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Dear Editor,

Subject: Response to peer review comments - Article Number: 102397. On behalf of all authors, I would like to thank you and the reviewers for your work on our manuscript "Helicobacter pylori Infection and PD-L1 Relationship in Gastric Cancer: A Meta-Analysis," submitted to the World Journal of Clinical Oncology. We sincerely appreciate the valuable opinions and suggestions of the reviewers, which have been very helpful in improving our paper. Below are our responses to the review comments and the corresponding revisions made to the manuscript.

Reviewer's Comments:

1. The authors demonstrated a significant association between Helicobacter pylori (HP) infection and increased PD-L1 expression in gastric cancer. A very similar meta-analysis with the exact same title has been recently conducted (<https://pubmed.ncbi.nlm.nih.gov/36164962/>). Why did the authors feel the need to conduct a meta-analysis when such a meta-analysis has already been recently performed?

Our Response: First and foremost, I and all members of the paper would like to express our gratitude to the reviewer for taking the time out of your work and life to review our manuscript. As this is our first meta-analysis, we did not consider this issue during the topic selection. In our work, we found that many gastric cancer patients receiving immunotherapy tested positive for H.

pylori. Due to regional and economic reasons, many patients have not undergone PD-L1 testing, so we thought to search the literature to explore the impact of H. pylori on PD-L1 expression in gastric cancer. We noted an article published in 2023 that included 10 studies, while our search included 14 studies, with a larger sample size. We wanted to verify if the results would be the same with a larger sample size. Here, we must admit that since this is our first meta-analysis and we are continuously learning, there are elements of reference in the creation of this entire paper.

2. "In China and the United States, there are 500,000 new cancer cases and 400,000 cancer deaths, respectively, with 20,000 new cases and 10,000 deaths in the US" – this statement is neither technically correct nor grammatically correct.

Our Response: Our response is: To avoid any misleading information, we have modified the content. "Gastric cancer (GC) is the fifth most common malignant tumor worldwide and the fourth leading cause of cancer-related deaths. According to data from 2022, there were approximately 960,000 new cases of gastric cancer globally, with about 650,000 deaths"

3. "Helicobacter pylori" or "H. pylori" or "Helicobacter pylori" or "H.pylori" – what is the difference between these repeated terms? Figure 1 – How did the authors identify duplicate records?

Our Response: There is no difference in meaning. This repetition was an error during translation by non-native English speakers, which we failed to identify and delete. It has now been removed as suggested. Additionally, for identifying duplicate records, we mainly did the following: 1) Initial screening through abstracts; 2) Further exclusion based on the researcher, publication time, journal, study location, and participant information to eliminate different reports of the same study and different analyses of the same dataset.

4. "Sensitivity analysis was performed by excluding one dataset at a time to assess the impact of individual studies on the meta-analysis results" and Figure 3 – not explained enough and misleading. Mention that study as

excluded study, and the odds ratio is of the pooled analysis.

Our Response: We used the exclusion method for sensitivity analysis, which is the most common method. By excluding each included study one by one, we observed the changes in the Meta-analysis results. If the results did not change significantly, it indicates that the results are relatively robust. The results show that the OR and confidence interval did not change much, indicating robustness. Additionally, in the sensitivity analysis, τ^2 is a commonly used important indicator to assess whether there is significant heterogeneity when fitting the Meta-analysis model. By exclusion, it can be seen that the τ^2 value did not change much, generally indicating that the results are relatively robust. This suggests the reliability of our data results. The exclusion method excludes the included literature one by one, and the odds ratio at the end of the graph represents the odds ratio of all the literature, which is consistent with the results of the pooled analysis. Meta-analysis is our first contact, and we are also learning continuously. If there are any incorrect explanations, please point them out by the reviewers.

5. All figure legends should be self-explanatory.

Our Response: We have provided explanations at the bottom of all images.
Combine

6. Figures 5 and 6 into A and B.

Our Response: Done as suggested.

7. Reference 41 (Zhu et al., 2023, <https://pubmed.ncbi.nlm.nih.gov/36164962/>) is a very similar study. The authors only mentioned it in the discussion, saying "These findings are consistent with the overall results of the meta-analysis by Zhu [41]" – why did the authors feel the need to conduct a meta-analysis when such a meta-analysis has already been recently performed?

Our Response: As explained in point 1, because in our work, we found that many gastric cancer patients receiving immunotherapy tested positive for H. pylori. Due to regional and economic reasons, many patients have not

undergone PD-L1 testing, so we thought to search the literature to explore the impact of H. pylori on PD-L1 expression in gastric cancer. We noted an article published in 2023 that included 10 studies, while our search included 14 studies, with a larger sample size. We wanted to verify if the results would be the same with a larger sample size.

8. The reference section is a mess – a mix and match of every style, along with many typos from cut and paste. For example: "Patrick T Magahis, Steven B Maron, 2 Darren Cowzer," "Sughayer MA, Dabbagh TZ, Battah AH," etc. Most citation styles are also wrong. For example, it should be Magahis et al. (2023) instead of Patrick (2023).

Our Response: We have optimized the reference format as suggested.

In summary, we have provided the revised manuscript in the attachment, which includes all the changes suggested by the reviewers. We believe that with these revisions, our paper has been significantly improved and is now more suitable for publication in the World Journal of Clinical Oncology. We look forward to your further guidance and thank you for the time and effort you have put into the review process.

Revision reviewer:

The authors have responded to the reviewer's comments and revised the manuscript. Hong-Chang Yang now appears as the first author in the revised manuscript while that author did not exist as a co-author in the previous version. Given that the revision done is too trivial, arrival of a new author that too as a first one, without a convincing explanation, appears to be a clear misconduct. No contribution is stated for Li-Fen Yang.

Our Response: We have made the necessary revisions as per the checklist provided. In our resubmitted manuscript, we have added an additional author who was not included as a co-author when the manuscript was initially submitted due to their departure from the institution. However, they

have made significant contributions to the design and data analysis of the paper. Now that the author has secured new employment, they have requested to be included in the manuscript and have also contributed during the subsequent Major revision process. Therefore, all co-authors agree to list them as the first author

Sincerely

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