Reviewer #1:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Accept (General priority)
Specific Comments to Authors: At first, here's a small tip for you that 'H. pylori' might be italic because it is a name of bacterium. Then, have you thought about analyze the subtype of gastritis in patients as H. pylori status is much more related to B type gastritis. Third, you could discuss the effect of GIM degree in gastritis and race distribution.

Response to Reviewer #1

Thanks for your review and suggestions

- H. pylori was changed to italic throughout the manuscript.

- Currently, we have the data for the different subtypes of gastritis, including active gastritis, chronic, and atrophic gastritis. Also as you mentioned we have them classified as H pylori and Non- H pylori-related gastritis. The previously mentioned variables were not included in our primary analysis. We thought presenting those in detail might go out of this paper's scope. We are happy to work on including all these details and analyses if you think it is necessary for this manuscript message and conclusion.

- The classification of GIM to complete VS incomplete and low grade VS high grade is not the standard practice in our pathology department at Washington Hospital Center. Unfortunately, this information is not available to us, and re-evaluation of all the GIM biopsies was not feasible. We add this to the study limitation in the end of the paper

Reviewer #2:
Scientific Quality: Grade D (Fair)
Language Quality: Grade A (Priority publishing)
Conclusion: Major revision
Specific Comments to Authors: It is a an important study investigating the risk factors for GIM development in African American-predominant population, However in the methods section some points hadn't been clarified: Comment 1: What were the exclusion and inclusion criteria? There is no flowchart demonstrating how the final cohort has been determined? In which year the study had begun? Included patients with at least 1 gastroscopy during 2015-2020 but when the first or other gastroscopies had been performed? Comment 2: There is no detailing regarding the type of GIM. I guess there were patients with LGD GIM, HGD GIM. Why these parameters are not included in the risk analysis model? Comment 3: Regarding drug treatment, there is no information about the Aspirin dose and, and there is no information regarding the PPI usage - which PPI's? and what were the doses? Comment 4: Regarding H.pylori infection status. What is the explanation for the fact that at the beginning of the study 86.2% of the patients had H.pylori and at the end of

follow-up 92.6% were positive for H.pylori? H.pylori infection usually happens in childhood, so I don't see reasonable explanation for new infection during the study follow-up.

Response to Reviewer #2

Thanks for your review and suggestions

- Comment 1: the exclusion criteria were added to the study methods which include age <18, pregnancy, previous diagnosis of gastric cancer, and missing data including pathology results or endoscopy reports. See page 3 and 7.

- Comment 1: the time range of the study was modified to include the month, the study included patients that had endoscopies between Jan 2015 to Dec 2020. See page 3 and 7.

- Comment 2: The standard practice in our pathology department does not include grading of GIM. The classification of GIM for high grade, low grade, complete and incomplete was not available to us. Re-reviewing all the biopsies by the pathology department was not feasible for the study purpose. Due to previously mentioned factors, it was not included in our study. We add this to the study limitation in the end of the paper

- Comment 3: the aspirin referred to in the study was 81 mg of Aspirin, it was clarified in the paper and the table. See page 9, 10, 19, 21.

- Comment 3: the rate of PPI usage in our study was close to 35% at the start and 45 % at the follow-up. People were considered PPI users if they Used PPI for a month or more. In the primary study design which was extrapolated from a few clinical trials [1] we did not include the PPI dosage or subtype, PPI was included to ensure no significant difference between the two study arms which might affect the biopsy results. We will be happy to work on gathering the specific PPI information if you believe it would add to the manuscript's value.

- Comment 4: the numbers you are referring to from table 1, are for people with no H pylori infection, and that’s why the number is higher by the end of the study as people were treated during the study period

[1] Aumpan N, Vilaichone RK, Pornthisarn B, Chonprasertsuk S, Siramolpiwat S, Bhanthumkomol P, Nunanan P, Issariyakulkarn N, Ratana-Amornpin S, Miftahussurur M, Mahachai V, Yamaoka Y. Predictors for regression and progression of intestinal metaplasia (IM): A large populationbased study from low prevalence area of gastric cancer (IM-predictor trial). PLoS One. 2021. DOI:10.1371/journal.pone.0255601