Author's response to reviews

Title: Efficacy of Rifabutin-based Triple Therapy as Second-line to Eradicate Helicobacter Pylori Infection

Authors:

Jose M Navarro-Jarabo (jnavarro@hcs.es)
Nuria Fernandez (jnavarro@hcs.es)
Francisca L Sousa (jarabo@tiscali.es)
Encarnacion Cabrera (jarabo@tiscali.es)
Manuel Castro (jarabo@tiscali.es)
Luz M Ramirez (lmramirez@yahoo.es)
Robin Rivera (robinriverai@yahoo.es)
Esther Ubina (estherillaua@hotmail.com)
Francisco Vera (jarabo@tiscali.es)
Isabel Mendez (chabeli_estepona@hotmail.com)
Francisco Rivas-Ruiz (frivasr@hcs.es)
Jose L Moreno (jlmharo@hcs.es)
Emilio Perea-Milla (eperea@hcs.es)

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Author's response to reviews: see over
Dear Mr. Borody:

I have revised my manuscript based on your last recommendations.

As you recommended, I have listed the amount of the drugs in the abstract in order to clarify the reading of the manuscript. I quite agree in terms of the abstract should contain a Conclusion instead of a Discussion.

In terms of the design of our study, it was designed in 2003 and approved at earlier 2004. Therefore we applied the same doses of amoxicillin (1 gr b.i.d), rifabutin (150 mg b.i.d.) and PPI’s (Omeprazole 20 mg b.i.d.) that were used in the earlier studies reported with rifabutin-based triple therapy (Ref 10, 16, 19, 20). It seemed as a good salvage therapy option, achieving an eradication rate of at least 70%. Thus it was the reason why we designed our clinical trial with this regimen.

Trials reported later to our study (referred in the manuscript), using rifabutin-based triple therapy combined with other antibiotics (such as levofloxacin), or prolonged use of the drugs, achieved a good eradication rate. In the manuscript we had discuss some of these questions.

On the other hand, in terms of that increase of the amount of the accompanying drugs achieved a good eradication rate, I am sorry about a misunderstanding of the results of the paper reported by Borody (28). As you can see, in my first reply to your comments, I made a mistake measuring the amount of the doses of amoxicillin of the two groups (2 Vs 3 gr) instead of the of correct doses applied( 3 Vs 4.5 gr). In this line, I have repaired the mistake and modify the discussion as you suggest.

Finally, I agree with you that our conclusion would suggest that ANY rifabutin-based triple therapy is ineffective, and thus, it has been modify.

Many thanks for your comments