ANSWERING REVIEWERS

April 1, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2408-review.doc).

Title: Predictive findings for *Helicobacter Pylori*-uninfected, -infected, and -eradicated gastric mucosa: Validation study

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Name of Journal: *World Journal of Gastroenterology*

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The manuscript has been improved according to the suggestions of reviewers:
1 Format has been updated
Done

2 Revision has been made according to the suggestions of the reviewer
00000774 Comments To Authors
We would like to express our appreciation to the Reviewers for their valuable comments, which we believe helpt us greatly improving our manuscript.

(1)-1 The authors showed endoscopic features of gastric mucosa according to *H. pylori* infection status. Although most endoscopists are usually aware of the correlation between endoscopic findings and *H. pylori* status, the simplification and clarification of the correlation by showing typical endoscopic findings and their diagnostic odds ratios may be worth publication.
Response: We thank the Reviewer for this pertinent comment.

(1)-2 Atrophic change was significant for both infected and eradicated patients. Therefore, atrophic change cannot determine whether H. pylori infected or eradicated. In this regard, are there any differences in the type, width, or severity of atrophy (e.g. closed or open) between infected and eradicated patients?
Response: Thank you very much for the important comment. We understand the Reviewer 's concern that the difference in severity of atrophy (e.g. closed or open) between *H.pylori* infected and eradicated case, and we found that severe atrophy was significantly ($p<0.05$) more frequent on endoscopy in *H.pylori* infected patients (20/28, 71.4%) than in *H.pylori* eradicated patients (8/21, 38.1%). This analysis seem to be important, we added this into our Results.

(1)-3 In addition, are there any correlations between type or severity of atrophy and months or years from eradication therapy?
Response: In this regard, it might be possible that the severity of atrophy may improve a little after *H.pylori* eradication therapy, but it seems to take too long time to observe. In this study, we

unfortunately did not evaluate the change of severity of atrophy with time after eradication. Further study will be required to clarify this suggestion.

(2-1) Long-term H. pylori infection can cause severe atrophic gastritis (mostly accompanied by intestinal metaplasia) and H. pylori is naturally eradicated in the situation without eradication therapy. The patients authors examined were relatively young and therefore, such type of patients may not be included. This point should be discussed.

Response: In this study, definition of 'eradicated' patients were as follows; when histological examination and 13C-UBT yielded negative results and a history of eradication therapy was recorded. Thus, we think patients who *H.pylori* is naturally eradicated were not included. However, according to the Reviewer's suggestion, we added a new sentence in Discussion as follows;

Second, the population consists of relatively young patients, therefore cases in whom *H.pylori* is naturally eradicated in the situation without eradication therapy as a result of long-term course of severe atrophic gastritis, may not be included.

3 References and typesetting were corrected

Done.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely,

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