

Point-by-point revision

Manuscript number: World Journal of Gastroenterology, No.63286

Manuscript title: Standard versus magnifying narrow-band imaging endoscopy for diagnosis of *Helicobacter pylori* infection and gastric precancerous conditions

Dear Editor:

Thank you for your meticulous review of our manuscript and valuable comments. We answered the reviewer's comments. The enclosed is the point-by-point reply to the comments.

Sincerely yours,

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Reviewer #1

Very interesting article, comparing endoscopic diagnostic between standard and M-NBI endoscopy for *H. pylori* infection. This article is valuable, because there are no guidelines for detection *H. pylori* infection by M-NBI so far. This diagnostic method could be very useful in therapeutic decision-making, endoscopic treatment process and follow up examination of these patients. The authors also analyzed the degree of gastric atrophy, intestinal metaplasia and level of serum pepsinogen, which make this study the first with that kind of design. The manuscript meets the requirements of biostatistics.

Answer: Thank you for your valuable comment and opinion of acceptance.

Reviewer #2

This is a well designed and hard worked study, but on a well known and established findings. The additional yield of NBI over conventional white light endoscopy is documented by many studies both Hp and IM separately. Thus novelty of the article is limited. This study combined *Helicobacter pylori* and precancerous findings. The separation of intestinal metaplasia as complete or incomplete form should not be evaluated in same data. A note regarding this issue will be better. Best regards.

Answer: Thank you for your important comment. As you mentioned, intestinal metaplasia (IM) consists of complete and incomplete type on the basis of pathological findings^[1]. Significantly, incomplete IM is known to be related with the gastric carcinoma. However, there is no report about association of magnifying NBI endoscopy with subtype of IM. Unfortunately, we did not classify the IM into complete or incomplete type using histochemical staining. Going further in this result, we plan the large-scale, multicenter study about the endoscopic finding of complete and incomplete IM in the future.

[1] Correa P, et al. Pathology of gastric intestinal metaplasia: clinical implication. Am J Gastroenterol. 2010; 47: 493-8.

Editorial comments

1. (5) Self-cited references: There are 5 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations (i.e. those that are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated.

Answer: We deleted three self-cited references. Please check the references in the revised manuscript.

5. (1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

Answer: We uploaded a research grant certificate of Soonchunhyang University Research Fund (No. 20200023).

5. (2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Answer: We uploaded the original images using PowerPoint.