

ANSWERING REVIEWERS



January 2, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 15282 - Review (revised by Hwang JJ).doc).

Title: Efficacy of 14- versus-7-day moxifloxacin-based triple regimens for second-line *Helicobacter pylori* eradication

Author: Jae Jin Hwang, Dong Ho Lee, Ae-Ra Lee, Hyuk Yoon, Cheol Min Shin, Young Soo Park, Nayoung Kim

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 15282

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

Reviewer No: 00159592

(1) As this is a retrospective study, how was patient randomized to 7 day or 14 days therapy?

Answer: Thank you for the reviewer's comment. We fully agree with the reviewer's comment. We corrected the "Patients selection" sections in the Methods section as follow;

"A total of 160 patients who had experienced failure of first-line PPI-based eradication therapy and received moxifloxacin-based triple therapy as second-line eradication treatment for *H. pylori* infection were reviewed enrolled in this retrospective study."

-> "The medical records of 160 patients who had experienced failure of first-line PPI-based eradication therapy and subsequently received moxifloxacin-based triple therapy as second-line eradication treatment for *H. pylori* infection were reviewed in this retrospective study."

Those who received moxifloxacin-based triple therapy (oral 20 mg rabeprazole b.i.d., 1000 mg amoxicillin b.i.d., and 400 mg moxifloxacin q.d.) for 7 days were assigned to the RAM-7 group while those who received moxifloxacin-based triple therapy for 14 days were assigned to the RAM-14 group.

(2) How were patients recruited into the studies?

Answer: Thank you for the reviewer's comment. We corrected the "Patients selection" sections in the Methods section as follow;

“A total of 160 patients who had experienced failure of first-line PPI-based eradication therapy and received moxifloxacin-based triple therapy as second-line eradication treatment for *H. pylori* infection were reviewed enrolled in this retrospective study.”

-> “The medical records of 160 patients who had experienced failure of first-line PPI-based eradication therapy and subsequently received moxifloxacin-based triple therapy as second-line eradication treatment for *H. pylori* infection were reviewed in this retrospective study.”

Those who received moxifloxacin-based triple therapy (oral 20 mg rabeprazole b.i.d., 1000 mg amoxicillin b.i.d., and 400 mg moxifloxacin q.d.) for 7 days were assigned to the RAM-7 group while those who received moxifloxacin-based triple therapy for 14 days were assigned to the RAM-14 group.

Reviewer No: 00506513

(1) p. 3, line 9 (Introduction section): (PPI), clarithromycin, and either amoxicillin or metronidazole: Is this “(PPI), amoxicillin, and either clarithromycin or metronidazole”?

Answer: Thank you for the reviewer’s comment. The standard triple therapy composed of (1) PPI, clarithromycin and amoxicillin, or (2) PPI, clarithromycin and metronidazole.

(2) p. 6, line 2: How were the enrolled patients classified into two groups? What were criteria of the grouping?

Answer: Thank you for the reviewer’s comment. We fully agree with the reviewer’s comment. We corrected the “Patients selection” sections in the Methods section as follow;

“A total of 160 patients who had experienced failure of first-line PPI-based eradication therapy and received moxifloxacin-based triple therapy as second-line eradication treatment for *H. pylori* infection were reviewed enrolled in this retrospective study.”

-> “The medical records of 160 patients who had experienced failure of first-line PPI-based eradication therapy and subsequently received moxifloxacin-based triple therapy as second-line eradication treatment for *H. pylori* infection were reviewed in this retrospective study.”

Those who received moxifloxacin-based triple therapy (oral 20 mg rabeprazole b.i.d., 1000 mg amoxicillin b.i.d., and 400 mg moxifloxacin q.d.) for 7 days were assigned to the RAM-7 group while those who received moxifloxacin-based triple therapy for 14 days were assigned to the RAM-14 group.

(3) p. 10, line 10: The authors described the result of moxifloxacin-based 14-day triple therapy performed in Turkey. The result of this Turkey study was worse than that of the present study. The causes of this deference should be discussed.

Answer: Thank you for the reviewer’s comment. We added the sentence and referece about the causes of this deference in “Disssussion” section.

(4) Table 1, 2 and 3: What is “ns” in p-value column?

Answer: Thank you for the reviewer’s comment. It was an abbreviation of ‘non-specific’. We delete the “ns” in *p*-value column.

(5) Several mistakes are found [for example, “axoxicillin” in p. 2, line 8 and p. 6, line 3]. Please check the manuscript again.

Answer: Thank you for the reviewer’s comment. We correct the mistakes as reviewer’s comments.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

Dong Ho Lee, M.D.,

Department of Internal Medicine,

Seoul National University Bundang Hospital,

300 Gumi-dong, Bundang-gu, Seongnam, Gyeonggi-do, 463-707, South Korea

Telephone: + 82-31-787-7006

Fax: + 82-31-787-4051

E-mail: dhljohn@yahoo.co.kr