

Reply to the queries by reviewers

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade A (Priority publishing)

Conclusion: Rejection

Specific Comments to Authors: It is very necessary to explore and compare different inspection methods to improve the original technology. Narrow-band imaging (NBI) is an innovative optical method that facilitates detailed examination of the gastric mucosa. Cho et al have discussed it, and a large sample, multi-center study is still needed to evaluate the new method. I think it should not be prematurely evaluated from an economic point of view.

Reply: Narrow band Imaging is not really an innovative optical endoscopy method; it has been accepted and has been practiced by gastroenterologists worldwide. Several papers are present on pubmed on examination of gastric mucosa for last 15 years. The main criticism, it is time consuming and has more economic impact on the patients undergoing as compared to white light endoscopy. Is it really superior to white light endoscopy in detecting the pre malignant diseases like IM, GA and H pylori infections? If its non-inferior, then obviously it needs to be evaluated from a different perspective as well. We agree with the reviewer that Cho et al has done a very good evaluation, a large sample size and multi centric evaluation are definitely the strengths of this study. We wanted to make raise the few pertinent points, as described in the manuscript,

Reviewer #2:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Rejection

Specific Comments to Authors: Letter to the editor for the manuscript is usually rebuttal or approval for the results. However, I consider that the opinion of the author is vague, and authors merely "raise a few minor points for discussion". The discussion should be done clearly as for the result of the paper by Cho et al. Do authors agree with endoscopy by using NBI-M or not? I consider it should be discussed.

Reply: We agree with the authors that NBI M definitely has some role in identifying of H. pylori related gastritis and precancerous lesions. It is a very good study by Cho et al. as It had also a large sample size and a multicentre study.

1) Scientific quality: In this Letter to Editor was indicated the Role of magnifying narrow-band imaging endoscopy for diagnosis of Helicobacter pylori infection and gastric precancerous conditions. The topic is within the scope of the WJG.

(1) Classification: Grade D

(2) Summary of the Peer-Review Report:

The author in this Letter to Editor discussed about Cho et al study. In this report, the authors compared standard endoscopy and magnified narrow-band imaging (NBI-M) in the diagnosis of Helicobacter pylori (H. pylori) infections, atrophic gastritis (AG) and intestinal metaplasia (IM), but letter to the editor for the manuscript is usually rebuttal or approval for the results.

Ans: We agree with the authors that NBI M definitely has some role in identifying of H. pylori related gastritis and precancerous lesions. It is a very good study by Cho et al. as It had also a large sample size and a multicentre study. Definitely the results of the study add knowledge to our current understanding early diagnosis of H. pylori related conditions. This is one of the early studies evaluating the role of NBI M in H pylori infection. The authors should be congratulated for that. However we have provided few issues that could be useful for readers.

(3) Format: There are no tables and figures: **None**

(4) References: A total of 4 references are cited, including 2 references published in the last 3 years:

Ans: These are the relevant references assessing H pylori related atrophic gastritis and precancerous condition. This is one of the early studies evaluating the role of NBI M in H pylori infection. The authors should be congratulated for that.

(5) Self-cited references: There is one self-cited reference.

Ans: It was a typographical error. We have corrected the reference.

(6) References recommendations: There is no recommended reference.

Ans: Reference 3 and 4 are recommended references.

The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially those published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com.

The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2) Language evaluation: Classification: Grade A and Grade B. A language editing certificate issued by AJE was provided.

3) Academic norms and rules: The author provided the BPG Copyright License Agreement. No academic misconduct was found by the Google/Bing search.

4) Supplementary comments: This is an invited manuscript. The study was supported by no dedicated source of funding. The topic has not previously been published in the WJG.

5) Issues raised: (1) The "Abbreviations" and "Conflict-of-interest statement" sections are missing. Please provide them. 6) Re-Review: Required/Not required. 7) Recommendation: (Rejection).

According to reviewer's comments, the letter isn't appropriate for acceptance in World Journal of Gastroenterology. **Ans: We have added the "Abbreviations" and "Conflict-of-interest statement; 2) Re-review: not required**