

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 7240

**Title:** Efficacy of tailored Helicobacter pylori eradication therapy based on antibiotic susceptibility and CYP2C19 genotype

**Reviewer code:** 02521800

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-11-10 19:21

**Date reviewed:** 2013-11-16 07:19

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

Dear Authors, This Review article is focused on the the factors that affecting the eradication succes of H. pylori treatment and the importance of inhibiting acid secretion and then they have proposed optimal treatment strategies based on the most effective antimicrobial agents and the patient's genotype. I think that this review article was well written, formatted and comprehensive for the above mentioned issues. It also focuses on the dosing schemes of the drugs those employed to eradicate for H. pylori which may be an important issue for achieving a higher eradication rate with same drugs. However, I have few comments about this article. 1. There are some writing errors ( i.e; " eradiation" in line 88, ..10 mg q.d.s.. in Line 280 and etc). 2. In Lines 141-145 " The Maastricht IV consensus report recommends first-line eradication treatment using a CAM-based regimen (PPI-CAM-AMPC or -metronidazole [MNZ]), a bismuth-containing quadruple treatment in areas where prevalence of CAM-resistant strains is low, and a bismuth-containing quadruple treatment in areas of high resistance.1" should be corrected. Because in the Maastricht IV consensus report; in the in areas of low clarithromycin resistance, clarithromycin- containing treatments are recommended for ?rst-line empirical treatment and bismuth-containing quadruple treatment is proposed as an alternative treatmen regimen. 3. When we use rabeprazole q.i.d. for all patients (the authors' proposal; Lines 340-342) irrespective of patients' CYP2C19 genotype, it will take a huge cost because not all patients are rapid metabolizer (RM). This proposal may be applicable to patients with first ± second eradication failure. Sincerely.

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 7240

**Title:** Efficacy of tailored Helicobacter pylori eradication therapy based on antibiotic susceptibility and CYP2C19 genotype

**Reviewer code:** 02522552

**Science editor:** Zhai, Huan-Huan

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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 type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The major purpose of this article is to describe tailored therapy for H. pylori infection. Given that a number of genetic factors can affect the treatment outcome of H. pylori infection, a pharmacogenomics-based tailored therapy is proposed. Comments: (1) In terms of genotyping, although the authors propose a way that can save the cost of CYP2C9 genotyping, there are other genetic factors (Table 1) to be considered to implement a tailored therapy. This will be time consuming and the cost-effectiveness needs to be evaluated. Besides, the impact of genotyping can be improved by increasing the doses and/or frequency of PPIs. The antimicrobial resistance of H. pylori can only be improved by giving suitable antibiotics. (2) Since this is a review article, some descriptions in the introduction section needs to be elaborated to help general readers (e.g., Evidence level 1a, Grade A....etc). Also, although data in Japan have been cited in a number places, relevant data from other areas should also be included. (3) Section VII seems to be irrelevant to this topic. (4) More evidences should be provided for the role of ABCB1 polymorphism on H. pylori treatment.