

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5755

Title: Helicobacter pylori- friend or foe?

Reviewer code: 02542046

Science editor: Gou, Su-Xin

Date sent for review: 2013-10-04 16:38

Date reviewed: 2013-10-11 12:23

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

COMMENTS TO AUTHORS

Re: "Helicobacter pylori- friend or foe?" This paper summarized of beneficial or harmful effects of Helicobacter pylori (H. pylori) infection on human beings. The beneficial effects include reducing chance of suffering from GERD, Barrett's esophageal cancers or allergic diseases whereas the harmful effects include gastric cancer, peptic ulcer diseases, MALT type lymphoma etc. Under the situation where it is getting more and more popular to undergo eradication of H. pylori, one of the important messages in this manuscript would be to warn against indiscriminate H. pylori eradication. Although it is very important topic and the manuscript has good points of view, there would be some issues described below. Comments 1. One of the most benefits of H. pylori eradication could be to prevent development of gastric cancer. It is very important to address appropriately the relationship between H. pylori infection and gastric cancer. In the manuscript it seemed that the authors were questioning effects of H. pylori eradication on the preventing development of gastric cancer. The authors cited previous papers and stated as follows; "It should be noted that gastric cancer can still develop in 1 % of patients who have undergone successful eradication of H.pylori." or "Although the incidence of metachronous gastric carcinoma was lower in the eradicated group at 5 years of follow up (p=0.07), this difference was no longer significant in the follow-up period extending to 11.1 years (p=0.262)." In their papers, it was shown that eradication of H. pylori after endoscopic resection of early gastric cancer significantly prevented the development of metachronous gastric carcinoma (Fukase et. al. Lancet. 2008;372:392-397) while such beneficial effects of H. pylori eradication on metachronous gastric carcinoma was no longer significantly observed in the follow-up period extending to 11.1 years (Maehata et. al. Gastrointest Endosc. 2012 75:39-46). It seemed to be a discrepancy in effects of H. pylori eradication on metachronous gastric carcinoma between two

papers. Taking a look at the results carefully, however, in essence, their conclusions are quite similar. In Maehata's paper it was shown that baseline severe mucosal atrophy induced by *H. pylori*, but not *H. pylori* infection itself, was independent risk factors for the development of metachronous gastric cancer. Their main conclusion was that *H. pylori* eradication should be performed before the progression of gastric mucosal atrophy. It is generally accepted that gastric mucosal atrophy was induced in almost all of patients with *H. pylori* infection. Regarding prevention of development of gastric cancer, current evidences have shown that H.P. eradication will be recommended all for patients with atrophic gastritis as early stage as possible. 2. I have a comment on cost-effectiveness of *H. pylori* eradication. It is really costly currently to perform all of the patients with *H. pylori*-associated problematic conditions including atrophic gastritis, gastric cancer or lymphoma etc. However, present extensive eradication of *H. pylori* possibly leads to further decline in the incidence of *H. pylori* infection in the coming generation. Namely *H. pylori* eradication has beneficial effects not only on patients themselves but also on the subsequent generation in public health. This should be taken into account when considering if eradication of *H. pylori* is cost-effective. 3. Reviewing parts of H.P. would be mostly predictable. It seemed only a few updated information about H.P. was included in this manuscript. Minor comments 1. '*Helicobacter pylori*' and '*H. pylori*' should be set in italic type. 2. Several double spaces appeared throughout the manuscript. 3. Figures 1-3 should be named Tables 1-3. I could not see Figure 3. Also, tables have some rooms for improvement. Appearance of table was sufficient for publication.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5755

Title: Helicobacter pylori- friend or foe?

Reviewer code: 02543458

Science editor: Gou, Su-Xin

Date sent for review: 2013-10-04 16:38

Date reviewed: 2013-10-17 17:23

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

This article contains overall and latest knowledge on Helicobacter pylori, and constituents of text is well organized. 1. It would be better to standardize the terminology (Helicobacter pylori, H pylori, H. pylori, and microbiota and microbiome) 2. Typing error was found on page 7. surreptitious -> surreptitious 3. Readers might not figure out what is worse prognosis of PUD. It would be better to specify the worse prognosis of PUD on page 7, reference 26. 4. on page 9, I think it is not a grammatically correct sentence. Helicobacter pylori eradication has been associated with significant benefits is a subset of patients suffering from functional dyspepsia (35) 5. for functional dyspepsia, it would be better to cite p value specifically. (46% vs 36%)

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5755

Title: Helicobacter pylori- friend or foe?

Reviewer code: 02541867

Science editor: Gou, Su-Xin

Date sent for review: 2013-10-04 16:38

Date reviewed: 2013-10-17 21:01

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
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<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This article reviewed the evidence regarding the pathogenicity of H pylori, the diagnostic and therapeutic options available and identified those areas in need of further research. 1. this article did not followed author guideline 2. H. pylori, helicobacter pylori? authors should change the inconsistency. 3. Conclusion is not informative. 4. Author suggested only U.S. data in cost... However, this data is not evidenced data. Is there an other data about cost effectiveness?