

## PEER-REVIEW REPORT

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

**Manuscript NO:** 81649

**Title:** Intraprocedural gastric juice analysis as compared to rapid urease test for real-time detection of *Helicobacter pylori*

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

**Peer-review model:** Single blind

**Reviewer's code:** 00058403

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor

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

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

**Manuscript submission date:** 2022-11-19

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-11-21 18:07

**Reviewer performed review:** 2022-11-28 01:34

**Review time:** 6 Days and 7 Hours

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 Grade E: Do not publish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 type="checkbox"/> Accept (General priority) <input checked="" 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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Peer-reviewer statements	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**

To Authors The theme is current and relevant, with adequate writing for all items: title, abstract, introduction, methods, results and conclusion. However, I recommend that the authors review the formatting of the tables and change the organization of Table 1, placing the items Overall, Patients without PPI therapy, and Patients with PPI therapy in the columns

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**Reviewer's code:** 04315099

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** South Korea

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

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**Reviewer accepted review:** 2022-11-25 11:35

**Reviewer performed review:** 2022-12-03 15:45

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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
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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

The authors have conducted this study to evaluate the role of a gastric juice analysis technique with Endofaster versus the conventional rapid urease test used to identify H pylori Infection. This study was fascinating and well-organized throughout the whole article. However, the biggest issue of this study is the gold standard definition. Endofaster is a method designed to overcome sampling error, and histology set as the gold standard is a representative invasive method that cannot avoid sampling error. Few issues need attention of the authors.

1. Regarding biopsy and histopathological confirmation, how were the pathologists blinded regarding the sample processing from Endofaster vs. RUT; please explain.
2. The fundamental concept of this study was that it was “gastric fluid” rather than a one-point pick-up to overcome the sampling error in diagnosing H. pylori infection. Therefore, the gold standard should be the method that does not have sampling issues like a urea breath test or stool antigen test. The authors performed only histopathologic diagnosis as the gold standard definition.
3. Regarding the above question, the importance of the gold standard should be further emphasized because the study was conducted targeting a relatively low H. pylori prevalence (35.3%) cohort. The H. pylori infection in the enrolled patients in this study was lower (29.2%) than the prevalence. The study cohort may generally show a higher infection rate than the prevalence, and this is because the H. pylori infection rate is likely to be high in patients undergoing endoscopy. Therefore, the gold standard setting is not appropriate.
4. RUT is a well-known simple bedside H. pylori diagnosis method that can quickly confirm results. The authors compared Endofaster and RUT for detection time, but the time from gastric fluid collection to the final diagnosis should be provided to the reader.



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Authors should describe in the methods section how much additional time is required using the Endofaster. 5. In the methods section, the authors should describe whether to administer cimethicone or pronase before performing an endoscopy. 6. Although it is not an objective of the study, it would be very enriching if the authors included an economic analysis of the different techniques. It would be very interesting to know how much every diagnostic test costs. RUT is not an expensive diagnostic method for H. pylori detection. Please introduce and compare both two test methods. 7. Please provided the Figure 2 (flow chart) according to STARDS guideline 8. In the Abstract (Background & Aims, lines 68): *Helicobacter pylori* -> *Helicobacter pylori* (H. pylori).