

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7454

Title: A Comparative Study of Esomeprazole and Lansoprazole in Triple Therapy for Eradication of Helicobacter pylori in Japan

Reviewer code: 02810455

Science editor: Qi, Yuan

Date sent for review: 2013-11-20 14:50

Date reviewed: 2013-12-04 01:10

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)		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

In this study, the authors reported that esomeprazole showed non-inferiority and safety compared with lansoprazole in H. pylori eradication clinical trial in Japan. The trials were performed carefully, and the manuscript is straightforward and well-written. However, there are some points in the paper that deserve further discussion or clarification.

In discussion, page 17, the authors wrote that the second generation PPIs have demonstrated higher gastric acid inhibition than the first generation PPIs. However, as written in citation 13, Kirchheiner et al. analyzed that esomeprazole exerted longer intragastric pH>4 holding time than lansoprazole at higher dosages, and that means that dose-dependency of PPIs has to be considered to discuss the eradication rate. In page 19, although the authors mentioned the dose-dependency of esomeprazole for H. Pylori eradication, the authors should consider further discussing the results by comparing the dose-dependency of both PPIs.

Minor points

1. In page 13, line 7, "gastric musosa associated~" should be rewritten into "gastric mucosa".
2. In page 31, line 1, "REFFERENCES" should be rewritten into "REFERENCES"
3. In page 19, line 4, "due to methodologic differences~" should be rewritten into "methodological differences".

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7454

Title: A Comparative Study of Esomeprazole and Lansoprazole in Triple Therapy for Eradication of Helicobacter pylori in Japan

Reviewer code: 00044980

Science editor: Qi, Yuan

Date sent for review: 2013-11-20 14:50

Date reviewed: 2013-12-06 18:49

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)		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

This manuscript shows that esomeprazole is non-inferior and safe in eradication of H. pylori compared with lansoprazole. This study is multicenter, randomized, open-label, non-inferiority trial. However, I have some of comments described as follows. Major comments 1. Please describe the definition of alcohol or drinking. 2. Although CYP2C19 genotype was not examined in this study, authors had better mention about I in Discussion section. Minor comments 1. p3, line 16: Please change “within 4 weeks” to “from 4 to 8 weeks”. 2. p6, line 16: Please describe references at several studies. 3. p27, Table 4: Please change “Ses” to “Sex”. 4. p30, Supplementary figure: Please describe % in age less than 40. 5. Supplementary figure: Is the number of “H.pylori eradicated” and “total number” opposite in age less than 40 and that from 40 to 49?

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7454

Title: A Comparative Study of Esomeprazole and Lansoprazole in Triple Therapy for Eradication of *Helicobacter pylori* in Japan

Reviewer code: 02535953

Science editor: Qi, Yuan

Date sent for review: 2013-11-20 14:50

Date reviewed: 2013-12-18 10:54

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)		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

General Comments: 1. In this study it showed eradication rate was 69.4% and 73.9% in ITT group and 76.9% and 79.8% in PP group respectively. In accordance with Report card of *Helicobacter pylori* eradication, the eradication rate in ITT group is graded as 'acceptable' if eradication rate is 85-89% and 'good' if eradication rate is 90-94% in PP group (Graham DY, Lu H, Yamaoka Y. A report card to grade *Helicobacter pylori* therapy. *Helicobacter* 2007;12:275-8.)1. Do you think the regimen mentioned in your study still have a role in H.p eradication in your region? Specific Comments: 1. In Abstract 'Background and Aims' paragraph, you stated 'where the clarithromycin(CAM) resistance rate is 30%'. According to Maastricht IV, if the clarithromycin resistance rate is over 15-20% Clarithromycin containing triple therapy should not be considered the first-line therapy for H.p eradication(Malfertheiner P, Megraud F, O'Morain CA, et al. Management of *Helicobacter pylori* infection--the Maastricht IV/ Florence Consensus Report. *Gut* 2012;61:646-64.)2. Is it feasible for you to use Clarithromycin containing triple therapy as first-line therapy in your region? 2. In your study the dosage of antibiotics is Clarithromycin 400mg and Amoxicillin 750mg twice daily. Most literatures suggest the dose of first-line triple therapy is Clarithromycin 500mg and Amoxicillin 1000mg twice daily respectively. What's the reason for you to choose the dose? 3. In Patients and Methods 'Patients and Study design' paragraph, the exclusion criteria of your study were past history of drug allergy to PPIs,AC or CAM; previous therapy for H.pylori... and so on. As we know PPIs possess anti-H.p activity. Besides recent use of antibiotics associated with H.p eradication such as Clarithromycin or Amoxicillin would interfere the treatment of H.p infection. Should 'recent exposure to proton pump inhibitors and antibiotics(Clarithromycin, Amoxicillin)'be considered as

one of exclusion criteria? 4. In Patients and Methods 'Patients and Study design' paragraph, you mentioned that Compliance was calculated using the following formula: $\text{compliance} = \frac{\text{actual number of internal use}}{14(\text{total number of internal use}/7 \text{ days})} * 100(\%)$. Did you have any grading or scoring of compliance? For example, if compliance >75% you would grade it as good compliance. 5. In 'Supplementary figure', in the age groups of 50-59, 60-69 and 70 \cong the numbers of H.pylori eradicated were more than total number. Was it a mistake? If so please correct it.