

Peer Review File

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Review Comments-Reviewer A

GENERAL COMMENTS

The manuscript should be reviewed by a native English speaker.

Reply: Thank you for your suggestion and the manuscript is reviewed by a native English speaker.

TITLE

I suggest changing the order of the title: Analysis of risk factors for ulcer recurrence and upper gastrointestinal bleeding... as this seems to be a more logical/chronological order. Please change the order of these two items in all the manuscript.

Reply: Thank you for your suggestion and I have revised, see page 1, lines 3-4 for details.

ABSTRACT

Background: again, I suggest changing the order of the text: The eradication of *Helicobacter pylori* may reduce recurrence and bleeding to some extent...

And again: Therefore, this study aims to analyze the risk factors for ulcer recurrence and upper gastrointestinal bleeding...

Reply: Thank you for your suggestion and I have revised, see page 1, lines 27-29 for details.

Results: Information regarding the effectiveness of *H. pylori* eradication therapy should be provided (that is, the percentage and the number of patients where *H. pylori* was finally eradicated). This information is crucial to understand the results of the present study (see below, Results section).

Reply: Thank you for your suggestions. The aim of the study was to investigate the risk factors for recurrent ulcer recurrence and bleeding in patients after receiving anti-*H. pylori* eradication therapy, so all included patients were successful *H. pylori* eradication patients.

Results: the authors state “the occurrence of bleeding, ... were independent risk factors for recurrence”. Please clarify that you are referring to previous bleeding.

Reply: Thank you for your suggestion and I have revised, see page 2, lines 17 for details.

Conclusions: The conclusion is vague and non-informative. Please include informative conclusions based on the results of the present study.

Reply: Thank you for your suggestion and I have revised, see page 2, lines 21-22 for details.

HIGHLIGHT BOX

What is the implication, and what should change now? Again, the statement is vague and non-informative. Please include a statement based on the results of the present study.

Reply: Thank you for your suggestion and I have revised, see page 3, lines 16-22 for details.

INTRODUCTION

Most of the information included in the Introduction section is not directly related to the aim of the present study, and therefore could be deleted or at least markedly shortened.

Reply: Thank you for your suggestion and I have deleted the content that is not relevant to the purpose of this study, see page 4, lines 4-12, 25-29 for details.

METHODS

Where all the patients with PUD included consecutively? Please clarify.

Reply: Our patients were randomized according to inclusion criteria and followed up continuously.

The authors state “The general rule of logistic regression requires the ratio of item number to sample size to be 1:5 to 1:10. Therefore, the sample size of the study population planned for this study was 560 cases”. Please explain better the calculation of the sample size, as it is unclear.

Reply: Thank you for your suggestion. I have explained the calculation method of sample size in detail, see page 6, lines 1-8 for details.

The following sentence should be moved to the Results section: “The final count was 536 cases due to actual loss or loss of access to some cases to 24 cases”.

Reply: Thank you for your suggestion and I have revised, see page 7, lines 32-33 for details.

Detailed information regarding the initial diagnosis of H. pylori infection (prevalence of the infection, diagnostic methods); and also the method of confirmation of H. pylori eradication (number and type of methods, as this is very relevant to assess the accuracy of a confirmation of H. pylori eradication).

Reply: Thank you for your suggestion and I have revised, see page 6, lines 23-34 for details.

Furthermore, the different H. pylori eradication regimens prescribed should be detailed.

Reply: Thank you for your suggestion and I have revised, see page 6, lines 23-34 for details.

Please explain how was the NSAID use assessed (questionnaire, clinical history, etc.).

Reply: We learned the NSAID use through the questionnaire combined with the patient's previous medication history.

A limitation of the present study is that ulcer recurrence was defined only clinically, and not endoscopically. Endoscopy was conducted as necessary to determine if the peptic ulcer had recurred, but it is well known that many ulcer recurrences can develop in asymptomatic patients.

Reply: Thank you for your suggestions, which have been added to the limitation description of this article, see page 13, lines 12-17 for details.

RESULTS

The efficacy of H. pylori eradication therapy should be provided. And all the results (in terms

of ulcer recurrence and bleeding) should be separately provided depending on the success or failure of H. pylori eradication, as curing the infection is the most effective way to prevent ulcer recurrence and, consequently, ulcer bleeding. This is the only way to clarify the preventive effect of the eradication of H. pylori infection.

Reply: Thank you for your suggestions. The aim of the study was to investigate the risk factors for recurrent ulcer recurrence and bleeding in patients after receiving anti-H. pylori eradication therapy, so all included patients were successful H. pylori eradication patients.

DISCUSSION

The first part of the Discussion section is not centered on the objectives of the present study. Please focus more on the aim and results of the study.

Reply: Thank you for your suggestions and I have amended the first paragraph of the discussion, see page 11, lines 2-23 for details.

Only those variables associated with the endpoint (recurrence, bleeding) in the multivariate analysis (and not only in the univariate analysis) should be discussed in the Discussion section.

Reply: Thank you for your suggestions and we discuss the results of the multivariate analysis in detail in the second paragraph of the discussion, for the elaboration of the risk factors of interest, see page 11, lines 24-29 for details.

Review Comments-Reviewer B

1. Table 1

Please add the description to the table footnote that how the data are presented in table.

Age (year) [Ⓢ]	15.35±1.99 [Ⓢ]	15.01±2.04 [Ⓢ]	-1.143 [Ⓢ]	0.253 [Ⓢ]	15.08±2.18 [Ⓢ]	15.04±2.03 [Ⓢ]	-0.093 [Ⓢ]	0.926 [Ⓢ]
Gender [Ⓢ]								
Male [Ⓢ]	33 (64.7) [Ⓢ]	237 (48.9) [Ⓢ]	4.632 [Ⓢ]	0.031 [Ⓢ]	12 (48.0) [Ⓢ]	258 (50.5) [Ⓢ]	0.059 [Ⓢ]	0.808 [Ⓢ]
Female [Ⓢ]	18 (35.3) [Ⓢ]	248 (51.1) [Ⓢ]			13 (52.0) [Ⓢ]	253 (49.5) [Ⓢ]		
BMI (kg/m ²) [Ⓢ]	22.25±2.14 [Ⓢ]	22.13±2.13 [Ⓢ]	-0.371 [Ⓢ]	0.711 [Ⓢ]	22.42±2.31 [Ⓢ]	22.13±2.12 [Ⓢ]	-0.669 [Ⓢ]	0.504 [Ⓢ]
Course of disease [Ⓢ]								

Reply: Thank you for your suggestion. I have revised.

2. Table 4

Please explain SD in the table footnote.

Reply: Thank you for your suggestion. I have revised.