

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

*Specific Comments to Authors: A well written article on an important topic of great relevance. The title, abstract, key-words, background, methods, discussion and bibliography is relevant and appropriate. Though I found the content presented up to date, however, there are few important areas which deserve a mention to give a semblance of completeness to the topic. Firstly, the role of eradication of H. Pylori in the future prevention of development of cancer or transition from precancerous to cancerous lesions needs to be emphasized. It would be worthwhile to mention the potential role of serum biomarkers of gastric cancer like pepsinogen in the screening strategies. Also the protocol and value of numerous mapping biopsies in endoscopically invisible gastric lesions deserves a mention. The authors have not mentioned a word about the role of CT and MRI in the pre-operative assessment of depth of invasion (T-stage) and nodal (N) staging. I would recommend addition of role of CT and MRI in the assessment of T and N staging. The following recent article on CT on T and N staging can be referenced to. Wani AH, Parry AH, Feroz I, Choh NA. Preoperative staging of gastric cancer using computed tomography and its correlation with histopathology with emphasis on Multi-planar Reformations and virtual gastroscopy. Journal of Gastrointestinal Cancer. 2020 Jun 13:1-0.*

Dear Reviewers and Editors at the World Journal of Gastroenterology,

Thank you for taking the time to read and consider our paper, and for your thoughtful feedback and suggestions. We have read the suggestions in detail and edited the paper accordingly.

We have included a discussion on the role of H. Pylori eradication in preventing progression through the precancerous cascade and appreciate the importance of including this in the paper. We have also briefly touched on the importance of mapping biopsies for endoscopically invisible atrophic gastritis and gastric intestinal metaplasia, however have not discussed this in great detail given the length and scope of the paper. In our discussion on gastric cancer staging, we have included a review of routine imaging with CT and MRI as well as endoscopic strategies.

Again, we greatly appreciate your consideration of our paper for publishing in the World Journal of Gastroenterology.

Kind Regards,

Edward Young  
Corresponding Author