

## PEER-REVIEW REPORT

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

**Manuscript NO:** 83365

**Title:** Mucosal patterns change after *Helicobacter pylori* eradication: Evaluation using blue laser imaging in patients with atrophic gastritis

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03731081

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Professor

**Reviewer's Country/Territory:** Russia

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2023-02-08

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-02-08 19:08

**Reviewer performed review:** 2023-02-11 10:59

**Review time:** 2 Days and 15 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

The authors this manuscript used new innovative visual endoscopy method to ensure the accurate evaluation of H. pylori infection. This is image-enhanced endoscopy method (IEE) using blue laser imaging (BLI). They declare to study atrophic mucosal patterns (AMP). The study does not contain mucosal atrophic morphological correlations with visual endoscopic assessment of atrophic mucosal patterns (AMP). The method studied by the authors needs to be compared with morphological histological standards within the visual scale of the Sydney system or the Updated Kimura-Takemoto classification of atrophic gastritis. At the same time, the study is very interesting. This manuscript proposes a promising screening method for the diagnosis of Helicobacter pylori eradication. The article is very well illustrated. A necessary condition for publication: the word "Atrophic" should be removed from the title and text of the manuscript and AMP will be replaced by MP. The manuscript is recommended for publication after this condition is met.

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**Reviewer's code:** 03270609

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** Russia

**Author's Country/Territory:** Japan

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**Review time:** 4 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Atrophic gastritis is the main background for the development of gastric cancer in patients infected with H. Pylory. Eradication therapy (ET) may help reverse the pathological manifestations of H. pylori gastritis and reduce the risk of gastric cancer. In this regard, the search for objective and reliable criteria to assess the effectiveness of ET is important. The authors present the results of a study that is a continuation of a previously initiated study (Nishikawa Y, et al. 2018). Their aim is to evaluate changes in atrophic mucosal patterns (AMPs) observed on blue laser imaging in patients with H. pylori-associated gastritis after ET. Unlike the previous study, in which endoscopic examination before and after ET was performed in only 22 patients, in this study, the authors evaluate the corresponding changes in 101 patients. At the same time, there are a number of unclear points in the manuscript that require clarification and more correct wording. Abstract 1. The authors state that 771 patients were included in this study, of which 101 patients received endoscopy before and after ET. However, they report 236 patients in their results (76 patients with the Spotty pattern, 90 patients with the Cracked pattern, and 70 patients with the Mottled pattern). It is not at all clear how this number

of patients (236) compares with the 771 patients included in the study and the 101 patients who received ET. 2. I believe that the Abstract should include data that relate to both the 771 patients included in the study and data that relate specifically to the 101 patients who received ET. 3. It is not entirely clear what the confidence intervals mean when the authors give the percentage of patients with one or another endoscopic pattern. 4. The formulated conclusion does not follow in any way from the stated results. Moreover, the statement that changing AMPs from Spotty pattern to Cracked pattern may help endoscopists easily and precisely evaluate H. pylori-related gastritis status is not entirely justified due to the low of specificity of the method (41,8%). Results. 1. The authors provide data on significant age differences in patients with different types of AMPs. In this regard, a reasonable question arises: are the observed changes in the AMPs due to infection or does age also play a role in their development? 2. It is also necessary to clarify in the results why the number of patients (101 patients) who underwent ET does not match the total number of patients with different GM patterns (76 patients with the Spotty pattern, 90 patients with the Cracked pattern, and 70 patients with the Mottled pattern). 3. It is necessary to provide a table or figure that reflects the specific number of patients with different AMPs and how they changed during ET, and not the total percentage of their appearance or disappearance. From this table it should be clear that out of 101 patients, N patients had such and such a AMPs before eradication. Of these N patients after eradication, so many had a Spotty pattern, so many had a Cracked pattern, etc. 4. Considering that the title of the manuscript is "Atrophic mucosal patterns change after Helicobacter pylori eradication: evaluation using blue laser imaging in patients with atrophic gastritis", it is necessary to consider separately and in more detail the group of patients who received ET, preferably indicating the morphological changes that were observed before and after ET. 5. It is desirable to compare the data on the identified AMPs with morphological changes in the



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
**https://**[www.wjgnet.com](http://www.wjgnet.com)

gastric mucosa, as well as their comparison with the Kyoto Classification of Gastritis. Discussion. 1. The statement about the simple diagnosis of H. Pylory status is not entirely correct, due to the fact that the method is characterized by insufficient sensitivity (41.8%), which follows from a previously published work (Nishikawa Y, et al. 2018). Also confusing is the percentage of inconsistency in the conclusions between the three experts (Nishikawa Y, et al. 2018), which indicates the subjectivity of this assessment.. 2. Also, the statement that “the Mattled pattern represents the terminal stage of infection” is not confirmed by anything. Moreover, it is not clear what the authors mean by terminal stage of infection. Thus, the manuscript requires serious revision and changes.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [ ] Yes [Y] No

#### **SPECIFIC COMMENTS TO AUTHORS**

I am completely satisfied with the answers of the authors and the corrected version of the manuscript. There are several comments that the authors need to consider and, at their discretion, make appropriate adjustments if necessary: 1. Considering that three patients with indeterminate patterns were excluded from the study, it may be more correct to indicate that 768 patients were included in the study rather than 771. 2. If I understand correctly, there were 236 patients infected with *H. pylori*, not 235 (76 patients with the Spotty pattern, 90 patients with the Cracked pattern, and 70 patients with the Mottled pattern). Please check this information and make corrections if necessary. 3. It may be desirable in the abstract to clarify that out of 771 (or 768?) patients with atrophic gastritis, 236 (or 235?) were infected with *Helicobacter pylori*. 4. Check table 1 accordingly. It is desirable that the number of patients in the text of the manuscript match the data in table 1.