February 07, 2022

Dear Editorial Board Members,

Thank you so much for the reviewer comments on our manuscript submission entitled, "Gastrostomy tubes: fundamentals, periprocedural considerations, and best practices" and the opportunity to transfer our manuscript to *World Journal of Gastrointestinal Surgery*. We would like to address each of the points raised by the reviewers, which helped us strengthen the revised manuscript.

Reviewer #1:

1. Keywords Comment: The authors listed 14 keywords, which seems to be too many. According to the journal guidelines for mini-reviews, Keywords should be up to 6 and based on MeSH Tree. Please revise the contents of Keywords.

Thank you, we have adjusted our keywords.

Inclusion:
"gastrostomy, endoscopy, laparoscopic surgery, laparoscopy, enteral feeding"

2. Tables 1, 2 and 3 are all too long. The content of the main text should not be repeated in the Table. Table should be more concise and clear. Please revise the contents and structure of the Table. Please check the Table in the following literature: Percutaneous endoscopic gastrostomy: indications, technique, complications and management. Rahnemai-Azar AA, Rahnemaiazar AA, Naghshizadian R, Kurtz A, Farkas DT. World J Gastroenterol. 2014 Jun 28;20(24):7739-51.

We appreciate this suggestion., We have substantially reduced our table length and made it more concise.

3. The abbreviation "G-tube" is used in Table 1. In the main text, "Gastrostomy tube" is mainly used, and "G-tube" is used only once. Please unify whether to use "Gastrostomy tube" or "G-tube". I think it would be better to unify with the "Gastrostomy tube" throughout the manuscript.

Thank you for this clarification; we have unified our abbreviation as suggested to "gastrostomy tube".

4. The abbreviations "PIG", "IGP", "PLAG", and "LAPEG" are used in Table 1. The authors should not use undefined abbreviations in Table 1. (Although these abbreviations are defined later in the main text)

Thank you for the note on the clarity of our table. We have removed these abbreviations in the revised table.

5. Radiologic placement: brief overview Comment: The abbreviation "IGP" is not common. The authors should not use uncommon abbreviations. "RIG" (radiologically inserted gastrostomy) and/or "PRG" (percutaneous radiological gastrostomy) may be more common.

We agree with this suggestion and have thus changed our use of “IGP” to “PRG”.

6. The authors described the Russel introducer technique is inferior to the SLiC technique. However, the modified introducer method allows direct placement of a larger button-bumper-type catheter. The authors should describe the modified introducer method at the end of this section. Please check the following literature: Prospective randomized trial comparing the direct method using a 24 Fr bumper-button-type device with the pull method for percutaneous endoscopic gastrostomy. Horiuchi A, Nakayama Y, Tanaka N, Fujii H, Kajiyama M. Endoscopy. 2008 Sep;40(9):722-6. Usefulness of percutaneous endoscopic gastrostomy for supportive therapy of advanced aerodigestive cancer. Ogino H, Akiho H. World J Gastrointest Pathophysiol. 2013 Nov 15;4(4):119-25.

Thank you for the additional reference. We have included the modified introducer method as suggested.

Inclusion:
“Other modified introducer methods involving direct placement of bumper-button-type catheters have been described[51,52] and can also be considered over the Russell technique if preferred.”

7. Comparison of endoscopic, radiologic, and laparoscopic gastrostomy tube placement methods Second paragraph: "However, IGP is more commonly performed than PIG across some institutions. " Comment: Please list references.

Thank you for this comment. We have removed this line in our manuscript.

8. Comparison of endoscopic, radiologic, and laparoscopic gastrostomy tube placement methods. Second paragraph: "Despite lower rates of bleeding and pain, PEG pull technique could cause more superficial wound infection and buried bumpers than IGP technique.[60,61] " Comment: Citation of reference [60] here is inappropriate. Reference [60] reports that tube-related complications were less in the PEG group than in the PRG group, and infections were not different between the two groups.

We agree with this observation and have thus removed the reference.

9. REFERENCES Comment: In some references, the author's name is given in the initials. Please list the author's name appropriately.

Thank you for helping us standardize our references. We have included the authors’ full name in our references.

Reviewer #2:

1. In the Introduction section, the drawbacks of each conventional technique should be described clearly. You should emphasize the difference between other methods to clarify the position of this work further. Add the advantages of the proposed system in one quoted line for justifying the proposed approach in the Introduction section.

Thank you, we have included additional information in this regard in our introduction, as permitted by flow and space.

Inclusion:
"Percutaneous gastrostomy can be performed with tube introduction transorally or transabdominally, using endoscopic, imaging, or laparoscopic guidance and has largely supplanted open gastrostomy. Endoscopic or radiologic placement is usually first line, but laparoscopic placement can be considered if there is unsuccessful endoscopic trans-illumination and finger palpation, inadequate imaging window, or inability to insufflate the stomach [2]. "

2. The Wide ranges of applications need to be addressed in the Introduction

Thank you, we have expanded on the range of applications in our introduction.

Inclusion:
"Percutaneous gastrostomy is a method of inserting a tube transabdominally into the stomach to provide nutrition, decompress the stomach when there is distal obstruction, and/or administer medication. The first of these is the most common indication for gastrostomy tube placement and is critical to preserve nutritional status and improve prognosis for a wide spectrum of conditions and illnesses"

3. In the introduction, the findings of the present research work should be compared with the recent work of the same field towards claiming the contribution made. kindly provide several references to substantiate the claim made in the abstract (that is, provide references to other groups who do or have done research in this area).

   Thank you for this comment. As part of our review, we have examined 178 articles examining the indications, contraindications, difference in gastrostomy technique, complications of PEG placement in our manuscript.

Thank you for providing us the opportunity to re-submit to your journal. We believe that the changes we made as a result of the reviewers' comments have made our manuscript stronger.

Sincerely and on behalf of my co-authors,

Anand Rajan, MD

Authors Response: Thank you for pointing this out. We apologize for the error and have fixed it promptly. We have modified the keywords based on the MeSH tree. We have also fixed the error in the Core tip to our correct number of references.