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Dear Editor-in-Chief and Reviewers of the World Journal of Gastroenterology:

Thank you kindly for the consideration for publication in the World Journal of Gastroenterology. We thank the reviewers and editor for their comments. We present our revised manuscript, 'Prediction of Esophageal & Gastric Histology by Macroscopic Diagnosis During Upper Endoscopy in Pediatric Celiac Disease.'

Our responses to the reviewers' concerns are as follows and we have included the reviewer comments in italics for your reference.

Reviewer 1

A clear statement should be given that routine esophageal and gastric biopsy during endoscopy for first-time diagnosis of pediatric celiac disease is investigated.

Response: we have stated that the patients were undergoing endoscopy for first-time diagnosis of CD in the abstract (line 51), as well as in the Methods section in the text of the manuscript (line 138).

While the point of costs is addressed in the body of the manuscript, the forensic implications of missing biopsies are not addressed.

Responses: thank you for this comment. We have emphasized this point in the discussion on pages 14-15 (lines 297-307).

In the European guidelines a statement is given concerning the diagnosis of pediatric celiac disease without small intestinal biopsies. To my knowledge, the question of routine esophageal and gastric biopsies is not directly addressed in the guidelines.

Response: thank you, this is correct and we have added a clarifying sentence to the second paragraph of the Introduction section to emphasize that existing CD guidelines do not provide a consensus about biopsy of the esophagus and stomach during upper endoscopy (page 5, lines 101-103).

Reviewer #2

A moderate (kappa 0.464) agreement between esophageal macroscopic and histologic diagnoses, and a slight/no (kappa 0.085) agreement in the stomach were detected. The ratio of patients with abdominal pain is high. Clinical symptoms of the patient cohort are not mentioned or correlated to the findings. It would be interesting to know whether macroscopic and/or histologic abnormalities were high in these patient group. If possible, the authors should comment on this point.

Response: thank you for this suggestion, we have now commented specifically on the gastrointestinal symptoms we believe to be relevant to the esophagus and stomach (page 10), and have added a sentence to reflect the lack of reliability of clinical symptoms in predicting endoscopic or histologic findings (see discussion page 14, lines 304-305).

Figures do not give any additional information.

Response: we respectively disagree as we have had conflicting feedback with Reviewer #4 commenting that the figures were "of high quality and give a good overview of the results." The figures provide a visual representation of the data presented in Tables 2 and 3. Ultimately we would remove the figures if the editor-in-chief advises us to do so, given the conflicting reviewer opinions and our own preference to keep the figures.

Finally, we thank reviewers #3 and #4 for their positive feedback and there were no concerns expressed requiring further revisions. We have also re-formatted the manuscript in accordance with the guidelines and requirements for manuscript revision.

We believe that this study adds novel and practical information to the existing pediatric celiac disease literature. We have addressed all comments suggested by the reviewers and await your final decision regarding manuscript publication. Thank you kindly for your time and consideration.

Sincerely,
Erin Boschee, MD BSc(Hons)