

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 74945

Title: Current guidelines for Helicobacter pylori treatment in East Asia 2022: Differences among China, Japan, and South Korea

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05143196

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Indonesia

Author's Country/Territory: South Korea

Manuscript submission date: 2022-01-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-13 04:28

Reviewer performed review: 2022-01-13 10:27

Review time: 5 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SPECIFIC COMMENTS TO AUTHORS

Helicobacter pylori infection is difficult to treat because of intervention (diagnosis, efficacy monitoring) cost-benefit consideration. Some information that expected in this review was: the similarity of these three countries. Why were these countries chosen? There are eleven countries in the South East. some factors aside from antibiotic resistance could affect regimen therapy decision-making. Antibiotic resistance associated with antibiotics prescribed could differ among health facilities. mechanism of action and evidence (efficacy, safety) of any regimen. When using bismuth, potassium-competitive acid blockers, dual or triple therapy, standard or conventional, concomitant, and sequential therapy? How much gastric cancer rate reduction and tolerability of any regimen (combination agent, dosage, duration)? what is the difference between empirical regimen therapy (first line, second line) in these three countries? regimen therapy algorithm following diagnostic test result (molecular testing, antimicrobial susceptibility testing) In addition, the authors should replace twelve out of ninety references published before 2012.

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Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01935510

Position: Peer Reviewer

Academic degree: MD, PharmD, PhD

Professional title: Professor Emerita

Reviewer's Country/Territory: France

Author's Country/Territory: South Korea

Manuscript submission date: 2022-01-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-13 17:57

Reviewer performed review: 2022-01-24 20:32

Review time: 11 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

In this manuscript JH Cho et al. compare the current guidelines to treat *Helicobacter pylori* infection in 3 major countries in East Asia: China, Japan and South Korea. They also highlight the use of dual therapy with amoxicillin and vonoprazan as a possible way of evolution. Globally, the situation is well presented. The recommendations are not the same for each country which could be due to the local availability of some reagents or compounds. Indeed, Japan was the first country to use P-CABs which allow *H. pylori* eradication of some clarithromycin resistant strains (with MICs not much higher than the threshold). Korea had tests available from Seegene to detect clarithromycin resistance, first DPO-PCR then RT-PCR (Allplex) which is easy to perform. China which did not have specific drugs or reagents promoted bismuth-based treatments, another way to avoid antimicrobial resistance. They also recommend furazolidone for which there is no resistance instead of metronidazole. However, even with bismuth, clarithromycin should be avoided as well as levofloxacin because of the high resistance rates. - The authors should try to explain the difference using the above reasons or others. They could also explain why there is limited *H. pylori* resistance to metronidazole in Japan compared to the other countries. - Reference 4 on *H. pylori* prevalence dates back to 2010 and concerns studies from 2003 in China, 1999 in Japan and 2007 in Korea. Given the evolution, it is important to provide updated figures. - Reference 5 should be changed for the Globocan figure (2020) which ranks gastric cancer as the 4th cause of mortality by cancer and not the 3rd. - Concerning reference 16 from Japan, instead of writing "recent", the year of publication "2019" should be indicated.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Peer-review model: Single blind

Reviewer's code: 05143196

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Indonesia

Author's Country/Territory: South Korea

Manuscript submission date: 2022-01-13

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2022-03-15 12:47

Reviewer performed review: 2022-03-15 13:15

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Information in the introduction section implies that the background of the review is because *H. pylori* cause gastric cancer. The author should adjust the narrative in the Introduction section with the author's response to the reviewer comment, number 3.