

## ANSWERING REVIEWERS

Dear Editor,

Please find enclosed the edited manuscript in word format (file name: 27791-Revised.docx).

**Title:** Gastric intestinal metaplasia is associated with gastric dysplasia but is inversely correlated with esophageal dysplasia

**Authors:** Justin M. Gomez, MD; James T. Patrie, MS; Wissam Bleibel, MD; Jeanetta W. Frye, MD; Bryan G. Sauer, MD, MSc; Vanessa M. Shami, MD; Edward B. Stelow, MD; Christopher A. Moskaluk, MD, PhD, Andrew Y. Wang, MD

**Name of Journal:** *World Journal of Gastrointestinal Endoscopy*

**ESPS Manuscript NO:** 27791

The manuscript has been improved according to the suggestions of reviewers:

1 Revision has been made according to the reviewers' suggestions (whenever possible).

**(1) Comments from reviewer 03478686:**

This is a valuable attempt to analyze IM with the development of gastric cancer. The data obtained in this retrospective study, as well as the conclusion, require confirmation in randomized trials. Study limitations are correctly listed. It would be desirable to study and cite more recent literature on this topic (the most recent reference is from 2014).

**Authors' response:** We thank the reviewer for these comments. We have added two new references published in 2016 to the Discussion so as to update our manuscript. Thank you for this important suggestion.

**(2) Comments from reviewer 00043396:**

This is an interesting study which is well conducted and written.

**Authors' response:** We appreciate this reviewer's comment and interest in our study.

**(3) Comments from reviewer 02977382:**

Gastric intestinal metaplasia (IM) is a precursor to gastric adenocarcinoma. The author has done a retrospective study trying to find which clinical factors might be associated with gastric IM in a North American population. Pathology and endoscopy databases at an academic medical center were reviewed to identify patients with and without gastric IM on biopsies for a retrospective cohort study. The author finds Patients with gastric IM are at increased risk for having gastric dysplasia and cancer, and surveillance EGD with gastric biopsies in these patients might be reasonable. Question is: The author finds the mean age of 468 patients with gastric IM is 61.0 years and which of 171 without gastric IM is 48.8 years.

Finally according to the data, the author thinks patients with gastric IM are at increased risk for having gastric cancer. We know the morbidity of gastric cancer is higher in 60 years old persons than in 48 years old persons. How to distinguish what is the true cause of gastric cancer, gastric IM or ages?

**Author's response:** We appreciate this reviewer's careful reading of our manuscript and evaluation of our results. The issue of how to control for the impact of older patients (and older mean and median age) in the gastric IM group is an important one. We performed age-adjusted multivariate analyses to control for the impact of differences in age on the clinical associations that we found. As such, the statistically significant findings in our multivariate analyses should not be heavily influenced by the age of subjects in the comparison groups.

2 References were updated and minor edits to the text were made.

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Endoscopy*.

Sincerely yours,

Justin M. Gomez, MD  
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