

June 20, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 11360-Edited.doc).

Title: EVL compared with EIS for treatment of esophageal variceal hemorrhage: a meta-analysis

Author: Cong Dai , Wei-Xin Liu, Min Jiang, Ming-Jun Sun

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 11360

Thank you for your letter and for the reviewers' comments concerning our manuscript. Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as following:

Replies to Reviewer Questions:

1 How were studies analyzed after search results returned? Were there multiple blinded reviewers, and if so, how were conflicts solved? Was there an independent adjudicator? Once studies were selected, how was individual weight assigned to each study?

Answer: For manuscripts and abstracts that met our eligibility criteria, two investigators (Cong Dai and Wei-Xin Liu) independently abstracted data using a standardized form developed for this study. Fourteen studies were randomly assigned to Cong Dai and Wei-Xin Liu. Discordant results were adjudicated by the senior author (Ming-Jun Sun).

2 The authors should be wary of combining some of the studies given the marked difference in Childs-Pugh Class of included patients, marked differences in the etiology of the cirrhosis, and differences in country of origin of the studies. Perhaps a subgroup analysis of the largest weighted studies to evaluate heterogeneity would be beneficial.

Answer: Thank you very much for the suggestion. Actually, our results have demonstrated that there was statistically significant homogeneity among these studies ($P=0.354$).

3 In the methods, authors state that studies were included if they compared EVL with EIS. Then, why were the studies which compared "Sclerotherapy + Band ligation versus band ligation alone" included in the meta-analysis (Ref. # 18, 21, 23). The intervention in these studies is not same as studies in which EVL alone versus EIS alone strategy was used.

Answer: Thank you very much for the suggestion. We have deleted the three studies and made meta-analysis again. Corrections have been made in the revised version.

4 Recently, another paper by Luz et al (*World J Gastrointest Endosc.* May 16, 2011; 3(5): 95-100) was published on this topic which showed efficacy of sclerotherapy is similar to EVL. However, this study does not seem to have been included in the Meta-analysis- was it missed during the search or excluded?

Answer: Thank you very much for the suggestion. We have added Luz et's study and made meta-analysis again. Corrections have been made in the revised version.

5 Information on the duration of follow-up for each study should be included.

Answer: Corrections have been made in the revised version.

6 Complications in the two groups should be presented in table form.

Answer: Corrections have been made in the revised version.

7 In discussion, authors mention that use of opaque tube in EVL limits visibility. However, as far as I know, the plastic tubes on which the bands are mounted are transparent.

Answer: Thank you very much for the suggestion. In the past, the use of plastic tube in EVL is opaque tube. But now the use of plastic tube in EVL is transparent tube.

8 There are numerous grammatical mistakes in the manuscript which needs to be corrected.

Answer: Corrections have been made in the revised version.

9 For manuscripts submitted by non-native speakers of English, please provided language certificate by professional English language editing companies.

Answer: Our manuscript has been edited by native speaker (Professor Stefano Guandalini, University of Chicago).

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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