

## PEER-REVIEW REPORT

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

**Manuscript NO:** 38485

**Title:** Helicobacter pylori infection in subjects negative for high titer serum antibody

**Reviewer's code:** 00069458

**Reviewer's country:** United States

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-02-25

**Date reviewed:** 2018-02-27

**Review time:** 2 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This study aimed to investigate the clinicopathological features of the patients testing negative for high titer serum anti-Helicobacter pylori antibody. Major points 1. A table with multivariate analysis is missing. 2. Abstract should include data only from multivariate analysis. 3. The lack of central reading for evaluating endoscopic findings is a major limitation of the study. 4. Long-term outcome of the 17% of the patients with negative-high titer serum anti-H. pylori antibodies without history of eradication therapy who had H. pylori infection, would be of great clinical value. Minor points 1. How was the cut-off from ROC analysis identified? (Based on the Youden index?). 2. Continuous variables should be better presented as median (IQR).

## PEER-REVIEW REPORT

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

**Manuscript NO:** 38485

**Title:** Helicobacter pylori infection in subjects negative for high titer serum antibody

**Reviewer's code:** 02533618

**Reviewer's country:** Turkey

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-02-25

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**Review time:** 9 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Previously, Sugimoto et al., investigated a total of 1,200 patients with H. pylori-positive gastritis alone (n=932), early-stage H. pylori-positive gastric cancer (n=189), and successfully treated H. pylori-negative cancer (n=79) were endoscopically graded according to the Kyoto gastritis classification for atrophy, intestinal metaplasia, fold hypertrophy, nodularity, and diffuse redness (Sugimoto M1, Ban H, Ichikawa H, Sahara S, Otsuka T, Inatomi O, Bamba S, Furuta T, Andoh A. Efficacy of the Kyoto Classification of Gastritis in Identifying Patients at High Risk for Gastric Cancer. Intern Med. 2017;56(6):579-586. doi: 10.2169/internalmedicine.56.7775. Epub 2017 Mar 17). In the present study the small number of cases is a big limitation compared to the similar studies in the literature. In order to categorize the patients according to the Kyoto gastritis classification, endoscopy should be applied. On the other hand, UBT is less irritating compared to the endoscopy. UBT is indicated to confirm H. pylori colonization

and to monitor its eradication. Positive UBT indicates and active *H. pylori* infection (Ferwana M, Abdulmajeed I, Alhajiahmed A, Madani W, Firwana B, Hasan R, Altayar O, Limburg PJ, Murad MH, Knawy B. Accuracy of urea breath test in *Helicobacter pylori* infection: meta-analysis. *World J Gastroenterol.* 2015 Jan 28;21(4):1305-14. doi: 10.3748/wjg.v21.i4.1305). As UBT is accepted as gold standard, the authors should clearly discuss why Kyoto gastritis classification should be considered in *H. pylori* infection (high antibody titer, negative cases, as well). Kyoto gastritis classification and association with cancer development should also be discussed.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 38485

**Title:** Helicobacter pylori infection in subjects negative for high titer serum antibody

**Reviewer's code:** 00068458

**Reviewer's country:** South Korea

**Science editor:** Xue-Jiao Wang

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

In this manuscript, Toyoshima et al provided the evidence that endoscopic Kyoto classification of gastritis is a useful predictor of H. pylori infection in negative-high titer antibody patients. The authors measured the antibody titer for H. pylori in 136 subjects and found that 17% of the patients with negative-high titer serum anti-H. pylori antibodies had H. pylori infection and found that Kyoto classification had an excellent AUC value for predicting H. pylori infection. Finally, they concluded that Kyoto classification is an useful predictor of H. pylori infection in negative-high titer antibody patients. It has great value in clinical application for diagnosis and therapy for H. pylori infection.

Minor comments 1. In the "Results" section, does "No patient was excluded" mean that the healthy individuals with normal gastric mucosa were excluded? 2. As described in the "Discussion" section, further study is strongly necessary to analyze the association between the presence of CagA positive H. pylori and Kyoto



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