



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 57029

Title: Endoscopy-based Kyoto classification score of gastritis related to pathological topography of neutrophil activity

Reviewer's code: 00159281

Position: Editorial Board

Academic degree: FRACP, MD, PhD

Professional title: Doctor, Senior Scientist

Reviewer's Country/Territory: New Zealand

Author's Country/Territory: Japan

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Reviewer chosen by: AI Technique

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Toyoshima et al. aimed to investigate the association between Kyoto classification and the topographic distribution of neutrophil activity and suggest that Kyoto classification score is associated with the topographic distribution of neutrophil activity. This is a very interesting study and clinical and endoscopy based criteria for atrophic gastritis/cancer risk assessment is encouraged. The study has a number of weaknesses as mentioned by authors themselves and these would reduce the strength of the study conclusion. The presence of neutrophils might be a risk factor for gastric cancer and based on Kyoto classification. However, the neutrophils are a non-specific inflammatory reaction that would require more quantitative specification like a cut off to signify these arguments and statements. In discussion authors mention after the atrophic gastritis progression, intestinal metaplasia occurs, especially in the antrum. I would suggest the authors define clearly what they mean by atrophic gastritis? In my opinion intestinal metaplasia and fibrosis are the main component of atrophic gastritis. The presence of neutrophil might be associated with atrophic gastritis but this could be present also without atrophic gastritis. Discussion should be more focused on authors finding