

## ANSWERING REVIEWERS

November 20, 2013

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 5883-edited.doc).

**Title: Optimal treatment strategy for *Helicobacter pylori*: In the era of antibiotics resistance**

**Author: Jun Heo, Seong Woo Jeon**

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

**ESPS Manuscript NO:** 2429

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) How about other fluoroquinolone antibiotic based triple therapy? For example, triple therapy with PPI, AMPC, and STFX for one week might be an effective regimen for *H. pylori* (Murakami K, et al: *Journal of Gastroenterology* 48: 1128-1135, 2013).

-> I read the article as your suggestion. In that study in Japan, the new generation of quinolone, sitafloxacin, based triple therapy (sitafloxacin, PPI, amoxicillin) was evaluated as the third-line therapy after the failure of 1<sup>st</sup> line standard triple therapy (PPI, amoxicillin, clarithromycin) and 2<sup>nd</sup> line therapy (PPI, amoxicillin, metronidazole). However, the eradication rate of sitafloxacin based triple therapy was somewhat low (70.0%). So, we could not select this regimen as the rescue therapy in our article.

- (2) Misspellings and grammatical errors should be corrected by the native English copyeditors.

-> I send this article to professional English language editing companies for correction.

- (2) The main objection concerns the final sentence of the section of "Third line therapy". Authors assert: "In addition, new method using polymerase chain reaction was developed for the resistance of *H. pylori* against antibiotics[51]. It is a simple and requires only a few days for the result." This statement expresses a very strong message that does not reflect what is reported in the paper cited as reference n. 51. Indeed, the original citation reads as follows: "In conclusion, it would be very useful to be able to test for clarithromycin resistance before starting conventional triple therapy and hopefully, fast, effective non-invasive tests may soon be devised to determine this condition." It is clear that the original meaning of the sentence has been completely subverted, as what is reported as a hopeful forecast for the future becomes in the text of this manuscript a certainty, that if widespread as well as written could lead to dangerous misunderstandings. Therefore, the sentence "must" be absolutely rephrased. Other remarks are: ?

-> I changed the part of "third line therapy" as you pointed out. I changed as "In addition, a new method using polymerase chain reaction (PCR) has been validated for detection of resistance of *H. pylori* to clarithromycin<sup>[56]</sup>. It is a simple method and requires a shorter time than culture. However, further validation and study for use of a PCR method in real treatment are needed."

- (3) The effectiveness of quadruple regimens based on levofloxacin needs to be discussed on the light of rapidly

increasing resistance rates to this antibiotic due to the possibility of a cross-resistance among quinolones. ?  
-> I discussed this problem in the front part of "2nd line therapy". The Maastricht IV guidelines recommend levofloxacin based triple therapy. However, the rapid acquisition of resistance to levofloxacin may be the problem of future efficacy. We provided the data of levofloxacin resistance in Korea as 29.5%. Therefore, new combination regimen is needed. Although, further validations are needed, we think that the levofloxacin based quadruple therapy could be the new combination regimen.

(4) In "Concomitant therapy" section, a study including only four patients could be omitted for its statistical poor relevance. ?

-> I deleted that part as you recommended

(5) Clarithromycin resistance is due to different point mutations which have a different therapeutic impact on current regimens. This concept may be usefully enclosed in the section dedicated to this topic. ?

-> I inserted that sentence in the part of "Concomitant therapy" as your opinion

(6) A minor linguistic review must be performed and some mistakes (such as *Helicobacter pylorus* or *Graham*) corrected.

-> I corrected some mistakes and send this article to professional English language editing companies for correction.

(7) References from 52 to 56 are not reported in the text.

-> References from 52-56 were in the Table 1. I set the references in the text and arranged the reference numbers correctly.

(8) However, the text should be carefully scrutinized for grammar and composition. For example, Introduction line 1, "Hp is an important "fact" that.." or further down the MS "However, those data "was regarding" as rescue?"

-> I corrected some mistakes and send this article to professional English language editing companies for correction.

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

Sincerely yours,

**Seong Woo Jeon**

**Seong Woo Jeon, MD, PhD,**

Department of Internal Medicine, Kyungpook National University Hospital Medical Center, 807, Hukuk-Ro, Book-Gu, Daegu702-911, South Korea.

sw-jeon@hanmail.net

**Telephone:** +82-53-2003517**Fax:** +82-53-2002027