

Supplementary Table 8. Categorization of salvage regimens from overall 36 randomized controlled trials with 77 intervention arms

Category	Previous failed regimen	Salvage regimen	Interventions, n (number of intervention arms
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2nd line, 23 studies, 47 arms	PAC fail, 15 studies, 31 arms	Bismuth quadruple, n = 12	PBTM, $n = 9^a$
			PBTA, $n = 2$
			PBMA, $n = 2$
		Quinolone triple, n = 9	PAL, $n = 8^a$
			PML, $n = 1$
		Quinolone quadruple, n = 5	Levo-bismuth + AMX (PBLA), $n = 2$
			Levo-bismuth + tetra (PBLT), n= 1
			Levo-sequential (PA-PML), n = 2
		Others, $n = 4$	PAM, $n = 2$
			PAT, n = 1
			PATM, $n = 1$
			Concomitant (PACM), n = 1
	PAM fail, 1 study, 2 arms		PB + furazolidone + levofloxacin, $n = 1$
			PB + furazolidone + rlufoxacin, n = 1
	PAC/M fail, 2 studies, 4 arms		Levo-bismuth (PBLA), n = 1
			PBTM, $n = 1$
			Furazolidone + PL, n= 1
			Furazolidone + PB + doxycycline, n = 1
	Triple, NS, 2 studies, 4 arms		Sequential (PA-PC + tinidazole), $n = 1$
			PBTM (tetracycline/doxycyline), $n = 1$
			PBTM, $n = 1$
			PM + moxifloxacin, n = 1
	PBAC/M, 2 studies, 4 arms		Quintuple: PBTM + oxfloxacin, $n = 1$
			Quintuple: PBAC + tinidazole, n = 1
			PBAC, n = 1
			PB + ofloxacin + azithromycin, n = 1
	NS, 2 studies, 5 arms		PAL, n = 2
			Levo-sequential (PA-PML), n = 1
			High dose dual (PA), n = 1
			Sequential (PA-PCM), n = 1
3rd line, 5 studies, 11 arms	PAC-PAM fail, 3 studies, 7 arms	Quinolone triple, $n = 5$	PA + sitafloxacin, n = 2
			PM + sitafloxacin, n = 1
			PAL, n = 1
			PA + gatifloxacin, = 1
		Dual (not high dose), $n = 2$	PA, n = 2
	PACM + quinolone fail, 2 studies, 4 arms	, , , , , , , , , , , , , , , , , , , ,	PBTM, n = 1



Supplementary Table 8. Continued

Category	Previous failed regimen	Salvage regimen	Interventions, n (number of intervention arms)
			PBMA, n = 1
			PB + minocycline + tinidazole, n = 1
			PB + minocycline + rifabutin, $n = 1$
Duration, 5 studies, 12 arms	PAC fail, 3 studies		PBTM, 7D vs. 14D, 3 studies ^a
	PAC/M fail, 1 study		PAL, 7D vs. 10D, 1 study (levofloxacin 500 mg vs. 1,000 mg)
	PAC-PAM (sitafloxacin regimen) fail, 1 study		PA + rifabutin, 10D vs. 14D, 1 study
PPI comparison, 2 studies, 4 arms	PAC-PBTM fail, 1 study		Rifabutin + amoxicillin 1g tid + PPI standard vs. double dose bid, 1 study
	PAC fail, 1 study		PBTM: rabeprazole vs. esomeprazole, 1 study

PAC, pantoprazole, amoxicillin, clarithromycin; P, proton pump inhibitor; B, bismuth; T, tetracycline; M, metronidazole; A, amoxicillin; PAL, proton pump inhibitor (PPI), amoxicillin, levofloxacin; L, levofloxacin; AMX, amoxicillin; PAM, proton pump inhibitor (PPI) + amoxicillin + metronidazole; C, clarithromycin; NS, not significant; tid, three times per day; bid, twice per day.

^aIncluded in the meta-analysis.