

ANSWERING REVIEWERS

November 21 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: revised 5791-review.doc).



Title:

Treatment of *Helicobacter pylori* infection - Current status and future concepts

Author: Jyh-Chin Yang, Chien-Wei Lu, Chun-Jung Lin

Name of Journal: *World Journal of Gastroenterology*

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Revision has been made according to the suggestions of reviewers. The followings are the summary of the responses to reviewers' comments:

For reviewer 00058406:

Thank you for the comments. The followings summarize the responses to comments:

- (1) The application of alternative medicine, including probiotics, in the treatment of *H. pylori* infection was described in the revision (please see page 6-7)
- (2) The discussions of sequential and concomitant therapies were described in page 8-9 of the revision.
- (3) The newer PPIs, esomeprazole and dexlansoprazole, were described in page 6 of the revised manuscript.
- (4) Tailored treatment was described in page 8 of the revised manuscript.
- (5) The past the future of dual therapy in the treatment of *H. pylori* infection was discussed in this review (page 12-13). Reasons for the variation of eradication rate were provided. Due to the low resistance rate of *H. pylori* to amoxicillin, we believe the eradication rate can be satisfactory given the application of suitable dosing regimens. The data of our study (study in progress) show that high dose dual therapy is better than sequential therapy in patient infected with resistance strains and can be effectively used as the first-and second-line therapy. The issue of compliance of high dose/frequency dual therapy can be improved by using sustain-release dosage forms.
- (6) The development of resistance to antibiotics is the nature of bacteria. The discovery of new antibiotics can only solve the problem for a while, unless the resistance to certain antibiotics is hard to develop. On the other hand, the multiple actions of alternative medicines can be helpful to treat *H* and future study is expected. Although clinical evidences regarding the application of alternative medicine are still limit, it is worth an attention.

For reviewer 00034993

Thank you for the comments. The followings summarize the responses to comments:

- (1) This article was revised to shorten the introduction, including that of antimicrobial agents.
- (2). Regarding dosing of amoxicillin, an administration of 500 mg given four times daily for 14 days should be enough. This is described in page 11-13 of the revision. Yet, it remains to be verified by large-scale clinical studies.

- (3). Indeed, CYP2C19 can be divided into three groups (PM, IM, and EM). Yet, in some brief situations, only PM and EM are mentioned. Both cases are used in this review.
- (4) Tailored treatment was described in page 8 of the revised manuscript.
- (5) Table 1 is revised accordingly. Yet, since the space is limit, the names of antibiotics are abbreviated.
- (6) We cannot find any official guidelines for the treatment of *H. pylori* infection in China and/or Taiwan. The only data that have referred to these two are from an article reported for developing Countries. Although this report may not truly reflect real situations, it may be helpful to clarify the guidelines used for different areas. As reviewer's comment, it is included in Table 1.
- (7) We have no idea why the prevalence of AMPC-R strain is higher in Africa. It is probably due to the conduct/survey of that article.
- (8) The PK/PD of PPIs has been published (e.g., *British Journal of Clinical Pharmacology* 2009; 67:503-510). It appears to be a delayed-type and multiple dosing can increase its activity.

For reviewer 00505471

Thank you for the comments. The followings summarize the responses to comments:

- (1) The revised manuscript has been sent out for editing by a native writer.

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

Sincerely yours,

Chun-Jung Lin,

School of Pharmacy
National Taiwan University
Fax: +886-2-23919098
E-mail: clementumich@ntu.edu.tw