Author’s response to reviews

Title: Increased risk of aspirin-induced gastric mucosal erosion in elderly Chinese men harboring SLCO1B1*1b/*1b while using aspirin and an ACEI or ARB concomitantly

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Author’s response to reviews:

Dear Editor:

We appreciate your helpful comments and have revised the manuscript accordingly.

All the changes are marked in yellow in the revised manuscript.

1. Suggest the title of manuscript be changed to “Increased risk of aspirin-induced gastric mucosal erosion in male Chinese elderly harboring SLCO1B1*1b/*1b while taking aspirin and an ACEI or ARB concomitantly”.
Author’s response:
We changed the title to “Increased risk of aspirin-induced gastric mucosal erosion in elderly Chinese men harboring SLCO1B1*1b/*1b while using aspirin and an ACEI or ARB concomitantly” according to your opinion.

2. The first letter of the name of the institution should be shown with upper case, such as School, Research, and Geriatric. Please note that the correct street name should be “28 Fuxing Road”.
Author’s response:
We apologize for our negligence and have corrected these mistakes.

3. In the Abstract section, suggest change the sentences (p. 1, lines 32-34) to “It is well established that long-term use of aspirin may result in gastric mucosal injury, but that concomitant use of aspirin and an angiotensin-converting enzyme inhibitor (ACEI) or an angiotensin II AT-1 receptor blocker (ARB) may attenuate aspirin-induced gastric injury.” In addition, the information on the Methods and
Results sections were too simple to understand all observations. The total number of recruited patients and the number of each group (case versus control) and main methods of data analyses should be detailed. More importantly, the results should be detailed in addition to genotyping data, and more relevant demographic data should be presented, such as older age (or aging), greater SCr plasma levels (or lower eGFR), history of gastric ulcer, co-existing diabetes, and less use of a PPI, all of which contributed to aspirin-induced gastric mucosal erosion to a significantly greater extent. In addition, carriage of the variant SLCO1B1*15 may protect against aspirin-induced gastric mucosal erosion. In addition, suggest change “taking aspirin along with ACEIs or ARBs” to “taking aspirin and an ACEI or ARB concomitantly” throughout the whole manuscript, and “than that in the controls” to “than in the control group” (please delete the word “that”).

Author’s response:
We thank the editor for his comments. We have already added and corrected these details throughout the whole manuscript, and all changes to the manuscript are indicated in the text by highlighting.

In addition, SLCO1B1*15 was indeed significantly lower in the gastric erosion group than in the control group, as shown by the Chi-squared test, but subjects with the SLCO1B1*15/*15 diplotype or SLCO1B1*1a/*15 diplotype did not have a significant association with gastric erosion in multiple logistic regression analysis (Table 5).

4. In the “Study population” paragraph (p. 3), all recruited patients should be clearly classified as case (gastric mucosal erosion) or control (normal gastric mucosa) group.

Author’s response:
Thank you for your reminder. We have already added this content in the “Study population” paragraph, and all changes to the manuscript are indicated in the text by highlighting.

5. In p. 6, lines 14-23, these sentences were not complete, and should add “than in the control group” after … higher or lower in the case group.

Author’s response:
We apologize for our negligence and have corrected these mistakes.

6. In p. 7, line 34, a transporter cannot affect the metabolism of a drug.

Author’s response:
Thank you for your reminder. We changed “metabolism” to “transport”.

7. Aspirin and acetylsalicylic acid should not be used interchangeably (p. 8, line 22).

Author’s response:
We thank the editor for his comment. We changed “acetylsalicylic acid” to “aspirin”.

8. In p. 8, lines 24-34, many concepts were incorrect. For example, angiotensin II is not part of sympathetic-adrenergic system, and the effect of angiotensin II can be inhibited by an ACEI, but not by an ARB, since the latter is an antagonist or blocker of angiotensin II AT-1 receptor.

Author’s response:
We apologize for our mistakes. We changed “sympathetic-adrenergic system” to “renin-angiotensin system” and deleted ARB.

9. Suggest add one more keyword “pharmacogenomics” into the Keywords section.

Author’s response:
We have added “pharmacogenomics” to the Keywords section.

10. In p. 3-4, all “is” used should be changed to “was”.

Author’s response:
We apologize for our mistakes. We have changed all the instances of “is” to “was”.

11. In p. 5, line 32, Student t-test should be changed to “Student’s t-test”.

Author’s response:
Thank you for your reminder. We have changed “Student t-test” to “Student’s t-test”.

12. In the footnotes of the Tables 1 and 5, PPI should read proton pump (not pomp) inhibitor.

Author’s response:
We apologize for our mistake. We have changed “pomp” to “pump”.

13. The quality of language of the whole manuscript still needs to be improved greatly, in particular in its Abstract, introduction, and Discussion sections.

Author’s response:
The manuscript was edited for proper English language, grammar, punctuation, spelling, and overall style by one of the highly qualified native English speaking editors at AJE again (F045-BFC9-2959-096C-1187).