

March 19, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7361-review.doc).

Title: Furazolidone-based triple and quadruple eradication therapy for *Helicobacter pylori* infection

Author: Yong Xie , Yin Zhu, Hong Zhou, Zhi-Fa Lu, Zhen Yang, Xu Shu, Xiao-Bai Guo, Hui-Zhen Fan, Jian-Hua Tang, Xue-Ping Zeng, Jian-Bo Wen , Xiao-Qing Li, Xing-Xing He, Jiu-Hong Ma, Dong-Sheng Liu, Cai-Bin Huang, Ning-Jian Xu, Nong-Rong Wang, and Nong-Hua Lu

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

1 Format has been updated

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

(1) Obtained by Xie Y et al. results are excessively optimistic relative to Western population. According our results (Makarenka A. V., Pimanov S. I. Eradication Rate After Randomized Treatment in a Population with High Prevalence of *Helicobacter pylori* Infection. *Helicobacter* 2005; 10: 535) furazolidone-based eradication therapy demonstrates low level of eradication in cases of triple therapy and satisfactory results of 2-week quadruple eradication therapy.

Thank you very much for understanding the content and merit and recommending the publication of our manuscript.

(2) the same.

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(3) You may use the "Furazolidone"-based therapy in other areas of China and see how the results might be.

We thank the reviewer for the insightful comment and suggestion. We made research on Furazolidone-based therapy in 17 centers around other areas of China subsequently and the data is being collated.

(4) This successful multi-center clinical trial provide useful information for eradication of *H. pylori*. However, the grouping is not very significant. The hope is that comparison should be performed between the furazolidone-based therapy and other drug-based therapy (for exammple, rabeprazole-amoxicillin-bismuth and rabeprazole-amoxicillin-levofloxacin).

We thank the reviewer for the insightful comment and suggestion. The main purpose of this study was to investigate the effect of furazolidone-contained triple and quadruple strategies on *H. pylori* eradication and its appropriate course of treatment. The strategy of PPI + bismuth + one of the antibiotics is not recommended, so rabeprazole-amoxicillin-bismuth is not applied. Further, because of the high resistance of levofloxacin in China, rabeprazole-amoxicillin-levofloxacin is also not used.

(5) The manuscripts studied the furazolidone-based triple and quadruple treatment in *H. pylori* infected patients with duodenal ulcer. The study is well prepared and proceeded and the results are specific, especially on the basis of cost-effectiveness. I think it is worth for the readers of WJG. However, before acceptance for publication, there are several revisions which must be done.

Thank you very much for understanding the content and merit and recommending the publication of our manuscript.

(6) Page 2, Author contributions. Authors with same contributions can include in the same sentence, e.g. A and B performed the study.

We have revised accordingly.

(7) Page 12, the bottom line and Page 13, 7th line of 1st paragraph. There is no Table 5 in the context, I think it should be Table 3.

You are correct, we have revised accordingly.

(8) The discussions are segmental and do not meet the main points of their results as comparative with current publications. After the briefing of their results in first paragraph of discussion, they may explicit the eradication rate of triple therapy is falling next. Then they may discuss other quadruple therapies in the literatures. There are many good published papers concerning the primary quadruple therapy other than the two papers the authors cited in their discussion. The reason they use 10 mg rabeprazole is explained and the adverse effects of furazolidone are well shown. The study drawback is not discussed. Finally, I think they should discuss the cost-effectiveness of the drug because their regimen may be cheaper and is suitable for developing countries.

We thank the reviewer for the insightful comment and suggestion. Following this concern, we have discussed and compared some recent studies. Low cost is a great advantage for furazolidone quadruple strategy, especially for the developing countries. However, when it comes to the cost - benefit ratio, other programs should be founded in the study to compare their eradication rate, the cost ratio and so on. Therefore it is meaningless to just discuss the cost - benefit ratio of furazolidone quadruple strategy.

3 References and typesetting were corrected

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

Sincerely yours,

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