1) Reply to the editor for comment # 1:

January 4, 2021

Reviewer #1: In this study, the authors a compared the morphological classification of atrophic gastritis between the Kimura-Takemoto system and the updated Sydney system. Then, the authors found that the updated Sydney system is significantly inferior to the updated Kimura-Takemoto classification for morphological verification of atrophic gastritis. Several questions raised about this study. Please clarify these points described below. In Methods, the correlation of Kimura-Takemoto classification and biopsy sites is difficult to understand. Please make a **figure** for detecting the biopsy sites from stomach. Also I think concrete examples of endoscopic visual assessment of Kimura-Takemoto grading are necessary to confirm the accuracy of your endoscopic classification. In Results, Morphological typing of atrophy according to Kimura-Takemoto is also confusing. It is hard to understand. I think the Kimura-Takemoto classification is the grading of corporal atrophy which is gradually changing to whole atrophic mucosa. So I cannot understand the grading should not combined e.g. C2O3.

Reply:

Figure 1 was added in accordance with the comments of the reviewer #1.

The answer was received on February 2, 2021

Reviewer 1: Thank you for your revision.

2) Reply to the editor for comment # 2:

The file STROBE_checklist_cohort is sent

3) Reply to the editor for comment # 3:

The informed consent contains only the patient's name. Other personal data, such as address, birthday, etc. are stored in the document "Case history of patient". Access to this data is limited. The form of the document "Case history of patient" is attached.

4) Reply to the editor for comment # 4:

The file Conflict-of-interest_statement is sent

There are 2 self-cited references now:

60646 Modified manuscript is sent.