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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 88707

Title: Optimized sequential therapy vs 10 and 14-d concomitant therapy for eradicating Helicobacter pylori: A randomized clinical trial

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03009411
Position: Editorial Board
Academic degree: MD
Professional title: Associate Professor, Chief Physician
Reviewer's Country/Territory: China
Author's Country/Territory: Morocco

Manuscript submission date: 2023-10-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-10-10 11:27

Reviewer performed review: 2023-10-20 04:08

Review time: 9 Days and 16 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

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Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The resistance of Helicobacter pylori to antibiotics is an important reason for treatment failure. The prevalence of antimicrobial resistance is widely rising which become a challenge for the treatment of Helicobacter pylori infection. The best strategy would be a personalized treatment according to antibiotics susceptibility. At present, empirically selecting treatment regimens based on the prevalence of antibiotic resistance among bacteria in the region is still the main strategy in most countries and regions. The authors conducted an open-label prospective randomized study to compare the efficacy and safety between an optimized sequential therapy and the standard non-bismuth quadruple therapies of 10 and 14 days. They found optimized 14-day sequential therapy is a safe and effective alternative that allows an eradication rate comparable to that of 14-day concomitant therapy while causing fewer adverse AEs and allowing a gain in terms of cost. Here are some questions and suggestions: In present study, the eradication rates of ITT and PP in the OST-14 group were all higher than those in the OT-14 group. Although there was no significant statistical difference between the two groups, it is recommended to explore the possible mechanisms by which the OST regimen improves

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efficacy in the discussion section of the article. Why is the efficacy of QST not ideal in some countries and regions, and what may be the reasons that affect the efficacy of QST regimens? The author mentioned in the article that Vonoprazan can be used instead of PPI to improve the efficacy of Helicobacter pylori eradication. With the increasingly serious issue of antibiotic resistance in Helicobacter pylori, especially the impact of clarithromycin resistance on treatment, whether the author consider exploring the application of Vonoprazan in the treatment of Helicobacter pylori in future study?

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Reviewer's code: 05112530
Position: Editorial Board
Academic degree: Doctor, DPhil, MD, PhD
Professional title: Chief Doctor, Professor
Reviewer's Country/Territory: Russia
Author's Country/Territory: Morocco

Manuscript submission date: 2023-10-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-10-30 17:30

Reviewer performed review: 2023-11-08 04:41

Review time: 8 Days and 11 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

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Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The manuscript aimed optimization of eradication therapy in regions with high clarithromycin resistance rate. The title reflects the main subject of the manuscript.The abstract summarizes the work described in the manuscript. The key words reflect the focus of the manuscript. Manuscript describes methods in adequate detail. For inicial diagnostics authors used morphology and took biopsies according to the recommended Sydney system. Unfortunately they didn't use the OLGA/OLGIM system for description of gastritis, thich would be important. Patients who received eradication therapy previously etc. were excluded from the study. Probably they were not included, as well as pregnant and breastfeeding females. As authors described previous local data: the eradication rate of 10 days therapy was 83%. I'm not sure if it was ethical to prescribe 10-days regimen of therapy in one of the randomised groups. At that period the Maastricht V consensus had recommended the only 14-days regimen. It is important that the manuscript had confirmed local efficacy of 14-days non-bismuth quadrotherapy, optimization therapy by including of rabeprazole and cost efficacy of 14-day concomitant therapy I would recommend improving statistical analysis. In tables 1 and 2

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shown 4 and 3 groups of patients and the only one p-value.