

Sep 10, 2015

Dear Editor,

Thank you very much for your comments on our manuscript and also We would like to thank the reviewers of World Journal of Gastroenterology to give us very valuable comments. According to the comments and suggestions, we have revised our manuscript (see RED font in revised manuscript) and responded point by point to the reviewers' comments.

We hope that this revised manuscript will fit World Journal of Gastroenterology publication standard. We are looking forward to your decision.

Please find enclosed the edited manuscript in Word format (file name: 19804-Revised manuscript.doc).

Title: 7-day triple therapy is a better choice in regions with low antibiotic resistance

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Thank you very much for your attention and consideration.

Best Wishes!

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Responses to reviewers' comments:

Reviewer 503418

Question: Good study but too many variables to comprehend

Answer: Thanks for your suggestions.

We have carefully revised the paper. Moreover, we have revised the formatting and language in this paper.

Reviewer 36328

Question 1: The study design includes a randomization scheme that is near to tossing the coin. I think that the choice of a couple of days of the week for the selection of the three groups it is not a protection for a selection bias. It is necessary to explain this scheme and its limitations in revised paper

Answer: Thank you very much for your professional advice and pointing out our negligence.

This randomization scheme has a selection bias, especially for days with few patients. The randomization scheme should meet the criteria for random sampling for statistical analysis. We have addressed its limitations in the “Treatment design and analysis of therapy outcomes” section. Please check and thank you very much for your suggestion. Your professional suggestion will shed light on our future study.

Question 2: The choice of the three different 7-day triple therapy needs of references, especially for the use of PPI 20 mg b.i.d. instead of 40 mg b.i.d.

Answer: Thank you for your suggestions.

We have added the references to PPI usage in revised paper in the “Treatment design and analysis of therapy outcomes” section.

Question 3: Eight weeks after treatment, a ¹³C-urea breath test was performed on patients as follow-up. It is necessary to use a reference (according to).

Answer: Thank you for your suggestions.

We have added the references in the “Treatment design and analysis of therapy

outcomes” section.

Please check.

Question 4: Paragraph Comparative analysis of eradication rate and antibiotics resistance (page 6). Last line. I do not understand the $p>0.05$ (not significant?).

Answer: Thank you for your attention.

In groups B and C, we selected levofloxacin instead of clarithromycin. We found that there was a difference in the rate of levofloxacin resistance between patients for whom eradication was a success or failure (15.14% vs 11.54%). However, for eradication rates in groups B and C, there were no significant differences, as shown in Table 3.

We have revised this sentence to enable readers to understand that “no significant difference” existed between the eradication rates of *H. pylori* in groups B and group C in “Comparative analysis of eradication rate and antibiotics resistance” section in line 24-27, page 7.

Thank you very much again for your advice.

Question 5: Discussion section. Third paragraph, page 7: It is stated that there was also no significant difference among several endoscopic diagnoses ($p>0.05$). In the results section no data are reported about this point. For this reason, you must report this result with the exact p value. Moreover, because I suppose that the statistical analysis is based on a 3 x 11 contingency table, it is necessary to explain in the statistical analysis section which test was used for this purpose (Exact test?)

Answer: Thank you very much for your professional advice.

In Table 1, we showed the patients’ information along with their endoscopic diagnoses. We found that there were a total of 803 gastritis patients and 115 ulcer patients. In this study, the eradication rates of *H. pylori* were 90.78% (729/803) for gastritis patients and 89.56% (103/115) for ulcer patients. There was no significant difference between the eradication rates of *H. pylori* for patients with gastritis or ulcer disease ($p>0.05$).

We have added relevant information in this section in line 27-28, page 8, and we hoped to show that the three different triple therapies used in this study may provide a more comprehensive analysis of *H. pylori* eradication compared with first-line treatments in other regions.

Thank you very much again for your professional advice. And we hope it will be appropriate.

Question 6: Table 1 is poor of data. You can show beside patients and follow-up patients, even data divided into the three groups with the p values. Moreover, age should be better showed with the use of ranges (e.g. ≤ 10 , 11-20, 21-30, 31-40, 41-50, 51-60, 61-70, 71-80, 81-90)

Answer: Thank you very much for your professional suggestion.

In this study, the data in Table 1 show the genders, ages, and endoscopic diagnoses of the initial and follow-up patients. There were no comparisons made in this table. We have also revised the age data according to your advice in Table 1.

Thank you again for your suggestions.

Question 7: References must follow the guideline of WJG.

Answer: Thank you for your suggestions.

We have revised the references follow the guideline of WJG.