

## ANSWER TO REVIEWERS

November 07, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14426-review.doc).

**Title:** In vivo gastric mucosal histopathology using endocytoscopy  
*In vivo gastric mucosa histopathology*

**Author:** Hiroki Sato, Haruhiro Inoue, Haruo Ikeda, Chiaki Sato, Chainarong Phlanusitthepha, Bu'Hussain Hayee, Esperanza Grace R. Santi, Yasutoshi Kobayashi, Shin-ei Kudo,

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 14426

We thank the reviewers for their insightful comments and assessment of our paper. We believe that the scientific quality of our revised manuscript has certainly improved with the efforts of these reviewers:

Reviewer No.1468173: This manuscript is a report that whether Endocytoscopy can identify the normal gastric mucosa and exclude gastric mucosa with HP infection. This aspect is novel and valuable. However, following essential aspects are missing that might significantly improve the value of this review.

Major Comment 1. As the methodology, one of reviewers was an endoscopist who had information about the white-light endoscopy and ME- NBI. So the bias is likely to develop. Could you comment this?

In this study, the purpose for inter-observer agreement was to compare an assessment by an endoscopist who had information about the white-light endoscopy and ME- NBI, and by an independent external reviewer who didn't have the information. Result was excellent, therefore, the bias was not considered important.  
The explanation was added in page 8, Line 3-9.

2. In this study, the diagnosis of endocytoscopy depended on the microstructure of gastric mucosa. How is the difference between this endocytoscopic diagnosis and those by ME- NBI? Is there some merit to observe the gastric mucosa by endocytoscope to compare with the observation by ME-NBI?

We can also identify cellular level information as Goblet cells by endocytoscopy. And, of course, due to the higher magnification, more emphasized structural change could be seen. On the other hand, ME-NBI can emphasize the microvessels.  
The explanation was also added in "discussion".

Minor comments 3. There is no documentation about the staining for the targeted mucosa. What is the standard level of stained mucosa? Can all targeted mucosa be stained in the same level?

In this study, just 2ml staining solution was used. Therefore, it was impossible to stain all the targeted area. But stained area was clear blue, so it is easy to identify.

4. You should clarify the median procedure time during endocytoscopic observation.

Unfortunately, we don't have such data. However, the time interval was all within 7 min for endocytoscopy and biopsy. The explanation has been already included in the result

5. I think sensitivity, specificity, PPV, and NPV of n-Pit or n-Pap for identifying the HP-negative mucosa did not reach the useful level of clinical use. Could you comment about this?

This is simply a pilot study. Further study is needed.  
The explanation was added in discussion as conclusion.

Reviewer No.1799430: This is a study about endocytoscopic examination of gastric mucosa according to the presence of H. pylori infection. This study shows a definite distinction of endocytoscopic findings between HP (+) and HP (-) subjects. (Minor comments) 1. Some trivial things to be revised are marked in the attached file.

2. The sequence of Fig 4 is not correct.

The sequence of Fig 4 has been changed.

Reviewer No.2438752: The manuscript entitled "In vivo gastric mucosal histopathology using endocytoscopy" by Hiroki Sato et al could be accepted. The results showed that EC determinations of n-Pit and n-Pap are useful predictors of normal mucosa and the absence of HP infection.

Thank you for your comment.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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