

We appreciate the opportunity to respond to the review's concerns. Each of these concerns is addressed below and the manuscript was modified as indicated.

The reviewer's comments are indicated by italicized text and our responses follow in plain text

"Reviewer #1:

Scientific Quality: *Grade B (Very good)*

Language Quality: *Grade B (Minor language polishing)*

Conclusion: *Minor revision*

Specific Comments to Authors: *Relevant topic. Definitely, improving efficiency of endoscopic services in the pediatric population is a must. Well written article. Could you please explain possible reasons why PT and ET were lower in the community OR when compared to the endoscopy center?"*

We appreciate this comment and the opportunity to provide further explanation. We do note that the ET and PT were lower in the community OR when compared to the endoscopy center and this may be a function of endoscopist efficiency. When compared to other physicians' times, physician 6 had comparatively longer ET and PT at both the endoscopy center and the tertiary care center, and had the longest times overall. Thus, although both community locations were more efficient when compared to the tertiary care center for possible reasons described in the manuscript, physician efficiency may at a certain point become a limiting factor.

"Reviewer #2:

Scientific Quality: *Grade A (Excellent)*

Language Quality: *Grade A (Priority publishing)*

Conclusion: *Accept (High priority)*

Specific Comments to Authors: *A retrospective study where we compared efficiency of pediatric endoscopic procedures in a tertiary care operating room, community operating room and endoscopy center and secondarily examined adverse events of procedures across these settings. They found that with using strict, identical scheduling guidelines for all locations, undergoing esophagogastroduodenoscopy (EGD) or combined EGD and colonoscopy at the community hospital room and endoscopy center was significantly faster for the patient and endoscopist when compared to the tertiary care operating room. The rate of adverse events was similar across all three locations. The article is reasonable in writing and proper in statistical methods. It is a textbook-level article. Congratulations to the authors."*

We acknowledge Reviewer # 2's response and thank them.

"(1) Science editor:

This manuscript compared the efficiency of pediatric endoscopic procedures between different clinical settings. It is recommended to supplement the reason why PT and ET are lower in the community or in the endoscopy center compared to the endoscopy center; please supplement the abstract, author information, author contribution, core tip, etc. to meet the requirements of the World Journal of Gastrointestinal Endoscopy. In addition, it is recommended to cite more references.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)"

We appreciate this comment and the opportunity to provide further explanation. We do note that the ET and PT were lower in the community OR when compared to the endoscopy center and this may be a function of endoscopist efficiency. When compared to other physicians' times, physician 6 had comparatively longer ET and PT at both the endoscopy center and the tertiary care center, and had the longest times overall. Thus, although both community locations were more efficient when compared to the tertiary care center for possible reasons described in the manuscript, physician efficiency may at a certain point become a limiting factor.

The manuscript has been revised to reflect the above. Additionally, four additional references were cited as requested.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

We appreciate the opportunity to revise the manuscript and the tables have been revised to the journal's specifications.