC et al. (2004) Comparison of efficacy of pantoprazole alone versus pantoprazole plus mosapride in therapy of gastroesophageal reflux disease: a randomized trial. Diseases of the Esophagus 17: 274-8.	Less than 6 months follow-up (6 weeks study); unclear whether study population was refractory.
Maton PN, Orlando R, Joelsson B (1999) Efficacy of omeprazole versus ranitidine for symptomatic treatment of poorly responsive acid reflux disease-a prospective, controlled trial. Alimentary Pharmacology & Therapeutics 13: 819-26.	Refractory to H2RA (but PPI naïve); pre-PPI era; less than 6 months follow-up.
Mehta S, Bennett J, Mahon D et al. (1316) Prospective trial of laparoscopic nissen fundoplication versus proton pump inhibitor therapy for gastroesophageal reflux disease: Seven-year follow-up. Journal of Gastrointestinal Surgery 10: 1312-6.	Not refractory patients; for Q6.
Randomised clinical trial: efficacy of the addition of a prokinetic, mosapride citrate, to omeprazole in the treatment of patients with non-erosive reflux disease - a double-blind, placebo-controlled study. Alimentary Pharmacology & Therapeutics 33: 323-32.	Not refractory patients (treatment naïve).
Nakamura K, Akiho H, Ochiai T et al. (2010) Randomized controlled trial: roxatidine vs omeprazole for non-erosive reflux disease. Hepato-Gastroenterology 57: 497-500.	Unavailable from the British Library.
Combination of PPI with a prokinetic drug in gastroesophageal reflux	Unclear baseline (whether

Excluded studies	Reason for exclusion
disease. Acta Medica Indonesiana 43: 233-6.	refractory patients or not); less than 6 months follow-up.
Orr WC, Harnish MJ (2003) The efficacy of omeprazole twice daily with supplemental H2 blockade at bedtime in the suppression of nocturnal oesophageal and gastric acidity. Alimentary Pharmacology & Therapeutics 17: 1553-8.	Less than 6 months follow-up (1 week study).
Orr WC, Craddock A, Goodrich S (2007) Acidic and non-acidic reflux during sleep under conditions of powerful acid suppression. Chest 131: 460-5.	Less than 6 months follow-up (1 week study).
Ours TM, Fackler WK, Richter JE et al. (2003) Nocturnal acid breakthrough: clinical significance and correlation with esophageal acid exposure. American Journal of Gastroenterology 98: 545-50.	Included healthy volunteers (not able to stratify subgroup); less than 6 months follow-up.
Richter JE, Sabesin SM, Kogut DG et al. (1996) Omeprazole versus ranitidine or ranitidine/metoclopramide in poorly responsive symptomatic gastroesophageal reflux disease. American Journal of Gastroenterology 91: 1766-72.	Refractory to H2RA (but PPI naïve); pre-PPI era; less than 6 months follow-up.
Robinson M, Rodriguez-Stanley S, Ciociola AA et al. (2002) Control of nocturnal gastric acidity: a role for low dose bedtime ranitidine to supplement daily omeprazole. Digestive Diseases & Sciences 47: 265-73.	Less than 6 months follow-up (6 days study); study on pH level on patients with heartburn but not necessary nocturnal heartburn.
Sawant P, Das HS, Desai N et al. (2004) Comparative evaluation of the efficacy and tolerability of itopride hydrochloride and domperidone in patients with non-ulcer dyspepsia. Journal of the Association of Physicians of India 52: 626-8.	Not refractory patients (treatment naïve).
Sharma B, Sharma M, Daga MK et al. (2007) Effect of omeprazole and domperidone on adult asthmatics with gastroesophageal reflux. World Journal of Gastroenterology 13: 1706-10.	Not refractory patients; about patients with GORD and asthma.
Smith T, Verzola E, Mertz H (2003) Low yield of endoscopy in patients with persistent dyspepsia taking proton pump inhibitors. Gastrointestinal Endoscopy 58: 9-13.	Not relevant, not about treatment.
Sontag SJ, Kogut DG, Fleischmann R et al. (1996) Lansoprazole prevents recurrence of erosive reflux esophagitis previously resistant to H2-RA therapy. The Lansoprazole Maintenance Study Group. American Journal of Gastroenterology 91: 1758-65.	Refractory to H2RA (but PPI naïve); pre-PPI era; less than 6 months follow-up.
Sontag SJ, Kogut DG, Fleischmann R et al. (1997) Lansoprazole heals erosive reflux esophagitis resistant to histamine H2-receptor antagonist therapy. American Journal of Gastroenterology 92: 429-37.	Refractory to H2RA (but PPI naïve); pre-PPI era; less than 6 months follow-up.
Swoger J, Ponsky J, Hicks DM et al. (2006) Surgical Fundoplication in Laryngopharyngeal Reflux Unresponsive to Aggressive Acid Suppression: A Controlled Study. Clinical Gastroenterology and Hepatology 2006; 4:433-441	study population was specific to patients with laryngopharyngeal reflux as a result of GORD
Talley NJ, Meineche-Schmidt V, Pare P et al. (1998) Efficacy of omeprazole in functional dyspepsia: double-blind, randomized, placebo-controlled trials (the Bond and Opera studies). Alimentary Pharmacology & Therapeutics 12: 1055-65.	Not relevant – about functional dyspepsia; less than 6 months follow-up.
Talley NJ, Tack J, Ptak T et al. (2008) Itopride in functional dyspepsia:	Not relevant – functional

Excluded studies	Reason for exclusion
results of two phase III multicentre, randomised, double-blind, placebo-controlled trials. Gut 57: 740-6.	dyspepsia.
Van Den Boom G, Go PM, Hameeteman W et al. (1996) Cost effectiveness of medical versus surgical treatment in patients with severe or refractory gastroesophageal reflux disease in the Netherlands. Scandinavian Journal of Gastroenterology 31: 1-9.	Refractory to H2RA (but PPI naïve); pre-PPI era; less than 6 months follow-up.
Van Marrewijk CJ, Mujakovic S, Fransen GA et al. (2009) Effect and cost-effectiveness of step-up versus step-down treatment with antacids, H2-receptor antagonists, and proton pump inhibitors in patients with new onset dyspepsia (DIAMOND study): a primary-care-based randomised controlled trial. Lancet 373: 215-25.	Unclear baseline whether patients were refractory or treatment naïve; standard full-dose (pantoprazole 40mg).
Wang Y, Pan T, Wang Q et al. (2009) Additional bedtime H2-receptor antagonist for the control of nocturnal gastric acid breakthrough. Cochrane Database of Systematic Reviews	Both included studies included healthy asymptomatic volunteers.
Warrington S, Baisley K, Lee D et al. (2007) Pharmacodynamic effects of single doses of rabeprazole 20 mg and pantoprazole 40 mg in patients with GERD and nocturnal heartburn. Alimentary Pharmacology & Therapeutics 25: 511-7.	Less than 6 months follow-up (single dose study); standard full-dose (rabeprazole 20mg vs. pantoprazole 40mg).
Wileman SM, McCann S, Grant AM et al. (2010) Medical versus surgical management for gastro-oesophageal reflux disease (GORD) in adults. [Review] [20 refs]. Cochrane Database of Systematic Reviews : CD003243.	Overlapped with Q6 – used as a cross-checking.

G.8 Question 8

Excluded studies	Reason for exclusion
Achkar,E. & Carey,W.. The cost of surveillance for adenocarcinoma complicating Barrett's esophagus. American Journal of Gastroenterology 1988;83(3):291-94.	Study size n<100
Aguirre,T.V. & Sampliner,R.E.. Endoscopic surveillance of columnar-lined esophagus: Frequency of intestinal metaplasia detection and impact of antireflux surgery. American Journal of Gastroenterology.98 (4) (pp 931-933),	Review / editorial / non clinical study
Aldulaimi,D.M., Cox,M., Nwokolo,C.U., Loft,D.E.. Barrett's surveillance is worthwhile and detects curable cancers. A prospective cohort study addressing cancer incidence, treatment outcome and survival. European Journal of Gastroenterology & Hepatology 2005;17(9):943-50.	Study size n<100
Anandasabapathy,S., Sontag,S., Graham,D.Y., Frist,S., Bratton,J., Harpaz,N., Waye,J.D.. Computer-assisted brush-biopsy analysis for the detection of dysplasia in a high-risk Barrett's esophagus surveillance population. Digestive Diseases & Sciences 2011;56(3):761-66.	Follow up <3 years
Anon. The role of endoscopy in the surveillance of premalignant conditions of the upper gastrointestinal tract. Gastrointestinal Endoscopy.48 (6) (pp 663-668), 1998	Review / editorial / non clinical study
Arvanitakis,M. & Deviere,J.. Innovations. Endoscopy.40 (2) (pp 152-155), 2008	Review / editorial / non clinical study
Asaoka,D., Nagahara,A., Oguro,M., Kurosawa,A., Osada,T., Kawabe,M., et al. Utility of autofluorescence imaging videoendoscopy in screening for Barrett's esophagus. Endoscopy 2009;41:Suppl.	Review / editorial / non clinical study
Atkinson,M. & Chak,A.. Unsedated small-caliber endoscopy--a new	Follow up <3 years

Excluded studies	Reason for exclusion
screening and surveillance tool for Barrett's esophagus? Nature Clinical Practice Gastroenterology & Hepatology 2007;4(8):426-27.	
Atkinson,M., Iftikhar,S.Y., James,P.D., Robertson,C.S., Steele,R.J.. The early diagnosis of oesophageal adenocarcinoma by endoscopic screening. European Journal of Cancer Prevention 1992;1(4):327-30.	Review / editorial / non clinical study
Baer,H.J. & Colditz,G.A.. Screening for oesophageal cancer: Is it timely or premature? Journal of Medical Screening.12 (3) (pp 109-111), 2005.	Review / editorial / non clinical study
Banciu,C.. Barrett's esophagus - Screening and treatment options. Romanian Journal of Gastroenterology.10 (1) (pp 19-24), 2001.	Review / editorial / non clinical study
Barry,O'Connor J., Falk,G.W., Richter,J.E.. The incidence of adenocarcinoma and dysplasia in Barrett's esophagus report on the Cleveland Clinic Barrett's esophagus registry. American Journal of Gastroenterology.94 (8) (pp 2037-2042), 1999.	Secondary publication of included study
Basu,K.K., Pick,B., de Caestecker,J.S.. Audit of a Barrett's epithelium surveillance database. European Journal of Gastroenterology & Hepatology 2004;16(2):171-75	Follow up <3 years
Bhat,S., Coleman,H.G., Yousef,F., Johnston,B.T., McManus,D.T., Gavin,A.T., Murray,L.J.. Risk of malignant progression in Barrett's esophagus patients: results from a large population-based study. Journal of the National Cancer Institute 2011;103 (13):1049-57.	Not relevant intervention - not surveillance
Borovicka,J., Fischer,J., Neuweiler,J., Netzer,P., Gschossmann,J., Ehmann,T., et al. Autofluorescence endoscopy in surveillance of Barrett's esophagus: a multicenter randomized trial on diagnostic efficacy. Endoscopy 2006;38(9):867-72.	Follow up <3 years
Boyer,J. & Robaszkiewicz,M.. Guidelines of the French Society of Digestive Endoscopy: monitoring of Barrett's esophagus. The Council of the French Society of Digestive Endoscopy. Endoscopy 2000;32(6):498-99.	Review / editorial / non clinical study
Boyer,J., Laugier,R., Chemali,M., Arpurt,J.P., Boustiere,C., Canard,J.M., et al. French Society of Digestive Endoscopy SFED guideline: monitoring of patients with Barrett's esophagus. Endoscopy 2007;39(9):840-42.	Review / editorial / non clinical study
Breslin,N.P., Thomson,A.B., Bailey,R.J., Blustein,P.K., Meddings,J., Lalor,E., et al. Gastric cancer and other endoscopic diagnoses in patients with benign dyspepsia. Gut 2000;46(1):93-97.	Not relevant intervention - not surveillance
Bright,T., Schloithe,A., Bull,J.A., Fraser,R.J., Bampton,P., Watson,D.I.. Outcome of endoscopy surveillance for Barrett's oesophagus. ANZ Journal of Surgery 2009;79(11):812-16.	Follow up <3 years
Chang,L.C., Oelschlager,B.K., Quiroga,E., Parra,J.D., Mulligan,M., Wood,D.E., Pellegrini,C.A.. Long-term outcome of esophagectomy for high-grade dysplasia or cancer found during surveillance for Barrett's esophagus. Journal of Gastrointestinal Surgery 2006;10(3):341-46.	Study size n<100
Connor,M.J., Weston,A.P., Mayo,M.S., Sharma,P.. The prevalence of Barrett's esophagus and erosive esophagitis in patients undergoing upper endoscopy for dyspepsia in a VA population. Digestive Diseases & Sciences 2004;49(6):920-24.	Not relevant intervention – surveillance for the existence of BO
Cooper,G.S., Yuan,Z., Chak,A., Rimm,A.A.. Association of prediagnosis endoscopy with stage and survival in adenocarcinoma of the esophagus and gastric cardia. Cancer 2002;95(1):32-38.	Same patients as Cooper (2009)
Corley,D.A., Levin,T.R., Habel,L.A., Weiss,N.S., Buffler,P.A.. Surveillance and survival in Barrett's adenocarcinomas: a population-	Study size n<100

Excluded studies	Reason for exclusion
based study. Gastroenterology 2002;122(3):633-40.	
Crawford,P.. Reduced monitoring for most patients with Barrett's esophagus appears safe. Journal of Family Practice.55 (3) (pp 243), 2006.Date of Publication: March 2006. 2006;(3):243.	Review / editorial / non clinical study
Darwin,P.E., Huh,C., Henry,M.. A pilot study of brush cytology via unsedated esophagoscopy for screening of Barrett's esophagus. American Journal of Gastroenterology 2002;97(12):3208-09.	Review / editorial / non clinical study
Di,Pietro M., O'Donovan,M., Fitzgerald,R.C.. Where is the truth when it comes to cancer risk in Barrett's esophagus? Gastroenterology.142 (5) (pp 1242-1247), 2012.Date of Publication: May 2012. 2012;(5):1242-47.	Review / editorial / non clinical study
Dunbar,K.B., Okolo,P.,III, Montgomery,E., Canto,M.I.. Confocal laser endomicroscopy in Barrett's esophagus and endoscopically inapparent Barrett's neoplasia: a prospective, randomized, double-blind, controlled, crossover trial. Gastrointestinal Endoscopy 2009;70(4):645-54.	Follow up <3 years
Eisen,G.M., Lieberman,D., Fennerty,M.B., Sonnenberg,A.. Screening and surveillance in Barrett's esophagus: a call to action. Clinical Gastroenterology & Hepatology 2004;2(10):861-64.	Review / editorial / non clinical study
Fountoulakis,A., Zafirellis,K.D., Dolan,K., Dexter,S.P., Martin,I.G., Sue-Ling,H.M.. Effect of surveillance of Barrett's oesophagus on the clinical outcome of oesophageal cancer. British Journal of Surgery 2004;91(8):997-1003.	Study size n<100
Gaddam,S. & Sharma,P.. Advances in endoscopic diagnosis and treatment of Barrett's esophagus. Journal of Digestive Diseases 2010;11(6):323-33.	Review / editorial / non clinical study
Gatenby,P.A., Ramus,J.R., Caygill,C.P., Shepherd,N.A., Watson,A.. Relevance of the detection of intestinal metaplasia in non-dysplastic columnar-lined oesophagus. Scandinavian Journal of Gastroenterology 2008;43(5):524-30.	Not relevant intervention - not surveillance
Gatenby,P.A., Ramus,J.R., Caygill,C.P., Watson,A.. Does the length of the columnar-lined esophagus change with time? Diseases of the Esophagus 2007;20(6):497-503.	Not relevant intervention - not surveillance
Grover,M., Strickland,C., Kesler,E., Crawford,P.. How should patients with Barrett's esophagus be monitored? Journal of Family Practice 2006;55(3):243-47.	Review / editorial / non clinical study
Hillman,L.. Targeting surveillance in Barrett's esophagus. Journal of Gastroenterology & Hepatology 2008;23(9):1311-12.	Review / editorial / non clinical study
Horwhat,J.D., Maydonovitch,C.L., Ramos,F., Colina,R., Gaertner,E., Lee,H., Wong,R.K.. A randomized comparison of methylene blue-directed biopsy versus conventional four-quadrant biopsy for the detection of intestinal metaplasia and dysplasia in patients with long-segment Barrett's esophagus. American Journal of Gastroenterology 2008;103(3):546-54.	Study size n<100
Hvid-Jensen,F., Pedersen,L., Drewes,A.M., Sorensen,H.T., Funch-Jensen,P.. Incidence of adenocarcinoma among patients with Barrett's esophagus. New England Journal of Medicine 2011;365(15):1375-83.	Not relevant intervention - not surveillance
Iascone,C. & Stipa,S.. Proper endoscopic surveillance of Barrett's esophagus. Acta Endoscopica.22 (5) (pp 507-510), 1992.Date of Publication: 1992. 1992;(5):507-10	Review / editorial / non clinical study
Iftikhar,S.Y., James,P.D., Steele,R.J., Hardcastle,J.D., Atkinson,M.. Length of Barrett's oesophagus: an important factor in the development of dysplasia and adenocarcinoma. Gut 1992;33(9):1155-58.	Not relevant population – No endoscopic criteria for definition of BO at

Excluded studies	Reason for exclusion
	baseline
Incarbone,R., Bonavina,L., Saino,G., Bona,D., Peracchia,A.. Outcome of esophageal adenocarcinoma detected during endoscopic biopsy surveillance for Barrett's esophagus. Surgical Endoscopy 2002;16(2):263-66.	Not relevant population – prevalent adenocarcinoma
Jankowski,J.A., Provenzale,D., Moayyedi,P.. Esophageal adenocarcinoma arising from Barrett's metaplasia has regional variations in the west [2]. Gastroenterology.122 (2) (pp 588-590), 2002.Date of Publication: 2002. 2002;(2):588-90.	Review / editorial / non clinical study
Jobe,B.A., Hunter,J.G., Chang,E.Y., Kim,C.Y., Eisen,G.M., Robinson,J.D., et al. Office-based unsedated small-caliber endoscopy is equivalent to conventional sedated endoscopy in screening and surveillance for Barrett's esophagus: a randomized and blinded comparison. American Journal of Gastroenterology 2006;101(12):2693-7003.	Not relevant population – No endoscopic criteria for definition of BO at baseline
Johanson,J.F., Frakes,J., Eisen,D., . Computer-assisted analysis of abrasive transepithelial brush biopsies increases the effectiveness of esophageal screening: a multicenter prospective clinical trial by the EndoCDx Collaborative Group. Digestive Diseases & Sciences 2011;56(3):767-72	Not relevant intervention - not surveillance
Kuipers,E.J.. Barrett Esophagus and life expectancy: Implications for screening? Gastroenterology and Hepatology.7 (10) (pp 689-691), 2011.Date of Publication: October 2011. 2011;(10):689-91.	Review / editorial / non clinical study
Kumaravel,A., Lopez,R., Brainard,J., Falk,G.W.. Brush cytology vs. endoscopic biopsy for the surveillance of Barrett's esophagus. Endoscopy 2010;42(10):800-05.	Follow up <3 years
Lagergren,J.. Any role for endoscopy screening or surveillance for esophageal adenocarcinoma among persons with GERD? Gastrointestinal Endoscopy 2008;68(5):856-58.	Review / editorial / non clinical study
Lord,R.V. & Gurski,R.R.. Surveillance and surgery for Barrett's esophagus: more results from Sweden. American Journal of Gastroenterology 2002;97(8):2136-37.	Review / editorial / non clinical study
Mainguet,P. & Jouret,A.. The endoscopic surveillance of the Barrett's esophagus. Acta Endoscopica.22 (5) (pp 511-516), 1992.Date of Publication: 1992. 1992;(5):511-16.	Review / editorial / non clinical study
Mannath,J., Subramanian,V., Kaye,P.V., Ragunath,K.. Life-threatening bleeding following Barrett's surveillance biopsies. Endoscopy 2010;42:Suppl-2.	Review / editorial / non clinical study
Oberg,S., Wenner,J., Johansson,J., Walther,B., Willen,R.. Barrett esophagus: risk factors for progression to dysplasia and adenocarcinoma. Annals of Surgery 2005;242(1):49-54.	Secondary publication of included study (Oberg 2001)
Ortner,M.A.. Barrett's esophagus: is dysplasia a reliable marker in surveillance after endoscopic treatment? Current Gastroenterology Reports 2001;3(5):371-74.	Not relevant population - Previous Surgery for GORD, or other oesophogastirc surgery / Previous surveillance programme
Playford,R.J.. Endoscopic surveillance of patients with Barrett's oesophagus. Gut.51 (3) (pp 314-315), 2002.Date of Publication: 2002;(3):314-15.	Review / editorial / non clinical study
Pohl,J., Pech,O., May,A., Manner,H., Fissler-Eckhoff,A., Ell,C..	Not relevant population -

Excluded studies	Reason for exclusion
Incidence of macroscopically occult neoplasias in Barrett's esophagus: are random biopsies dispensable in the era of advanced endoscopic imaging? American Journal of Gastroenterology 2010;105(11):2350-56.	Previous Surgery for GORD, or other oesophogastirc surgery / Previous surveillance programme
Quera,R., O'Sullivan,K., Quigley,E.M.. Surveillance in Barrett's oesophagus: will a strategy focused on a high-risk group reduce mortality from oesophageal adenocarcinoma? Endoscopy 2006;38(2):162-69.	Review / editorial / non clinical study
Rajan,E., Burgart,L.J., Gostout,C.J.. Endoscopic and histologic diagnosis of Barrett esophagus. Mayo Clinic Proceedings 2001;76(2):217-25.	Review / editorial / non clinical study
Rajendra,S. & Kutty,K.M.. Barrett's esophagus surveillance in Asians. Journal of Clinical Gastroenterology 2009;43(10):1013-14.	Review / editorial / non clinical study
Rastogi,A., Puli,S., El-Serag,H.B., Bansal,A., Wani,S., Sharma,P.. Incidence of esophageal adenocarcinoma in patients with Barrett's esophagus and high-grade dysplasia: a meta-analysis. Gastrointestinal Endoscopy 2008;67(3):394-98.	Follow up <3 years
Reid,B.J., Blount,P.L., Feng,Z., Levine,D.S.. Optimizing endoscopic biopsy detection of early cancers in Barrett's high-grade dysplasia. American Journal of Gastroenterology 2000;95(11):3089-96.	Not relevant intervention - not surveillance
Reid,B.J., Levine,D.S., Longton,G., Blount,P.L., Rabinovitch,P.S.. Predictors of progression to cancer in Barrett's esophagus: baseline histology and flow cytometry identify low- and high-risk patient subsets. American Journal of Gastroenterology 2000;95(7):1669-76.	Not relevant intervention - not surveillance
Reynolds,J.C., Waronker,M., Pacquing,M.S., Yassin,R.R.. Barrett's esophagus: Reducing the risk of progression to adenocarcinoma. Gastroenterology Clinics of North America.28 (4) (pp 917-945), 1999. (4):917-45.	Review / editorial / non clinical study
Robaszkiewicz,M., Nousbaum,J.B., Cauvin,J.M., Robert,F.X., Volant,A., Gouerou,H.. Barrett's oesophagus and dysplastic lesions. Gastroenterology International. 1994.7 (4) (pp 179-187)	Review / editorial / non clinical study
Robaszkiewicz,M.. Endoscopic surveillance of Barrett's esophagus. Acta Endoscopica.23 (4) (pp 301-309), 1993.	Review / editorial / non clinical study
Roberts,K.J., Harper,E., Alderson,D., Hallissey,M.. Long-term survival and cost analysis of an annual Barrett's surveillance programme. European Journal of Gastroenterology & Hepatology 2010;22(4):399-403.	Follow up <3 years
Rubenstein,J.H. & Inadomi,J.M.. Defining a clinically significant adverse impact of diagnosing Barrett's esophagus. Journal of Clinical Gastroenterology 2006;40(2):109-15.	Review / editorial / non clinical study
Rubenstein,J.H. & Inadomi,J.M.. Potential for lead-time and length-time biases in outcomes in esophageal adenocarcinoma. American Journal of Gastroenterology.104 (12) (pp 3106-3107), 2009	Review / editorial / non clinical study
Rubenstein,J.H., Sonnenberg,A., Davis,J., McMahon,L., Inadomi,J.M.. Effect of a prior endoscopy on outcomes of esophageal adenocarcinoma among United States veterans. Gastrointestinal Endoscopy 2008;68(5):849-55.	Not relevant population – No endoscopic criteria for definition of BO at baseline
Sampliner,R.E.. Long-term endoscopic surveillance of Barrett's esophagus. American Journal of Gastroenterology 2003;98(9):1912-13.	Review / editorial / non clinical study
Shaheen,N.J.. Does surveillance endoscopy improve life expectancy in those with Barrett's esophagus? Gastroenterology 2001;121(6):1516-18.	Review / editorial / non clinical study

Excluded studies	Reason for exclusion
Sharma,P., Meining,A.R., Coron,E., Lightdale,C.J., Wolfsen,H.C., Bansal,A., et al. Real-time increased detection of neoplastic tissue in Barrett's esophagus with probe-based confocal laser endomicroscopy : final results of an international multicenter, prospective, randomized, controlled trial. Gastrointestinal Endoscopy 2011;74(3):465-72.	Follow up <3 years
Taylor,J.B. & Rubenstein,J.H.. Meta-analyses of the effect of symptoms of gastroesophageal reflux on the risk of Barrett's esophagus. American Journal of Gastroenterology 2010;105(8):1729-7.	Not relevant intervention – surveillance for the existence of BO
Thomas,T., Abrams,K.R., de Caestecker,J.S., Robinson,R.J.. Meta analysis: Cancer risk in Barrett's oesophagus. Alimentary Pharmacology and Therapeutics.26 (11-12) (pp 1465-1477), 2007.	Not relevant intervention - not surveillance
Van der Veen,A.H., Dees,J., Blankensteijn,J.D., van,Blankenstein M.. Adenocarcinoma in Barrett's oesophagus: an overrated risk. Gut 1989;30(1):14-18.	Not relevant intervention - not surveillance
Verbeek,R.E., van Oijen,M.G., ten Kate,F.J., Vleggaar,F.P., Schipper,M.E., Casparie,M.K., et al. Surveillance and follow-up strategies in patients with high-grade dysplasia in Barrett's esophagus: a Dutch population-based study. American Journal of Gastroenterology 2012;107(4):534-42.	Not relevant population - Previous Surgery for GORD, or other oesophogastirc surgery / Previous surveillance programme
Watson,R.G.P., Porter,K.G., Sloan,J.M.. Incidence of adenocarcinoma in Barrett's oesophagus and an evaluation of endoscopic surveillance. European Journal of Gastroenterology and Hepatology.3 (2) (pp 159-162), 1991	Study size n<100
Weston,A.P., Badr,A.S., Hassanein,R.S.. Prospective multivariate analysis of clinical, endoscopic, and histological factors predictive of the development of Barrett's multifocal high-grade dysplasia or adenocarcinoma. American Journal of Gastroenterology 1999;94(12):3413-19.	Secondary publication of included study (Weston 2004)
Willett,C.G.. Hvid-Jensen F, Pedersen L, Drewes A, et al. Incidence of adenocarcinoma among patients with Barrett's esophagus. N Eng J Med 2011:365:1375-83	Review / editorial / non clinical study
Wright,T.A., Gray,M.R., Morris,A.I., Gilmore,I.T., Ellis,A., Smart,H.L., et al. Cost effectiveness of detecting Barrett's cancer. Gut 1996;39(4):574-79.	Follow up <3 years