

November 15, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5618-review.doc).

**Title: *Helicobacter pylori*-associated immune thrombocytopenia: clinical features and pathogenic mechanisms**

**Author: Masataka Kuwana**

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

**ESPS Manuscript NO: 5618**

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

(1) As mentioned by the author, the efficacy of *H. pylori* eradication in ITP patients varies in different countries. In Japan, the importance of eradication therapy in the management of adult ITP patients is already well established. What about the other countries with little or no response? It is not clear to me whether this is related to the differences in the bacterial strains or the genetic background of the host, even creating subgroups of ITP patients. The author may want to elaborate on this more.

In response to this comment, I have included information on recent guidelines for management of ITP, which have been developed in European countries and the United States (page 9, first paragraph, and new references 24 and 25). However, few publications examining the reasons for variability in the platelet response to the *H. pylori* eradication among countries are available at this moment. I'd like to elaborate on this more, but it is extremely difficult because of lack of relevant information.

(2) I suggest that author may want to include references published in the current year if possible.

I did a complete literature search using the PubMed database, but articles on this topic have been apparently decreasing after 2012.

(3) In Table 1, the author only summarize the studies of childhood ITP. A new Table summarizing adult ITP would increase the value of this work.

There are a number of studies on the prevalence of *H. pylori* infection and response rates to the eradication treatment in adult patients with ITP, and 3 meta-analyses have been conducted based on those publications. I believe that a Table summarizing data on adult ITP is no more attractive. In contrast, meta-analysis on childhood ITP has never been done.

(4) In addition to the H. pylori prevalence and % response in the Tables, the number needed to treat may be provided, which would be informative to clinicians.

Nearly all studies did not have a control group. Therefore, it is infeasible to calculate the number needed to treat because of lack of data on relative risk reduction.

3 References and typesetting were corrected as follows:

(1) Page 4: Considering that author identified the abbreviation of Helicobacter pylori (H. pylori) on page 2 (Abstract), I believe that it is not necessary to repeat it here.

I have corrected this in the revised version.

(2) Page 5: When using Fracchini et al, the author may want to add italics on "et al". Regarding this, the author could likely benefit from checking again on the document.

I have corrected this and other "et al" throughout the manuscript in the revised version.

(3) Page 23: In the reference 28, the correct volume is "101" and not 10, as mentioned. I suggest that author may check the other references to confirm this.

I have corrected this error, and re-checked information of all other references.

(4) Does the author want to check for the missing DOI numbers?

I have checked for the missing DOI numbers, and updated one reference (reference 57 in the revised version).

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

Sincerely yours,



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