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### **ESPS PEER-REVIEW REPORT**

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23746

Title: Effects of daily telephone-based re-education before taking medicine on

Helicobacter pylori eradication

Reviewer's code: 00053556 Reviewer's country: Egypt Science editor: Ze-Mao Gong

**Date sent for review: 2015-12-16 10:25** 

**Date reviewed:** 2015-12-26 23:32

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[ Y] Grade B: Minor language	[ ] The same title	[ ] High priority for
[ ] Grade C: Good	polishing	[ ] Duplicate publication	publication
[ ] Grade D: Fair	[ ] Grade C: A great deal of	[ ] Plagiarism	[ ] Rejection
[ ] Grade E: Poor	language polishing	[Y]No	[ Y] Minor revision
	[ ] Grade D: Rejected	BPG Search:	[ ] Major revision
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y]No	

#### **COMMENTS TO AUTHORS**

Comments to the Editor: Thanks for inviting me to review the letter submitted by Demirci et al regarding the article entitled" Effects of daily telephone-based re-education before taking medicine on Helicobacter pylori eradication". Overall Comment: The provided letter was fully reviewed. The authors interested in the above mentioned manuscript that has been recently published in WJG. It was a prospective single-center study from China" that was conducted by Wang et al, 2015(1). The authors here raised two questions that need clarification regarding the study; First, they assumed that the number of H. pylori positive patients may be different from that actually found, cause the study relied on at least one of the following methods: 13C-urea breath test (UBT), histology, rapid urease test or bacterial culture for diagnosis of H. pylori infection, while it is reported in American and European guidelines that there is no sufficient test for the diagnosis of H. pylori except culture and that using at least two different tests for diagnosis of H. pylori is recommended. Justification is that American College of Gastroenterology Guideline on the Management of Helicobacter pylori Infection, 2007(2) confirmed that there is no single test that can be considered the gold standard for the



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diagnosis of H. pylori. Rather, the most appropriate test for any specific situation will be influenced by the clinical circumstances, the pretest probability of infection, as well as the availability and costs of the individual diagnostic tests(2). Moreover, all the tests in use have a well known proven excellent specificity. The diagnostic accuracy of UBT is >95%. Several meta-analyses confirmed that 13C-UBT is the best test for the non-invasive H.pylori diagnosis with a 96% sensitivity and a 93% specificity(3). Also, guidelines for the management of Helicobacter pylori infection in Italy, 2015 reported that 13C-UBT has shown high diagnostic accuracy in both the pre- and post-H.pylori treatment setting(4). These are accurate, practical and readily available tests, and are the mainstay of H. pylori diagnostics if the patient does not require an endoscopy(5). We noticed that the study did not rely on serology, where positive results at least need to be confirmed by other methods. Histology also has good sensitivity and specificity, Culture that needs invasive technique as it requiring an endoscopy, has excellent specificity. The second question is about including patients who used probiotics and antioxidant vitamins such as vitamins C and E in the exclusion criteria. Recently, the beneficial effect of probiotics in reducing side effects even when added to 14-day triple therapy(6) or to sequential therapy (7), was confirmed but no benefit on eradication rate was shown with both regimens. They are taken as an adjuvant to therapy for H. pylori infection, but showed no improvements in compliance or eradication rate. Meanwhile, it was recognized that high concentration of Vit C in gastric juice might inactivate H. pylori urease, the key enzyme for the pathogen's survival and colonization into acidic stomach, however, once infection established, urease is not very important for its survival. Thus the role of Vit-C as anti-H. Pylori agent in peptic ulcer diseases appears to be preventive rather than curative(8). Also, recent study in 2015 showed that supplementing vitamins C and E to either the triple or quadruple therapies did not provide an additional advantage for achieving significantly higher eradication rates for H. Pylori(9) (Demirci et al, 2015).



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### ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23746

Title: Effects of daily telephone-based re-education before taking medicine on

Helicobacter pylori eradication **Reviewer's code:** 00069406

Reviewer's country: China Science editor: Ze-Mao Gong

**Date sent for review: 2015-12-16 10:25** 

Date reviewed: 2015-12-17 11:00

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[ Y] Grade B: Minor language	[ ] The same title	[ ] High priority for
[ ] Grade C: Good	polishing	[ ] Duplicate publication	publication
[ ] Grade D: Fair	[ ] Grade C: A great deal of	[ ] Plagiarism	[ ] Rejection
[ ] Grade E: Poor	language polishing	[Y]No	[ Y] Minor revision
	[ ] Grade D: Rejected	BPG Search:	[ ] Major revision
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y]No	

### **COMMENTS TO AUTHORS**

This letter showed a positive response to the published title "Effects of daily telephone-based re-education before taking medicine on Helicobacter pylori eradication". Even as a negative result, but the trial showed a good method to give patients a Hp eradication guide before they take madicine. However, some revision should be mede before the comment from Demirci et al be published. Firstly, as addressed by authors, the diagnosis of Hp infection should be confirmed before the study, the authors cited references which are quite old. As the latest guideline on Hp, the Maastricht IV (Gut 2012), all non-invasive tests except serology can be used in Hp diagnosis. So the comment should be altered. Also, the probiotic usage should be avoid according to the influence on Hp eradication. I do agree with authors on their comments.



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### **ESPS PEER-REVIEW REPORT**

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23746

Title: Effects of daily telephone-based re-education before taking medicine on

Helicobacter pylori eradication **Reviewer's code:** 00068278

**Reviewer's country:** Turkey **Science editor:** Ze-Mao Gong

**Date sent for review: 2015-12-16 10:25** 

Date reviewed: 2015-12-21 22:08

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[ Y] Grade B: Minor language	[ ] The same title	[ ] High priority for
[Y] Grade C: Good	polishing	[ ] Duplicate publication	publication
[ ] Grade D: Fair	[ ] Grade C: A great deal of	[ ] Plagiarism	[ ] Rejection
[ ] Grade E: Poor	language polishing	[Y]No	[ ] Minor revision
	[ ] Grade D: Rejected	BPG Search:	[ ] Major revision
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y]No	

### **COMMENTS TO AUTHORS**

Your criticisms are valid. But, it needs language polishing. H. pylori remains one of the most widespread worldwide human infections and is associated (with) upper .. Wang CH et al. informed (us) that ....



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### **ESPS PEER-REVIEW REPORT**

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23746

Title: Effects of daily telephone-based re-education before taking medicine on

Helicobacter pylori eradication

Reviewer's code: 00183445 Reviewer's country: Poland Science editor: Ze-Mao Gong

**Date sent for review: 2015-12-16 10:25** 

Date reviewed: 2015-12-29 19:04

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[ Y] Grade B: Minor language	[ ] The same title	[ ] High priority for
[ ] Grade C: Good	polishing	[ ] Duplicate publication	publication
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		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y]No	

#### **COMMENTS TO AUTHORS**

The letter is a commentary on the work of Wang Chen et al. , WJG 2015 21 (39) 11179-11184. The authors of this letter question the method of determining H. pylori infection and exclusion criteria. Concerning diagnostic methods authors of the letter believe that according to the American and European guidelines H. pylori positive result should be accepted on the basis of at least two tests, except for bacterial culture. In general this is a good point. However, the breath test is recommended as an exclusive to confirm the effectiveness of treatment because of its sensitivity and specificity which are above 96%. The breath test may therefore be used as an independent. On the other hand, culture is not always successful. The sensitivity of this method is quite low. Therefore in the case of invasive tests it is better to combine the results of at least two tests. Regarding the exclusion criteria the comment on patients taking vitamin C and probiotics is also partly correct. Following this comment it would be necessary to take into account also the amount of natural vitamin C in patients diet and to consider the use of many drugs, including aspirin and other non-steroidal anti-inflammatory drugs as well as many supplements with unknown effects on H. pylori and their



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side effects. The exclusion criteria applied by Wang CH are quite wide although not exploit all possibilities. In my opinion, this letter should be considered as an advice in the planning of this type of research but not as disqualification of the study carried out by Wang CH, et al.