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Flat C, 23/F., Lucky Plaza,  
315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5064

**Title:** The Influence of Long-term Pretreatment with a Proton Pump Inhibitor on the Cure Rate of Helicobacter pylori Eradication

**Reviewer code:** 02438768

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-08-13 14:14

**Date reviewed:** 2013-08-19 20:12

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Comments for ESPS Manuscript NO: 5064

1) General comments: Eradication of Helicobacter pylori (H. pylori) infection has been reported as an effective strategy in the treatment of peptic ulcers and in the prevention of recurrence of gastric cancer after endoscopic resection. At present, a combination of proton pump inhibitors (PPIs) plus two antibiotics is one of the most effective treatments for H. pylori eradication. It is interesting to know whether the long-term PPI-pretreatment influences H. pylori eradication rate or not. However, I have some comments regarding the article.

2) Specific comments

a) Major comments: # PPIs cause few adverse effects with short-term use; however, recent literature reports of potential adverse effects of PPIs, especially during long-term treatments. Although PPIs are generally considered safe, the PPIs should be taken in the lowest effective dose and only for as long as clinically indicated. As with any therapy, therefore, it is advisable to prescribe PPIs only to patients for whom these drugs have been proven beneficial. I think that these problems should be embodied in the Introduction and Discussion. # The authors stated in the Introduction "In this regard, pretreatment with a PPI can be considered beneficial to H. pylori eradication." However, in fact, there is conflicting evidence whether pretreatment influences the efficacy of H. pylori eradication, little evidence supporting this pretreatment has been reported so far. Is long-term PPI-pretreatment urgently required by the 517 patients(Group B) selected in the study? Have the authors considered adverse effects as far as the patients who didn't need long-term PPI-pretreatment are concerned?

b) Minor The minor comments are omitted.



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**ESPS Manuscript NO:** 5064

**Title:** The Influence of Long-term Pretreatment with a Proton Pump Inhibitor on the Cure Rate of Helicobacter pylori Eradication

**Reviewer code:** 00503535

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-08-13 14:14

**Date reviewed:** 2013-08-23 22:19

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

The authors investigated the influence of PPI-pretreatment on H. pylori eradication, all through the different periods of dose-length, including long-term pretreatment, and concluded that PPI-pretreatment did not affect the H. pylori eradication rates, regardless of medication period. The study was well designed and the results were very interesting. However, some questions were raised as follows: 1) The reviewer considers that rapid urease test and histologic examination should not be used for the assessment of H. pylori eradication. 13C-urea breath test is the most adequate. 2) Generally, patients with gastric neoplasm have lower gastric acid secretory function, compared with peptic ulcers, in particular, duodenal ulcers. This possibly affects the similarity of eradication rates between the study groups.



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**ESPS Manuscript NO:** 5064

**Title:** The Influence of Long-term Pretreatment with a Proton Pump Inhibitor on the Cure Rate of Helicobacter pylori Eradication

**Reviewer code:** 02526082

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-08-13 14:14

**Date reviewed:** 2013-08-29 06:37

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

The Influence of Long-term Pre-treatment with a Proton Pump Inhibitor on the Cure Rate of Helicobacter pylori Eradication is a well written study that asks a pertinent clinical question does adding PPI to an antibiotic regimen increase H. pylori eradication. It has a large cohort size. I would have excluded out the 138 patients with iatrogenic ulcers caused by endoscopic resection of gastric neoplasm. These EMR patients were not randomized into a prior treatment with ppi or standard treatment cohorts and I wonder if this may have biased the results as the patients with gastric neoplasms may have more severe cases of h pylori. I would like to know what the outcome would be if this group were excluded. 2) The paper looked only at daily ppi therapy. Were there enough patients to analyze a bid ppi dose and its effect on h pylori eradication? 3) The fact that the patients were on three different ppi's was not listed as a weakness of the study and should be included in the limitations. 4) How was treatment compliance assessed in the study? It should be included in the methods. 5) The test for cure was not consistent for all patients and this should be listed as a weakness of the study and explained in the discussion. It would also be good to have a figure outlining how this was analyzed between the 2 cohorts.