

## Format for ANSWERING REVIEWERS



December 23, 2013

Dear Editor,

We would like to thank you for the peer-review of our manuscript. For your convenience you can find at the bottom of this letter a point-by-point reply to the reviewer's comments. All changes/additions in the revised manuscript are highlighted in yellow. After taking the reviewers' comments into consideration, we have revised the manuscript aiming to provide accurate and high-impact information to your readers. Please find enclosed the edited manuscript in Word format. (file name: 6900\_review.doc).

**Title:** Treatment of Helicobacter Pylori Infection: Meeting the Challenge of Antimicrobial Resistance

**Author:** Vasilios Papastergiou, Sotirios D. Georgopoulos, Stylianos Karatapanis

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

**ESPS Manuscript NO:** 6900

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

(1) **Comment:** Please, expand the section on resistance of H. pylori to antibiotics, it is possible with inclusion of figures

**Reply:** According to this suggestion we have now expended the section on H. pylori resistance including addition of a figure (Figure 1) representing continental rates of resistance to each of the main key antibiotics used to treat H. pylori (clarithromycin, amoxicillin, levofloxacin).

(2)**Comment:** Reading the two abbreviations RCTs (randomized control trials) and CT (non-bismuth quadruple concomitant therapy) was a little bit confusing. I suggest choosing another abbreviation instead of CT. Page 5, line 5: Please correct æFiscbach. Page 9, line 7: In the Gisbert meta-analysis high cure rate was obtained. Is it appropriate to state that the treatment duration was too short? Page 10, lines 6-8: "Likewise...ST to 14 days". This sentence is hard to understand. Please rephrase. Page 12, line 7: Please delete one of the two that. Page 12, line 14: "...will require an additional..". Please delete an Table 1: Please add the abbreviations of the therapy schemes used in the text (RCT, BQT, etc.). This might facilitate reading of the manuscript.

**Reply:** We thank the reviewer for these useful comments.

To avoid confusion we have changed the abbreviation of concomitant therapy from "CT" to "NBQT".

Regarding the comment on Gisbert meta-analysis: Indeed, the pooled eradication rate for concomitant therapy was 88%, reaching 91% after exclusion of 3 outlier studies. However, in many of the included trials (conducted several years ago), duration of treatment was 3-5 days. Such short treatment duration may be inappropriate to overcome today's CAM resistance rates, as there is evidence that prolongation of treatment duration is associated with improved eradication. We have revised the paragraph dedicated to concomitant treatment (page 11 of the revised manuscript) stressing the issue of treatment duration.

The rest of minor changes have been done accordingly.

(3) **Comments:** This review is well organized and written. The sentences are very easy to read and follow. The summarizing information should be useful for the readers of this journal. Minor comments: 1. p. 3, line

20- “a proton pump inhibitor (PPI) b.i.d., clarithromycin (CAM) 500 mg b.i.d. and amoxicillin 1000 mg b.i.d. or metronidazole (MNZ) 500 mg,”: It should be “a proton pump inhibitor (PPI) b.i.d., amoxicillin 1000 mg b.i.d. and clarithromycin (CAM) 500 mg b.i.d. or metronidazole (MNZ) 500 mg b.i.d.,” 2. p. 7, line 18-, “Attempts to substitute bithmuth by either amoxicillin or tetracycline” : Is this right? 3. p. 9, line 27, “concurrent”: “concomitant” seems to be better.

**Reply:** We thank the reviewer for these appreciative comments. We have addressed all minor changes as recommended. Regarding comment 2: there was a typo in this sentence, now corrected to “Attempts to substitute tetracycline by either amoxicillin or doxycycline”.

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

Sincerely yours,

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