Dear Reviewer,

First, thank you so much for your specific comments to my paper.

1. The cases with early gastric cancer (EGC) and advanced gastric cancer (AGC) in the discovery set are from patients diagnosed by postoperative pathology, while the cases with benign gastritis (BG) are from the physical examination center. Some examinees may show gastrointestinal symptoms, but even healthy ones also show superficial gastritis, which is characterized by mucosal edema, turbid mucous lake or bile regurgitation, etc., which may also be related to the overdiagnosis of endoscopic superficial gastritis, similar to the growing of lung texture gain in the X-ray diagnosis.

2. In the discovery set, cases with advanced gastric cancer (AGC) was selected above pT4N2M0 (stage III-IV), while, Benign gastritis (BG) was superficial gastritis, two group compared with early gastric cancer (EGC), it is hoped that as many miRNAs showing differentiated expressions in different diseases as possible can be screened. In the validation set, we consider that though Hp infection and atrophic gastritis are benign gastritis, they are related to the occurrence of gastric cancer. Therefore, two control groups were established: Control-1 was negative of Hp infection and is only superficial gastritis, which did not require biopsy (health control). Control-2 was positive of Hp infection and is verified as atrophic gastritis (precancerous lesion) through gastroscopic biopsy. The experimental results confirmed that there was no difference in miRNA expression between the two groups, and the expression of the screened miRNA was not affected by precancerous diseases such as Hp infection and atrophic gastritis (the lesions such as ulcers are still unknown), and it played an important role in discriminating between cancer and non-cancer.

3. Therefore, in the two sets of the experiment, health control and normal control are actually included.

Thank you!