



PEER-REVIEW REPORT

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Title: LTEVB12 initial and celecoxib rescue therapy reverse intestinal metaplasia and atrophy of chronic gastritis: a retrospective cohort study

Reviewer's code: 04387546

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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Reviewer chosen by: Ze-Mao Gong

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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SPECIFIC COMMENTS TO AUTHORS

General Comments: I am pleased to review the paper “LTEVB12 initial and celecoxib rescue therapy reverse intestinal metaplasia and atrophy of chronic gastritis: a retrospective cohort study” that aimed to validate the efficacy of lamb tripe extract vitamin B12 capsule (LTEVB12) initial therapy and celecoxib rescue therapy on the regression of intestinal metaplasia (IM) and atrophic gastritis (AG) after H. pylori eradication. For LTEVB12 initial therapy and celecoxib rescue therapy, the reverse rates of IM were 52.95% and 56.25%, respectively, and those of AG were 48.24% and 51.56%, respectively. Furthermore, the IM regression rate for combined treatment was very high with a rate reaching up to 85.03%. Although there is little improvement in IM even after H. pylori eradication, the results of this study showed a marked improvement in treatment outcomes, which suggests the possible inhibition of the development of gastric cancer. Specific comments a) Major i) Some papers[1, 2] have shown that H. pylori eradication improves AG and IM, and I think that its effect in this study should be discussed. In addition, since there has been some discussion on the post-eradication period, it is recommended that this period be described if possible. 1. Kong YJ, Yi HG, Dai JC, et al. Histological changes of gastric mucosa after Helicobacter pylori eradication: a systematic review and meta-analysis. *World J Gastroenterol* 2014;20:5903-11. 2. Kodama M, Murakami K, Okimoto T, et al. Ten-year prospective follow-up of histological changes at five points on the gastric mucosa as recommended by the updated Sydney system after Helicobacter pylori eradication. *J Gastroenterol* 2012;47:394-403. ii) From line 28, page 9 to lines 1-2, page 10 The authors found that higher stages of the disease (stages III and IV) using the Operative Link on Gastric Intestinal Metaplasia Assessment (OLGIM) and Operative Link on Gastritis Assessment (OLGA) systems responded well to monotherapy compared to the lower stages. This is



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an important result, since it implies that that the benefit of this therapy is greater for those who are at higher risk. Therefore, a discussion on why the effect is more pronounced in higher stages would be more useful to the readers. b) Minor i) Lines 17-18, page 6 Is this 35 an error in the description? This is different from the number given in sup1. ii) Lines 14-15, page 8 This study did not compare LTEVB12 alone or celecoxib alone with LTEVB12 initial and celecoxib rescue therapy. Rather than saying that the combination was more effective, it would be better to state that the addition of celecoxib rescue therapy further increased the regression rate of IM. iii) Lines 26-27, page 8 The COX-2 inhibitor celecoxib has been suggested to cause H. pylori-related gastric lesions through various mechanisms, and a description of the definition of high-risk clinical risk factors is needed. This sentence seems to be contradictory in the context of the preceding and following sentences; if celecoxib works as a tumor suppressor, it should be rewritten. If celecoxib is involved in gastric lesions, it would be better to cite the literature. iv) Table 2, page 22 The table footnote listed PP = per-protocol, but it seems unnecessary because PP is not used in the table in the first place.