

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

**Manuscript Type:** SYSTEMATIC REVIEWS

**Title:** TREATMENT OF HELICOBACTER PYLORI WITH POTASSIUM COMPETITIVE ACID BLOCKERS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Reviewer #1:

Helicobacter pylori infects over half the global population, causing gastrointestinal diseases like dyspepsia, gastritis, duodenitis, peptic ulcers, G-MALT lymphoma, and gastric adenocarcinoma. Eradicating H. pylori is crucial for treating and preventing these conditions. While conventional PPI-based triple therapy is effective, there's growing interest in longer acid suppression therapies. Potassium competitive acid blocker (P-CAB) triple and dual therapy are new regimens for H. pylori eradication. Initially used in Asian populations, Vonoprazan has been recently FDA-approved for H. pylori eradication. This systematic review and meta-analysis seek to assess the efficacy of regimens containing potassium competitive acid blockers in eradicating Helicobacter pylori infection. Vonoprazan-based triple therapy outperformed conventional PPI-based triple therapy in eradicating H. pylori, positioning it as a highly effective first-line regimen. Additionally, Tegoprazan-based triple therapy was non-inferior to classical PPI triple therapy. Comments for the author: The manuscript is very interesting, and can be accepted.

*Your comments have been invaluable, and we are thrilled to learn that you found the manuscript to be very interesting. Your insights contribute significantly to the overall quality of our work, and we appreciate the time and effort you dedicated to reviewing our research.*

Reviewer #2:

The resistance of *Helicobacter pylori* to antibiotics is an important reason for the failure of eradication treatment. The application of acid suppressants plays an important role in the eradication treatment of *Helicobacter pylori*. In recent years, the application of P-CAB in the eradication of *Helicobacter pylori* has received much attention. The authors assessed the efficacy of regimens containing potassium competitive acid blockers in eradicating *Helicobacter pylori* infection by this systematic review and meta-analysis. They found Vonoprazan-based triple therapy outperformed conventional PPI-based triple therapy in eradicating *H. pylori*, and Tegoprazan-based triple therapy was non-inferior to classical PPI triple therapy. This systematic review and meta-analysis can help clinicians understand the efficacy and safety of P-CAB in the treatment of *Helicobacter pylori* infection. “Clinicians, especially in situations where VPZ-based therapy is available and affordable, should consider it as a viable option over traditional PPI-based therapy.” In addition to triple therapy, the application of P-CAB in dual therapy is also worth exploring and looking forward to. There are some spelling errors in the article, please pay attention to correction.

*Thank you very much for your insightful and constructive feedback on our manuscript. We appreciate your positive evaluation and acknowledgment of the importance of our study in addressing the challenges posed by Helicobacter pylori resistance to antibiotics. Your observation regarding spelling errors has been duly noted, and we have done a thorough proofreading to rectify any issues in the final version. Your suggestion to explore the application of P-CAB in dual therapy is valuable, and we have added a paragraph on the topic in the discussion section – a recent meta-analysis on this subject has been recently published. We are grateful for your time and effort in reviewing our work.*

Reviewer #3:

Thank you for the opportunity to review the manuscript titled, TREATMENT OF HELICOBACTER PYLORI WITH POTASSIUM COMPETITIVE ACID BLOCKERS: A SYSTEMATIC REVIEW AND META-ANALYSIS. This systematic review provides updated data. However, the clinical significance of this systematic review is not significant. And this study mainly focuses on Eastern populations. Perhaps changing the title of the article to "Application in Easterners" would be more appropriate.

*I want to express my gratitude for dedicating time to review our manuscript. Your feedback on the clinical significance and geographical focus has been invaluable. Although the larger randomized controlled trial was carried out in the USA and Europe, we openly recognized the Eastern angle as a limitation in the discussion section. However, incorporating this aspect into the title might diminish the overall value of the meta-analysis. We truly appreciate your thoughtful input.*