

**Name of journal: World Journal of Gastroenterology**

**Manuscript NO: 70768**

Dear Editors,

First, we would like to thank the reviewers and editors for their time and effort on our manuscript. All reviewers' comments were very important and insightful, which helped to enhance the consistency of the content. Our manuscript has been revised as recommended. Detailed responses to comments from reviewers and editors are provided below.

**Answers to Reviewer #1:**

SPECIFIC COMMENTS TO AUTHORS

The manuscript is well, concisely and coherently organized and presented.

[Answer: We sincerely thank the reviewer for the positive assessment of the manuscript.](#)

**Answers to Reviewer #2:**

SPECIFIC COMMENTS TO AUTHORS

This communication reviewed recent studies which were focused on gut microbiota change due to *H. pylori* infection or eradication, and the association among *H. pylori*, gastrointestinal microbiome, and diseases (such gastric cancer, MALT, asthma, and IBD, etc). The authors suggested that before eradication, the Pros and cons of this therapy must be considered carefully.

[Answer: The authors sincerely thank the reviewer for the appreciation of the manuscript.](#)

**Answers to Reviewer #3:**

SPECIFIC COMMENTS TO AUTHORS: This is in reference to Letter to the Editor entitled "The gastrointestinal microbiome and multifaceted *Helicobacter pylori*: eradicate, leave it as it is, or take a personalized benefit-risk approach?" by Stanislav Sitkin, Leonid Lazebnik, Elena Avalueva, Svetlana Kononova, Timur Vakhitov. This clear and well-written manuscript deals

with a topic of great current interest regarding the real need to eradicate *H. pylori*, since on one side it is related to gastric and duodenal ulcers, gastric cancer, and mucosa-associated lymphoid tissue lymphoma and on the other it may have beneficial effects on the host by regulating gastrointestinal (GI) microbiota and protecting against some allergic and autoimmune disorders. The introduction is relevant and literature based. All the Sections are concise and well organized. The review of the literature that is included throughout the manuscript is appropriate and outstanding. Overall, this is a clear, concise, and well-written manuscript. I personally consider this letter of very good quality acceptable upon minor revisions. My comments are included highlighted in yellow in the attached file.

*Answer: We are sincerely grateful to the reviewer for the high appreciation of the manuscript, and for important and thoughtful comments for its content, including grammatical remarks, which we tried to consider as much as possible when revising the manuscript.*

COMMENT 1: Briefly, discuss the possible mechanisms underlying the increase in body mass index and body weight after *H. pylori* eradication.

*Answer: A new paragraph discussing this interesting aspect, with actual literature references, has been added by the authors and edited by a native English speaker.*

COMMENT 2: It may be interesting to briefly discuss why many countries, such as India, that have persistently high *H. pylori* infection rates do not suffer from high gastric cancer incidence (see Pavithran K, Doval DC, Pandey KK: Gastric cancer in India. Gastric Cancer 2002, 5:240-243). What should be stressed is that the research activities should identify populations that don't develop gastric cancers in spite of heavy infection rates. It is better to distinguish GC high-risk areas from *H. pylori* high risk areas.

*Answer: New paragraphs briefly discussing the so-called African or Asian/Indian enigma, the understanding and explanation of which is very important for the development of *H. pylori* infection management strategies in different regions/populations, have been added by the authors and edited by a native speaker.*

### **Answers to Science Editor:**

COMMENT: My personal suggestion would be to temper the Authors' conclusions, namely: we all agree that it's time to avoid statements as "the good HPs are the dead ones". However, data favoring HP infection as relevant risk factor for gastric cancer are compelling and imply

universal HP eradication particularly in asiatic population. This uncertainty is to be included in the discussion. No additional suggestions on this side.

*Answer: We are sincerely grateful to the Scientific Editor for the positive assessment of the manuscript and the important commentary, which we tried to consider in the revised manuscript. We have added a short paragraph with the results of a recent systematic review and meta-analysis highlighting the efficacy and importance of *H. pylori* eradication in reducing gastric cancer risk, at least in the Asian population.*

**Answers to Editor-in-Chief:**

COMMENT: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words).

*Answer: We are sincerely grateful to the Editor-in-Chief for the time spent and for the conditional acceptance of our manuscript. The title of the manuscript has been reduced to 18 words.*

Thank you for considering our revised manuscript for publication in the World Journal of Gastroenterology. We look forward to a favorable assessment of the revised manuscript. We hope that the presented manuscript will contribute to the development of personalized approaches to *H. pylori* eradication.

Sincerely yours,

Dr. Stanislav Sitkin

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