



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 74848

Title: Rebuilding trust in proton pump inhibitor therapy

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04123904

Position: Peer Reviewer

Academic degree: MD

Professional title: Chief Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: United States

Manuscript submission date: 2022-01-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-10 23:39

Reviewer performed review: 2022-01-12 09:46

Review time: 1 Day and 10 Hours

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 Grade E: Do not publish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 checked="" type="checkbox"/> Grade A: Priority publishing <input 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	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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

SPECIFIC COMMENTS TO AUTHORS

The authors provided a comprehensive review of indications, guidelines, and risks of PPI. This is a very well-written review article, but please consider the following suggestions. Minor comments: The newly developed potassium-competitive acid blocker (P-CAB) has been reported to be superior to PPI in the treatment of reflux esophagitis and H. pylori eradication. P-CAB is a new drug with a short history, so there is not much evidence, but it is likely to become more important in the future. Please consider introducing it in this review, along with some papers on P-CAB. I think that would make this a more in-depth review paper.



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Reviewer's code: 03727416

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor, Attending Doctor, Chief Doctor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: United States

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Reviewer performed review: 2022-01-16 07:36

Review time: 4 Days and 21 Hours

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
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SPECIFIC COMMENTS TO AUTHORS

In this study, Turshudzhyan et al. reported a comprehensive review for the indication and awareness of long-term proton pump inhibitor (PPI) usage. This study is important because the widespread use of PPI therapy in clinical practice. Both physicians and patients should know the indication and side-effect of PPI therapy by an evidence-based medicine. I have some comments: 1. In the introduction section, authors mentioned “Especially as some reports claimed that improper long-term PPI use has risen significantly in the last decade with some data suggesting that only half of patients on PPI therapy had an appropriate indication “. Could authors give more information or definition for the “long-term” duration of PPI usage? According to the reimbursement guideline of health insurance in some countries, most patients with GERD or peptic ulcers take PPI for 3-4 months and patients with H. pylori eradication takes PPI for 7-14 days. How long duration of taking PPI could be recognized as long term? 6 months or more than one year? 2. In the section of H. pylori eradication guideline, “However, if found to be positive, treatment options should be offered.” Dose the test of “found to be positive” mean H. pylori test or patients’ symptoms? 3. In the section of clinical indications, authors mention “While PPIs are considered for gastroprotection for patients on NSAID therapy, steroids are not an indication to start PPIs [17].” But in the section of NSAID use, authors mention “PPI therapy is indicated in NSAID users at risk for GI bleeds which includes those on high dose NSAIDs, age greater than 65 years, prior history of ulcers, and/or concurrent use of antiplatelets, anticoagulants or corticosteroids [30,31].” Dose it mean PPI therapy is indicated only in patients who are concurrent use of NSAID and corticosteroids, but not indicated in patients who take only (high dose) corticosteroids? 4. In the section of drug-drug interactions, authors may



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add the awareness of concurrent use of direct-acting antivirals (DAAs) and PPI in the patients with viral hepatitis C. Adjust the regimens of DAAs or PPI may be needed when treating patients with HCV. 5. In the section of Strategy 4: Looking for Alternative Options, authors may add the statement about the new drug, potassium-competitive acid blockers (PCB), such as Vonoprazan fumarate, in the treatment of GERD. Minor correction: 6. " H.pylori" should be corrected into " H. pylori" (add one space between H. and pylori). 7. In the section of Dementia, please spell or explain the text "AB plaques". 8. The abbreviations in the table should be explained in the footnote below every table.