Reviewer 1:

Please review your language Some minor corrections is needed For example: In " Conclusion": "One the other hand...." should be changed "on the other hand...'

Reply:
Thank you for the reviewer's comment. The manuscript was revised and the changes made was highlighted in red.

Reviewer 2:

This is a well-written piece with only minor comments as follow. Authors may want to include discussion about example from populations with extremely low prevalence of H. pylori e.g. the Malays in Malaysia where the gastric cancer is also low (Lee et al. Helicobacter 2013; 18: 338-46, Derakhshan et al. Arch Iran Med 2012; 15: 662-3). Although early data, it may be possible to detect gastric precancerous lesions associated with H. pylori using genetic markers (Maran S et al. World J Gastroenterol 2013; 19: 3615-3622), offering an alternative surveillance tool besides being able to provide mechanistic explanation, and this should be discussed in the paper.

Reply:
Thank you for the reviewer's comment and your suggestion incorporated into the section in Introduction and under Surveillance of pre-neoplastic conditions. The revised section is highlighted in red. (P.5, 3rd paragraph and P. 13, 2nd paragraph to P.14)

Reviewer 3:

Observations, these are pointed out in the attached document: - The manuscript title refers to a review on treatment and surveillance of H. pylori-related intestinal metaplasia, although at different points the document gives data about IM, GC, etc in general. - The manuscript needs to be reviewed by an English-language editor. Some observations are marked in the text. - In the last section (cost effectiveness), I think the authors need to clarify when mathematical models were used, and/or point out if the population included in those studies were H. pylori-related.

Reply:
Thank you for the reviewer's comments.

- The revised manuscript was proof read by a native English speaker.
- Mathematical simulation model has the main advantage of linking the evolution of a disease and its epidemiology to outcomes. By applying mathematical modeling framework, the model would provide us insights on the relative significance of different components of preventive (primary or secondary), treatment and combined strategies. Such model could be the most appropriate technique that allows us to extend the time horizon of existing clinical trials to evaluate public health policies than in a single trial, and to evaluate incremental costs and effectiveness of alternative strategies to reduce mortality from cancer (Goldie SJ, 2003). The long lead time in performing a single trial and obtaining cancer-related

mortality data adds challenges in conducting a field study compared to the mathematical modeling study. Moreover, most of the CEA studies of H pylori eradication for gastric cancer prevention are mainly based on Markov models, one of the mathematical simulation models, with a population screening scenario. The section on cost effective analysis was revised and highlighted in red. (P. 14 last paragraph to P. 15, 1st paragraph)

Reviewer 4:

This review article deals with treatment and surveillance in patients with HP-associated IM. The authors summarized well the trend of studying in this field. However, there are some issues to be considered. (1) In Fig.1, the authors suggested the flow-chart of management in these patients on the basis of a cited reference. This figure incuded the role of ME-NBI, but this exam is not still well-accepted till now. In addition, this data came from western studies. Considering high incidence of gastric cancer in Asia, including China, this figure is thought to be inadequate. More detail figure reflecting the real situation of GC in Asia should be included. (2) Even though the authors stated the recent studies about IM and GC, these contents were described only in the content. Well-arranged tables about themes that the authors would like to stress on should be included. (3) The use of abbreviation is somewhat inadequate.

Reply:
Thank you for the reviewer's comment.

1) Figure 1 flow chart is updated and the revision was highlighted in red. Although conventional white light endoscopy plus random biopsies from antrum, corpus and incisura was the standard approach in mapping the stomach according to the updated Sydney system, more recent meta-analysis and the Kyoto Global Consensus also support the use of image-enhanced endoscopy to aid in targeted biopsies. The manuscript was revised accordingly.
2) Table 3 was added into the manuscript to highlight the treatment of gastric IM. (new Table 3)
3) The manuscript was revised and changes highlighted in red.