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## PEER-REVIEW REPORT

<b>Name of journal:</b> Wor	ld J	ournal o	of (	Gastroentero	logy
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Manuscript NO: 79219

Title: Third-line and rescue therapy for refractory Helicobacter pylori infection: a

Systematic Review

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:** Brazil

Manuscript submission date: 2022-08-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-14 11:52

Reviewer performed review: 2022-08-21 09:55

**Review time:** 6 Days and 22 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
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) [ Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y]Yes [ ]No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

## SPECIFIC COMMENTS TO AUTHORS

The resistance of Helicobacter pylori to antibiotics is an important reason for the failure of eradication treatment. For the refractory patients who have failed two times of treatment, how to choose the appropriate treatment scheme is a challenge faced by clinicians. The authors performed a systematic review evaluating the efficacy and safety of rescue therapies against refractory H. pylori infection. They recommend sitafloxacin-based triple therapy containing vonoprazan in regions with low macrolide resistance profile and rifabutin-based triple therapy in regions with known resistance to macrolides or unavailability of bismuth. They suggested it is important that new clinical trials are developed in order to assess the efficacy of regimens with different associations between antimicrobials and vonoprazan. It is suggested that in the conclusion part of the article, the point that prolonging the duration of treatment also can improve the curative effect should be emphasized. In addition, the adverse reaction rate of these regimens used for the third line treatment is relatively high. It is suggested to explore the feasibility of the regimens with low adverse reaction rate used for the third line treatment in future studies, such as the dual therapy regimen. There are some mistakes? Clarithromycin - 500 mg 24/24h, 500mg 12/12h? Levofloxacin - 50 Figure1: mg 24/24h, 500mg? Tabke1: Gisbert, J. P.[15] No eradication rate for 10 days and 14 days group.



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Name of journal: World Journal of Gastroenterology

Manuscript NO: 79219

Title: Third-line and rescue therapy for refractory Helicobacter pylori infection: a

Systematic Review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03795731 Position: Peer Reviewer Academic degree: PhD

**Professional title:** Associate Professor

Reviewer's Country/Territory: Croatia

**Author's Country/Territory:** Brazil

Manuscript submission date: 2022-08-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-18 18:00

Reviewer performed review: 2022-08-29 11:05

**Review time:** 10 Days and 17 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ]Yes [Y]No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements

Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

The authors have systematically addressed a very interesting topic with regard to the problems in everyday clinical practice of choosing an empirical therapeutic option for the successful eradication of Herlicobacter pylori. The review article is well edited and written in good English with clear messages to the readership, and is publishable as such.