World Journal of Gastrointestinal Endoscopy
Baishideng Publishing Group Inc
Subject: Revisions in the manuscript

Dear editor,

We appreciate you and the reviewers for dedicating your valuable time to review our paper and offering insightful comments. Your feedback has been instrumental in enhancing the current version, and the authors have meticulously incorporated your suggestions. We hope that the revised manuscript meets your high standards, and we welcome any additional constructive comments you may have.

Here are our responses to each of the queries provided below.

Sincerely,

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Reviewer #1:

Specific Comments to Authors:

1. Helicobacter pylori should be written in italics

Thank you for pointing this out. *Helicobacter pylori* and *H. pylori* are now all written in italics.

2. The C13 urease breath test is often used as the gold standard, and authors should include the breath test as a reference in their articles

While the C13 urease breath test (UBT) is known for its high sensitivity and specificity as a non-invasive H. pylori test, clinicians at our hospital rarely ordered it, likely due to its limited availability (only offered as a send-out test). Additionally, it cannot be added to our study as it is retrospective in nature. In our hospital, the rapid urease test (CLO test) was commonly used as a *H. pylori* diagnostic test with high sensitivity and specificity, despite its invasive nature.

3. In results pard, it is strange that the authors did not retest the urease breath test for patients with inconsistent test results as UBT was commonly used in hospital. Generally, the infection status of helicobacter pylori usually requires two or more means of detection.

Regrettably, retesting the patients is not feasible given the retrospective nature of our study. It is intriguing to note that clinicians did not order an additional test in most discrepant cases with negative biopsy results and positive results from the stool antigen test or CLO test (rapid urease test). This may be attributed to several factors, including limited test availability, insurance coverage constraints, challenges in discontinuing medications to minimize testing interference, or delays in treatment. The decision for clinicians to pursue treatment without additional testing is probably influenced by diverse factors, including clinical symptoms, endoscopic observations, and pathological findings.

4. The author's table section needs some major corrections. First, the authors were asked to show the positive rates of these patients with different testing methods in the results section. Secondly, pair-wise tests are required for histology and other different tests, including the mcnemar test and the Chi-square test.

All the tables were revised.

The positive rates of different tests are listed in Table 2. This was not included initially as it was not the focus of the paper, and it may cause confusion. Please note that each case has only one additional test (CLO test, stool antigen test, or *H. pylori* culture) besides histology.

The answer to the statistics question was provided by Dr. Yungtai Lo, Professor of Biostatistics (one of the co-authors):

The McNemar's test is used to test differences in proportion of *H. pylori* infection identified by histology and CLO test, histology and SA, or histology and *H. pylori* culture. However, it does not assess the agreement, i.e., concordance, in identifying *H. pylori* infection between histology and CLO test, histology and SA, or histology and *H. pylori* culture. Agreement on identifying H. pylori infection between histology and CLO test (SA, or *H. pylori* culture) is better assessed using **kappa statistics**. The statistical results were presented in the main text (see below):

The estimated kappa statistic for assessing agreement in identifying H. pylori infection between histology and other diagnostics were 0.86 for CLO test (Table 3A, 95% C.I (Confidence Interval). 0.81 – 0.92), 0.77 for stool antigen test (Table 3B, 95% C.I. 0.68 – 0.86), and 0.72 for culture (Table 3C, 95% C.I. 0.66 – 0.78) respectively

5. Is there a description of the patient's gastric atrophy status? If the patient's gastric mucosa atrophy is very severe, Helicobacter pylori may not be detected.

Pathology reports of discrepant cases were reviewed, and no atrophy was described in any case.

6. In table 4, is there a record of antibiotic use or herb use status for discrepancy cases?
Thank you for the comment.
Three cases (cases 8, 9, and 15) were under antibiotic treatment, along with proton pump inhibitor at the time of biopsy. This treatment, either triple or quadruple therapy, was initiated following a positive stool antigen test a few days before the biopsy procedure. This information has been incorporated into Table 4, and the result is now included in the main text.

Unfortunately, there is no information regarding the use of herbs in the patients' charts.

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

We have meticulously revised and refined the manuscript. All authors have extensive experience studying and working at U.S. colleges and universities, with a track record of publishing many papers in English. We are confident that the language of the manuscript has been markedly improved. We kindly request a reassessment of the language quality in the revised manuscript.

5 ABBREVIATIONS

Done.

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

1 Scientific classification: Grade D.

2 Language classification: Grade B.

3 Specific comments:

(1) Please provide the Biostatistics statement.

Done.

(2) Please provide the Clinical trial registration statement.

This is not relevant since this is a retrospective study.

(3) Please provide the Informed consent statement.

Informed consent is waived by IRB due to the impracticality of obtaining consent from a large population of patients for our retrospective study (chart review only).

(4) Please provide the Figures cited in the original manuscript in the form of PPT. Done.
(5) Please obtain permission for the use of picture(s).
All pictures are original.

(6) Please don't include any *, #, †, §, ‡, ¥, @….in your manuscript; Please use superscript numbers for illustration; and for statistical significance, please use superscript letters. Statistical significance is expressed as aP < 0.05, bP < 0.01 (P > 0.05 usually does not need to be denoted). If there are other series of P values, cP < 0.05 and dP < 0.01 are used, and a third series of P values is expressed as eP < 0.05 and fP < 0.01.
Done.

(7) Please add the author's contribution section. The format of this section will be as follows: Author contributions: Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents/analytic tools; Wang CL, Liang L and Fu JF analyzed the data; Wang CL, Liang L and Fu JF wrote the paper.
Author's contribution has been added.

(8) Please add the Core tip section. The number of words should be controlled between 50-100 words.
Done.
(9) Please provide 4-10 keywords.
Done.

(10) Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. If there is no PMID or DOI, please provide the website address.
Done.

(11) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text (and directly before the References).
Done.

(12) Abbreviations other than special types of words such as COVID-19 and SARS-CoV-2 are not allowed in the article title, and no more than 18 words are allowed. The title cannot start with "the, a, an". 4 Recommendation: Transfer to other BPG journals (World Journal of Methodology).
Done.

(2) Company editor-in-chief:
I recommend the manuscript to be published in the World Journal of Gastrointestinal Endoscopy. When revising the manuscript, it is recommended that the author supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply PubMed, or a new tool, the RCA, of which data source is PubMed. RCA is a unique artificial intelligence system for citation index evaluation of medical science and life science literature. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: https://www.referencecitationanalysis.com/, or visit PubMed at: https://pubmed.ncbi.nlm.nih.gov/.

Thank you for your comments and advice. We have conducted a literature search and incorporated additional references. The manuscript has been edited and polished based on the feedback from both reviewers and editors. We hope the revised manuscript meets your high standard.