Point-by-Point-Response:

Allow me to respond to your very welcomed comments.

Reviewer 1:

Major adverse would be defined as Myocardial ischemia/infarction, Pulmonary aspiration, anaphylaxia, We didn't encounter any of those events in our study. Moreover, the incidence of adverse events in our study is in line with literature [1].

1. *Sedation-related complications in gastrointestinal endoscopy. World J Gastrointest Endosc. 2013*

Reviewer 2:

1. There are some spelling problems in the manuscript. For example, the "Mai 2017" in line 28 should be corrected to "May 2017", and "Hoever" should be modified to "However" in line 194. Please review the manuscript carefully and make the necessary corrections to ensure its accuracy.
Response: We do apologize for those inconsistencies and typos. We did review the text completely and made the necessary spelling correction.

2. In study cohort, the experimental group is "prospective" and the control group is "retrospective", it is better to keep the cohort setting consistent. Comparison of historical data requires more statistical analysis, but this is not well represented in this paper.
Response: We highly appreciate this comment and very valid point. The prospective and retrospective data sets are both not normally distributed. Thus, the statistical tests applied on the available data appear correctly used and valid for the study design. Moreover, in add-on to the statement below regarding included patients all interventions were performed in the same unit, by the same team with the same standards in place. We are fully aware of the limitiations in our study design and a randomized trial would be the ultimate goal (which may be stimulated by the data provided). However, with the given arguments we do feel to have minimized potential types of biases inherited to all non-randomized study designs.

3. The number of decimal places to be retained should be the same for the data in the Table 1.
Response: We corrected the place of the decimal according to your suggestion

4. In Figure 1, the box-and-line plots lacked horizontal coordinates, the corresponding groups were not clearly labeled, and the differences in the relevant statistical analyses were not well labeled.
Response: We added the lacked coordinates, corresponding groups and labels

5. The level of the Table 2 is ambiguous, and since it is intended to show the percentage of the total number of adverse events, it should be clearly spelled out. Additionally, consistency in the number of decimal places to be retained.
Response: We spelled out the adverse events and reviewed the place of the decimal points

6. In Table 3, the TCI group required fewer doses than the control group at longer examination times but there was no statistical difference. In addition, it was divided by examination time alone, without considering specific examination procedures and related adjustments.
Response: We do appreciate this well-taken point and in fact, the two main different types of endoscopies with duration longer than 60 minutes (EUS and ERCP) are too small in numbers to dissect potential differences in benefits of TCI-sedation. However, the type of endoscopy given the main finding (a reduction of dose of propofol per minute of time using TCI) would be applicable to any type of endoscopic procedure being longer in duration than 1 hour or in other words: We assumed that the longer an endoscopy would run the more important could have been the difference in dosage, independently of the type of endoscopy.

7. In Figure 2, do a linear fit of dosage per minute to sedation time? Which endoscopy specifically? Which seems too vague, and if it's a total data analysis of all endoscopies, how should the inclusion/comparability criteria be adjusted? Which is not clear.
Response: Here again we did not separate the type of endoscopy rather that the duration of the endoscopy to explore further the potential differences according to our main finding. It is important to emphasie that our cohort didn't include any patients who would have increased risk for and/or require per se a higher dosage of propofol known as confounding factors such as: PSC, IV Drug users, bad experience in pervious endoscopy, patients with severe pain syndromes and/or being on opiates. This was added and changed in the revised manuscript.

8. There were some issues with the references, including confusing order of citations. Please check the references carefully and make the necessary corrections.
Response: We corrected and ordinates the references as to make it more clear

9. According to the criteria checklist for new manuscript peer-review, the title and abstract effectively reflected the work of the manuscript, and the method was comprehensively descripted. The research results achieved the objectives of the study, and the discussion was relatively clear. However, the figures, tables, and decimal points used in the manuscript were inaccurate, leading to inadequate organization and quality of the manuscript.
Response: We reviewed the figures, tables and decimal points according to your comments

We wish to thank you again for your comprehensive review and comments allowing us to make the necessary changes and upgrade the quality of our manuscript.

Best regards

Riad Sarraj