Answer to reviewers

Name of Journal: **World Journal of Gastroenterology**
ESPS Manuscript NO: **27427**
Title: **The pathophysiological and clinical aspects of Gastric Hyperplastic Polyps.**
Authors: **Adam Roman Markowski, Agnieszka Markowska, and Katarzyna Guzinska-Ustymowicz.**

Reviewer 1:

"The fact that Gastric polyps become a major clinical problem because of the high malignant transformation is well and clearly presented in the abstract. As well, the contribution of HP eradication is clearly presented but I shall mention that the statement that gastric hyperplastic polyps may regress after the treatment of the bacteria should not be written in the abstract because of the ,,May regress" and its place is only in the Main text. The introduction is not based on the latest statistics or the latest articles in the field, but bibliographic database contains statistics on large populations, so these aspects on the novelty of the articles are compensated. The pathophysiological and clinical aspects of Gastric Hyperplastic Polyps is a large domain but the treatment is presented in detail including all indications of attained pathology."

Response to comments from Reviewer 1:

Thank you very much for reviewing and your comments. According to your opinion, we made the revision of the abstract.

Reviewer 2:

"This article showed that the pathophysiological and clinical aspects of gastric hyperplastic polyps (GHP). I agree with your opinion that the needs of H. pylori eradication and relatively small size polypectomy (larger than 5 mm) for treatment of GHP. The manuscript is written very well, however, there are some points that author should clarify.

First, the description of the treatment is too long and complicated. It is necessary to make the explanation more concise. I recommend that you create figure or table for explain of treatment part.
Second, the clinical factors predicting for neoplastic transformation of GHP is important point. In this article, you only mentioned about the polyp size for predict of neoplastic transformation. You should explain the other factors related with neoplastic transformation."

Response to comments from Reviewer 2:
Thank you very much for reviewing and your comments. According to your opinion, we made the revision of the article. First, we have inserted additional table to clarify the treatment part. Second, we have expanded the existing brief information on this topic ("Size greater than 1 cm and pedunculated morphology have been identified as risk factors for intraepithelial neoplasia (formerly dysplasia) in GHPs").

Ad.1.

Table. The proposed management decisions and oncologic surveillance program regarding GHPs, before (1) and after (2) endoscopic resection of GHPs.
1a. GHP without dysplasia or cancer, asymptomatic and small (< 5 mm)
– surveillance not recommended.
1b. GHP symptomatic or larger than 5 mm
– endoscopic resection recommended.
1c. GHP with dysplasia or cancer
– endoscopic or surgical resection recommended.
1d. GHP not classified for removal due to the risk of postsurgical complications
- periodic gastroscopies with representative biopsies every 1-2 years
1e. GHP in patients with high risk of gastric cancer*
- gastroscopies every 1-2 years.
1f. GHP with dysplasia outside the polyp
– consider subtotal gastrectomy and gastroscopies every 1-3 years.
1g. GHP with gastric cancer not suitable for endoscopic resection
- consider gastrectomy with lymphadenectomy.
2a. After complete resection of GHP with dysplasia
- gastroscopy 1 year later, and then depending on the clinical situation.
2b. After complete resection of GHP with early gastric cancer
- gastroscopy 1 year after and then 3 years after
2c. After incomplete resection of GHP with gastric cancer
- consider gastrectomy with lymphadenectomy.
*family history of gastric cancer or OLGA 3-4 on histopathological examination.

Ad.2.

Although Helicobacter pylori is sometimes present within GHPs[13], the bacterium not induces specifically their growth or malignant transformation[14]. It is estimated that most of GHPs remain stable in time, but 27% may enlarge[15]. It appears that, in addition to age, there are known some clinical factors predicting for the possibility of neoplastic transformation of GHPs, such as polyp size (greater than 1 cm), pedunculated morphology, postgastectomy state, and synchronous neoplastic lesion[16, 17].

Reviewer 3:

"Good review."

Response to comment from Reviewer 3:

Thank you very much for reviewing the manuscript and your comment.