

Format for ANSWERING REVIEWERS



September 5, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 4795-revision.doc).

Title: Characteristics of Nonvariceal Upper Gastrointestinal Hemorrhage in Patients with Chronic Kidney Disease

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 4795

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

First of all, we appreciate the Editor's and reviewers' thoughtful and helpful comments. Also, we are pleased to have an opportunity to make this paper to be an even better one and to be accepted with major revision, because the Editor and reviewer provided additional important points that we have not realized before.

(1) **1.** The manuscript was edited by English editing company as recommendation. **2.** CKD was defined according to the National Kidney Foundation Kidney Disease Outcomes Quality Initiative (NKF KDOQI) guidelines by nephrologists which is presence of either kidney damage or decreased renal function (glomerular filtration rate < 60 mL/min/1.73 m²) for more than 3 months. This sentence was added to manuscript "Materials and methods". **3.** L-tube was corrected to Levin tube in the manuscript. **4.** Method of hemostasis was not changed over time. Combination therapy is still the most common hemostasis method in this hospital. **5.** In the abstract section, I stated "The most frequent method of hemostasis was combination therapy with epinephrine and glue injection ($n = 32, 44.4\%$)". However, I did not mean that all the combination is epinephrine + glue injection. In the univariate and multivariate analysis, the subtype of combination therapy like epi+glue or epi+coagulation or epi+clipping was not assessed separately. I corrected and added more information on abstract and results section as "The most common combination was epinephrine and glue injection ($n=11$), followed by epinephrine injection and coagulation ($n=10$) and epinephrine injection and clipping ($n=10$)". The reason why the glue was preferred is high immediate hemostasis rate and easy technique than hemoclipping. This method was preferred by fellows than faculty doctors.

(2) Orthographical and grammatical errors were corrected and edited by English editing company as recommendation. 'Materials and methods' and 'Patients' subheading was corrected.

3 References and typesetting were corrected

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

Sincerely yours,

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