

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 82763

**Title:** The role of pre-existing incomplete intestinal metaplasia in gastric adenocarcinoma – a retrospective case series analysis

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

**Peer-review model:** Single blind

**Reviewer's code:** 06406994

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2022-12-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-12-28 10:50

**Reviewer performed review:** 2022-12-28 11:24

**Review time:** 1 Hour

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 Grade E: Do not publish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 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
Conclusion	<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
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<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**

Dear Authors, I have read your article in its entirety. I reviewed your informative and interesting article with interest. I suggest you to carefully check the misspellings in your text. King Regards,

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**Peer-review model:** Single blind

**Reviewer's code:** 03009411

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor, Chief Physician

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

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

**Manuscript submission date:** 2022-12-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-12-30 01:26

**Reviewer performed review:** 2023-01-01 06:03

**Review time:** 2 Days and 4 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 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 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

Patients with gastric mucosa atrophy, intestinal metaplasia and dysplasia have an increased risk of gastric cancer. *Helicobacter pylori* infection plays an important role in the occurrence and development of gastric mucosa inflammation, atrophy, intestinal metaplasia, and gastric cancer. *Helicobacter pylori* eradication therapy can reduce the risk of gastric cancer. For patients with atrophic and intestinal metaplasia of gastric mucosa, even if *Helicobacter pylori* has been successfully eradicated, close endoscopic follow-up is still required for these patients. The authors present a retrospective case series and analysis of the available literature evidence on gastric mucosal precancerous lesion characteristics preceding gastric adenocarcinoma development. They proposed subtyping of intestinal metaplasia have an important role in the risk stratification for surveillance decisions. There are some problems: Out of 1681 subjects in the Biobank, gastric adenocarcinoma was detected in five cases. It is recommended to supplement the following information: The baseline demographic characteristics of the 1681 subjects. Such as age, sex, positive family history, stage of atrophic gastritis, history of *Helicobacter pylori* infection, etc. Mean follow-up time of these patients. Demographic



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information of 5 patients with gastric cancer: family history of gastric cancer, smoking history, drinking history, Helicobacter pylori infection status, etc.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

**Name of journal:** *World Journal of Clinical Cases*

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**Reviewer's code:** 03009411

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor, Chief Physician

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

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

**Manuscript submission date:** 2022-12-27

**Reviewer chosen by:** Ji-Hong Liu

**Reviewer accepted review:** 2023-02-24 12:29

**Reviewer performed review:** 2023-02-24 12:58

**Review time:** 1 Hour

<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



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statements

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

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

In 1681 patients, the positive rate of *Helicobacter pylori* was 56.8%. *Helicobacter pylori* was found in 4 out of 5 patients with gastric cancer. It is suggested to add relevant content in the discussion section.