Author's response to reviews

Title: Relationship between H.Pylori Infection and Clinicopathological Features and Prognosis of Gastric Cancer

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Dear Editor:

On behalf of my co-authors, I am submitting the revised material “Relationship between H.Pylori Infection and Clinicopathological Features and Prognosis of Gastric Cancer”. It is submitted to be considered for publication as an “original article” in the area of gastric cancer in your journal. We have revised our manuscript in light of the reviewers' comments and made required changes to match with the format of BMC Cancer. The point-by-point description of the changes are as follows:

Response to Referee 1’s comment:
1. There are many types of methods provided for detecting the H.Pylori, including culture, histopathological diagnosis, urease test, molecule method, but only culture, Real-Time PCR and UBT have a high degree of sensitivity and specificity, the paper is a restropective detection of H.Pylori, we used the Real-Time PCR to detect the status of H.Pylori infection, with a high degree of sensitivity and specificity, the results of Real-Time PCR to detect H.Pylori and its copies are convincing.
2. Actually, Patients with H.pylori eradication therapy or treatment with antibiotics, bismuth-containing compounds, H2-receptor blockers or proton pump inhibitors within 4 weeks also had been excluded from the study, we didn’t write it on the paper, thus we added this information in the revised manuscript.
3. We have asked two native English speaking colleague to help copyedit the grammar and phrasing in the paper throughly and carefully.
4. We have checked the reference format again according to your journal’s standard format.

Response to Referee 2’s comment:
1. The cardia (also known as Z-line or esophagogastric junction or gastroesophageal junction) is the anatomical term for the junction orifice of the stomach and the esophagus. Cardia site is a part of proximal portion of the stomach, in this study, actually, we have divided the population into other group, for example, cardia, antrum and middle or antrum and non-antrum, but we found that H.pylori Infection was not related to the tumor site in these kinds division, finally, it were found H.Pylori infection and it's copies were more in cardia than in non-cardia regions just as reported in the paper.
2. The saying that H.pylori infection is not related to cardiac cancer is not exactly, a lot of significant papers had already confirmed that H.Pylori can be found in cardia cancer. (eg. Lancet Oncol 2006;7: 211-22, and Cancer. 2009 May 15;115(10):2071-80), so we do not think the cardia cancer should be excluded in this study.
3. It’s ture that one point sampling in stomach may had the problem that sampling error of H.pylori diagnosis and assessment of H.pylori amount, we try to avoid this error. The referee’s comment is a good suggestion to us, after prudentially consideration, we think that previous conclusion that H.pylori
infection was related to the tumor site is not exact, we finally changed our conclusion just as the revised manuscript mentioned.

Response to Editor’s comment:
1. We have asked two native English speaking colleague to help you copyedit the paper, I hope the revised manuscript is able to meet the requirments of BMC Cancer.
2. We added the information that the experimental research in the manuscript have been performed with the approval of an appropriate ethics committee in the Methods section of the manuscript. Informed consent also had beed documented.
3. We added the Authors’ contributions section before the Acknowledgements and Reference list according to the BMC Cancer’s Author’s instruction.
4. This paper have been cheched the format throughly and carefully in light of the BMC Cancer’s Author’s instruction.

Thank you very much for your attention to our paper.
Sincerely yours,
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