***Dear Prof.* SUBRATA GHOSH, AGAF, FCAHS, FRCP (C), FRCPC, FRCPE, MD, Full Professor**

Re: ***Submission of a Revised Invited Original Contribution to World Journal of Gastroenterology***

Thank you very much for giving us the opportunity to revise our manuscript (World Journal of Gastroenterology, manuscript NO: 55448).

We would be grateful for the consideration of our revised manuscript *"Helicobacter pylori-induced inflammation masks the underlying presence of low-grade dysplasia on gastric lesions"* (by Alba Panarese, Giovanni Galatola, Raffaele Armentano, Pedro Pimentel-Nunes, Enzo Ierardi, Maria Lucia Caruso, Francesco Pesce, Marco Vincenzo Lenti, Valeria Palmitessa, Sergio Coletta, Endrit Shahini) for publication in World Journal of Gastroenterology.

All authors have read and complied with author guidelines, and they all have seen and approved this manuscript for publication. None of the authors had conflict of interest to disclose in relation to this manuscript.

We are grateful to the reviewers for their precious contributions and comments. We have revised the text accordingly and we hope that you will now find it suitable for publication in World Journal of Gastroenterology.

The changes in the manuscript are identified in track change mode. Below you can find a point-by-point reply to the reviewers.

Thank you for your precious time.

We are looking forward to receiving your decision in due time.

Reply to Reviewers

***Reviewer #1 (code: 03647305)*:**

1. "congrats for good study".

1) Thank you for the appreciation of our study.

***Reviewer #2 (code: 04092118)*:**

1. "…in order for the manuscript to be more attractive, I would suggest the authors to do some column/bar-type of graphs on OLGA, EGGIM, and OLGIM – before and after HP eradication.

1) We have include another Figure (new Figure 2) with bar-type graphs of the above mentioned variables.

2. "Minor comments: PGC should be explained in full in the background section of the abstract, being its first appearance in text. In Tables 1 and 3, the term "gastric cancer/other cancer familiarity" is misused - "family history of" is more appropriate".

2) We have made the suggested changes in the abstract section and in Tables 1 and 3.

***Reviewer #3 (code: 05185768)*:**

1. "…The result of the study could change some routine clinical practice or re-endoscopy in particular patients with HP infection. However, this proposed HR-WLE with NBI endoscopy has still missed the PGC lesion during HP infection that might be the only limitation of this proposed endoscopic method. I suggest discuss more in this aspect in the discussion part".

1) As suggested, we have discussed in more details this aspect in the discussion section.

2. "... abstract: please give the abbreviation for PGC for its use in the first time".

2). We have made the requested change in the abstract section.

3. "…Method: The present study is methodologically well conducted. It will be better if the author could cut the word "longitudinal" from an observational, longitudinal, prospective study to make it more concise without changing the meaning.

3) As suggested, we have made the requested change in the method section.

4. "…Results: The result of this study is of interest. The awareness of identifying patients with HP infection after treatment by using HR-WLE with NBI should be highlighted and integrated in clinical practice. However, this high quality EGD method could miss dysplasia in 42.1% of patients before HP eradication. It will be best if the authors could find out the way to decrease the rate of underdiagnosis dysplasia in these patients or discussion more in this aspect. Not sure the role of special staining by pathologist?".

4) We have explained the reason of missed lesions in pages 15-16: "...The higher prevalence of LGD after HP eradication could be attributed to the presence of more severe and extensive mucosal atrophy and IM at baseline in our high-risk subgroup of patients rather than to disease progression itself, considering the short interval of endoscopic surveillance of our study. *In this scenario, the background of active HP inflammation was likely to play a confounding role which may have hampered the accurate detection of gastric dysplasia*".

Despite the use of advanced endoscopic technology, the failure to diagnose a significant percentage of PGCs at baseline is most likely due to the presence of different degrees of severity of gastritis and MALT hyperplasia.

For this reason, in the discussion section (page 14) we have suggested that in selected cases postponing endoscopy to diagnose gastritis after HP eradication according to the results of non-invasive tests for HP (primarily, urea breath test) is likely to lead to more accurate detection of PGCs, especially dysplastic lesions: "…*This suggests that, in high-risk subjects without alarm features for malignancy, non-invasive tests should be used for prior HP identification, and a high-quality upper endoscopy to identify dysplastic lesions should be postponed after HP eradication has been achieved"*.

5. "…Illustrations and tables: The table 1, however, need some corrections for example; age, n(%), years should be age, mean (SD), years; gender that is present only male or female, is enough. 9. Table 2 the author should "change n= P value" to "P value". n (%) could be present once below the table, is enough. Table 3 same with table 1".

5) We have made the suggested changes in the mentioned tables.