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Dear Dr Wang

We would like to submit our original manuscript entitled “Nutrition status and Helicobacter pylori infection in patients receiving hemodialysis” (Number: 38435) for publication in the ‘Review’ of your journal. We wish to thank you for your helpful comments. We have attempted to address yours comments and made the appropriate changes according to those comments.

We believe that this letter will be of a great interest to the readers of your Journal. All authors have read the manuscript and conflict of interest statement and approved their submission for publication.

We thank you for your consideration and prompt handling of our manuscript and look forward to hearing from you.

Sincerely yours,
Mitsushige Sugimoto

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Our responses to comments raised by the Reviewer 00069458

1. Was permission granted for using previously published figures?

Response:

We have no permission to use previously published figures. Therefore, we deleted all figured and revised data as Tables in revised version.

2. Data, where applicable, would be better presented in a table format.

Response:

Thank you for your comments. According to your suggestions, we presented in a table format in revised version.

Our responses to comments raised by the Reviewer 0171422

1. The article entitled Nutrition status and Helicobacter pylori infection in patients receiving hemodialysis reports on a possible relationship between H. pylori infection and nutritional status in patients receiving hemodialysis. The article is interesting, well written, with updated references.

Response:

Thank you for your comments. I believe that readers of this journal are interested.

Our responses to comments raised by the Reviewer 0171422

1. In their interesting work, the authors do not discuss on the role of *Helicobacter pylori* infection on iron and B 12 vitamin deficiency. Since this is crucial to explain some type of anemia, they should report if there are data in HD patients.

Response:

Thank you for your comments. As your suggestion, *Helicobacter pylori* infection is crucial to explain some type of anemia, especially in iron and B 12 vitamin deficiency. Unfortunately, we have no data of iron and B 12 vitamin in hemodialysis patients. Therefore, we added comments about the role of *Helicobacter pylori* infection on iron and B 12 vitamin deficiency in revised version.

2. Since several studies (for example in Japan, Miyaky et al An assessment of the efficacy of first-line *Helicobacter pylori*-eradication therapy based on clarithromycin susceptibility. *Minerva Gastroenterol Dietol* 2016;62:234-9) comparing tailored versus empiric clarithromycin-based treatment, have reported a satisfactory eradication rate with the former and not with the latter strategy, should be interesting that the authors report if this happens also for HD patients.

Response:

As your comments, clarithromycin susceptibility-based tailored regimen has high efficacy compared with empiric clarithromycin-based treatment. However, there was no report to investigate efficacy of tailored regimen in hemodialysis patients. We added comments possibility to have high efficacy of clarithromycin susceptibility-based tailored regimen in hemodialysis patients in revised version.

3. Section “*H. pylori* eradication therapy and nutrition status in HD patients”. This is a crucial part to demonstrate that *Helicobacter pylori* eradication is advantageous. Hence, this section should be expanded with more data reporting the variations of nutritional parameters after eradication.

Response:

Thank you for your comments. Previously, there was any reported investigated improvement of nutrition markers after eradication therapy. However, there is no reports investigated improvement of nutrition markers after eradication therapy in hemodialysis patients. Therefore, we added comments with any references to investigate association with nutrition markers and eradication therapy in non-HD patients and CAPD patients in revised version.

4. Some inappropriate reference should be replaced. For example when reporting in the section Introduction “Gastroduodenal diseases such as peptic ulcer and gastric cancer have been linked to chronic *Helicobacter pylori* infection”, the reference 14 “Sugimoto et al. Expression of angiotensin II type 1 and type 2 receptor mRNAs in the gastric mucosa of *Helicobacter*

pylori-infected Mongolian gerbils. *J Gastroenterol* 2011; 46(10): 1177-1186 [PMID: 21750885 PMCID: PMC3404294 DOI: 10.1007/s00535-011-0433-7], is not appropriate. It should be replaced with others more appropriate. For example "A 2016 panorama of *Helicobacter pylori* infection: key messages for clinicians. *Panminerva Med* 2016;58:304-17." The same for the reference 22, in its position is not appropriate and should be replaced, for example with the same of above. The same for the reference 57 that should be replaced with "Helicobacter pylori infection: an update for the internist in the age of increasing global antibiotic resistance" *Am J Med* 2018 in press" Jan 17. pii: S0002-9343(18)30013-5. doi: 10.1016/j.amjmed.2017.12.024.

Response:

Thank you for your suggestions. According to your suggestion, we revised references in revised version.

Our responses to comments raised by the Reviewer 0503623

1. There are numerous grammatical errors and the composition of the number of sentences needs to be corrected.

Response:

Thank you for your comments. This draft of this manuscript was edited by Libby Cone, MD, MA, from DMC Corp. (<http://www.dmed.co.jp/>) according to a certification.