

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5791

**Title:** The treatment of Helicobacter pylori infection - The current and the future

**Reviewer code:** 00073423

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-10-04 16:43

**Date reviewed:** 2013-10-10 18:56

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

## COMMENTS TO AUTHORS

The eradication of Helicobacter pylori remains to be a challenge, as around half of world's population is infected and the Helicobacter pylori related diseases are common. The topic is important, but the presented review adds nothing new especially there are no suggestions for the future. It is difficult to understand to which audience the review is assigned? The introduction seems to be a bit too long. There is quite detailed description of the mechanisms of resistance. Probably authors could rename the review and to devote it to the analysis of the resistance of H. pylori to antibacterial agents.

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5791

**Title:** The treatment of Helicobacter pylori infection - The current and the future

**Reviewer code:** 00034993

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-10-04 16:43

**Date reviewed:** 2013-10-15 19:03

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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

In this review, the authors reviewed the characteristics of antimicrobial agents and a trend of recent H. pylori eradication therapy according to any guidelines. This review is well written. However, this version has any problems. Please revise carefully according to comments. Major comments: 1. The field of this review article is too wide to summarize H. pylori eradication therapy. Therefore, it may be hard to understand important points of this article. 2. AMPC is time-dependent bactericidal effect. How long time is required to eradicate H. pylori? How much dosage of AMPC a time for anti-H. pylori effect? 3. P8. CYP2C19 can be divided into three groups, not two groups; poor metabolizer, intermediate metabolizer and repaid metabolizer. 4. Recently, effectiveness of tailored treatment based on antimicrobial agents susceptibility is reported to achieve higher than 90%. Authors should summarize about it. 5. Table 1 is unclear to understand. Don't use abbreviations of regimens. Please show regimens including name of antimicrobial agents, dosing doses, dosing times a day and dosing period. 6. Recently, there are many review articles for H. pylori eradication therapy. Therefore, authors should show originality. Please add information of guideline for H. pylori eradication in China (Taiwan). 7. Why is prevalence of AMPC-R strain in Africa higher than that in other area? 8. Why is PPI multiple dosing effect for potent acid inhibition? Minor comments: 1. Please check carefully any words. For example, "H. Pylori" should be "H. pylori". 2. P3. Please check H. pylori seroprevalence rate in China. This may be in 58.7%, not 58.07%. 3. Sentences of report card (P9) are not suitable in 'First-line treatment section'. Please replace in 'Therapeutic regimens' section.

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5791

**Title:** The treatment of Helicobacter pylori infection - The current and the future

**Reviewer code:** 00505471

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-10-04 16:43

**Date reviewed:** 2013-10-18 16:53

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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 type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

I have gone through the manuscript. It is a fairly well written review on the treatment of Helicobacter and carries useful information for the clinicians. However the language requires polishing and correction at places.

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5791

**Title:** The treatment of Helicobacter pylori infection - The current and the future

**Reviewer code:** 00058406

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-10-04 16:43

**Date reviewed:** 2013-10-20 20:40

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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Overall, the article is interesting. However, i find that the authors have missed out other things that are relevant and can improve the article; 1: Apart from discussion what is already recommended in consensus or guidelines, the authors should also include discussion of the other antimicrobial (furazolidone) or compound (probiotics) that have been studied, even if there have been shown not to be successful given this is a review article. 2: The authors did not include discussion on the use of sequential or concomitant therapies. 3: Reasons for failure(and success)of each eradication regime studied or recommended should be discussed for the benefit of readers. 4: Esomeprazole is widely used in eradication regime and yet this is hardly mentioned in the article. The role of newer proton pump inhibitor and potential newer compounds should also be mentioned. 5: The authors have only concentrated on pharmacologic and has not discussed much (i.e. avenue of future studies)on non-pharmacologic measures to ensure compliance(given that this is a problem in the real life setting; through education by clinicians or other healthcare professional etc...). This the authors have only mentioned very briefly in the 'Factors related to treatment outcome' section. The role of antibiotic resistance testing should also be discussed (as already recommended in some guidelines). 6: Based on the title of the paper the authors have not really discussed much on the future of Helicobacter pylori eradication and this was mainly on omeprazole/amoxycillin therapy which in general has not been shown to be effective. Furthermore, the shortfall of this regime is the duration and the number of tablets (which will affect compliance in the real life setting). The authors should discussed on this regime in more detail and provide evidence why they think it has a high potential. 7: Apart from what is currently known, can the authors also offer what might be the future (apart from high dose dual therapy) that can be looked into in future research (other newer antibiotic regime, newer proton



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pump inhibitor etc..). Apart from this, some spelling and grammatical errors.