

Dear Editor,

Thanks for the valuable comments, which helped us improve our manuscript.

The followings are our responses to your comments:

Comments:

This is quite interesting study on virtual chromoscopy on gastric neoplasia. 1.

What is the aim of this study? Is this to compare virtual chromoscopy and chromoscopy with dye or to compare white light endoscopy and virtual chromoscopy?

Responses:

Sorry for the ambiguous statement of aim of this study. The aim of this study is to assess the accuracy of real time M i-scan in diagnosis of gastric neoplasia. Comparison between magnified virtual chromoscopy and non-magnified virtual chromoscopy was made by using post-endoscopy still images. Aims of this study was revised more clearly.

Comments:

2. There is a discrepancy between endoscopic biopsy and complete removal of the whole lesion. In some reports, even cancer can be found in LGD after complete excision. But your data was reviewed only after biopsy. How this discrepancy can be corrected?

Responses:

This is a good question which should be addressed. It is true that cancer can be found in LGD lesions after complete excision. However, the histological

heterogeneity mainly occurs in lesion with big size. In this study, the inclusion criteria only included lesion no larger than 1.0 cm, which might reduce the possibility of histological heterogeneity in single lesion. But the potential discrepancy between biopsy and whole autopsy still occurs, we have added this as one limitation in our revised manuscript.

Comments:

3. The authors insisted that virtual chromoscopy can reduce the observation time, but additional observation time has not been described for virtual chromoscopy.

Responses:

Sorry for our ambiguous statement. The reduced observation time of virtual chromoscopy is from comparison between virtual chromoscopy and conventional chromoscopy, which needs dye spraying.

Comments:

4. The authors described that virtual chromoscopy is feasible only because sensitivity is very high. Please describe the definition of "feasibility".

Responses:

In this study, feasibility of M i-scan in diagnosis gastric neoplasia is defined as the accuracy of M i-scan in its prediction of histopathology. Our preliminary results showed that the accuracy was acceptable, especially for sensitivity.

Thank you again for you efforts in the processing of our manuscript. We hope our revised manuscript meet the standard.

Best Regards!

Yours, Sincerely,

Yan-Qing Li