

Answer sheet for reviewers:

Editorial Article 2.0 2023/10/30 from Ker CG. ID: (01558248)

Comments on :

Endoscopic transgastric fenestration versus percutaneous drainage for management of (peri)pancreatic fluid collections adjacent to gastric wall (with video), Zhang HM et al. World Journal of Gastroenterology 2023; in press

Manuscript No.: 87047

Editorial Article:

Endoscopic intramural cyst-gastrostomy for treatment of peri-pancreatic fluid collections: a viewpoint from a surgeon

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Answer for Reviewer #1

1. Language issues had been revised and polished by English Editing Company with certificate.
2. The sentences in the text had been corrected with red color based on the suggestion and thank a lot.

Answer for Reviewer #2.

Thank a lot for your comments.

Answer for Reviewer #3

Thank a lot for your encouragement.

Round 2

Answer sheet for reviewers:

Editorial Article 2.0 2023/10/30 from Ker CG. ID: (01558248)

Comments on :

Endoscopic transgastric fenestration versus percutaneous drainage for management of (peri)pancreatic fluid collections adjacent to gastric wall (with video),

Zhang HM et al. World Journal of Gastroenterology. 2023;29(40):5557-5565.

doi:10.3748/wjg.v29.i40.5557 **Manuscript No.:** 87047**Manuscript No.:** 87047

Editorial/Letter Article Title:

Endoscopic intramural cyst-gastrostomy for treatment of peri-pancreatic fluid collections: a viewpoint from a surgeon

Reviewer #1: General comments The author has addressed issues raised in the initial review, but it should be noted that comments of the other reviewers are not provided to me, therefore I could not know if the author has addressed all issues pointed out.

1. In the document titled Answering Reviewers-revision the author declares that the sentences in the text have been corrected with red color based on the suggestions made, but it does not appear so (no red color). Although difficult to correlate, they seem to have addressed all issues. They have also dealt with abbreviations.

Response: Corrected sentences were formatted in red color but I am afraid the editor online system will only accept black color.

2. After the Editors Remark, the manuscript has been suggested to change to a Letter to the Editor which better expresses the style of the study.

Response: It is Ok for change the style.

3. The severe linguistic issues (style, language, and grammar) have been addressed and revised, bringing the manuscript to the quality of English expected for a scientific publication. Finally, the author claims that after the Editors Remark, the table has been moved to the end of the manuscript, unfortunately no table exists in the uploaded manuscript.

Response: I do hope the complete table can upload successfully.

4. Specific comments In Abstract line 4 Varadarajulu S should be written as Varadarajulu et al. The same appears in Core tip and main text (3rd line on the third paragraph). In Abstract line 8 the abbreviation wk is used for the word weeks.

Response: Corrected and thanks

5. In the last sentence of the first paragraph in the main text the word weeks is used. I think that the word must be expressed in the same manner throughout the manuscript. In the sentence If percutaneous or endoscopic interventions for these local complications are necessary, it is necessary to wait until well-encapsulated formation, such as PPC or WON, is achieved the word necessary is repeated twice, better change one to an alternate word.

Response: corrected and marked with red color

6. In the third paragraph after the second sentence a reference is needed for Varadarajulu et al.

Response: corrected and marked with red color

Reviewer #2: General comments The author has made a considerable effort to present an Editorial Article of this very interesting topic, by attempting to highlight treatment options for peri-pancreatic fluid collections from a surgeon's perspective. Although the study is of clinical interest it does not meet the criteria for an Editorial Article, and it is not prepared according to the Guidelines of the journal.

1. The manuscript is not written by using 12 pt Book Antiqua font and 1.5 line spacing with ample margins.

Response: corrected and thanks

2. The Title page does not provide the information needed. The references are not cited correctly.

Response: Initially, I thought this was a simple Editorial article, not a original article. Title page was formatted before the text.

3. In the Cover letter the author states that this is an invited Editorial article, concerning comments on the article Endoscopic transgastric fenestration versus percutaneous drainage for management of (peri)pancreatic fluid collections adjacent to gastric wall (with video), Zhang HM et al. World Journal of Gastroenterology 2023; in press Manuscript No.: 87047. Therefore, I think there should be a reference to this article in the present manuscript.

Response: A new cover letter was sent again and coded article of Zhang HM in the list of reference.

4. Furthermore, the manuscript has severe language issues that require major grammar and linguistic revision in order to meet the quality of English expected for a scientific publication. Specific comments I have tried to correct some indicative points below: The sentence on line 6 In case, percutaneous or endoscopic intervention for these local complications should wait until the well-encapsulated formation such as PPC or WON should be rewritten as following In case, percutaneous or endoscopic intervention for these local complications is necessary, it should wait until the well-encapsulated formation is achieved such as PPC or WON.

Response: 1. language revision had been corrected by special party with certificate. 2. Corrected and marked with red color.

5. The two last sentences in the second paragraph The bleeding during the management with endoscopic necrosectomy for ANC or WON might occur and result into a disaster complication. Therefore, it is better to perform at referral centers with surgical backup should be better expressed, perhaps like following Bleeding during the management with endoscopic necrosectomy for ANC or WON might occur and result into a catastrophic complication. Therefore, it is better performed in referral centers with surgical backup. Explanation of initials for ETGF should be provided when they first appear, explanation should also be provided for PPFC.

Response: 1. Corrected and marked with red color. 2. The choice of treatment method PPFC was depending on the admission at internal or surgical ward. However, the endoscopic approach was technique demanded and available in a limited hospital such ETGF.

6. On line 4 of the third paragraph the sentence From a viewpoint of surgeon, ETGF has similarly procedures of cyst-gastrostomy for producing a wide outlet-orifice for drainage of fluid and necrotic debris between the cyst and stomach is not very clear, it needs to be rewritten. The last sentence in the third paragraph **Technically**, the operator used EUS-guide first to demonstrate presumably resection line on gastric wall at the site of maximal prominence of the PPC into the stomach to select the thinnest wall and thus minimize adverse events should be rewritten, possibly as following **Technically**, the operator should use EUS-guidance at first to demonstrate presumably resection line on gastric wall at the site of maximal prominence of the PPC into the stomach and then select the thinnest wall, thus minimizing adverse events.

Response: Corrected and marked with red color.

6. On the first line of the fourth paragraph the word endoscope should be replaced by the word endoscopy. The sentence on line 5 of the fourth paragraph Probability of the post-procedure complications and outcomes were different and their comparisons were listed in the table 1 should be rewritten possibly as following Probability of post-procedural complications and outcomes differ between the various techniques and comparisons are listed in table 1. The next sentence Varadarajulu et al. performed a retrospective study including compared patients with uncomplicated.... must be written as follows Varadarajulu et al. performed a retrospective study comparing patients with uncomplicated.....

Response: Corrected and marked with red color.

Reviewer #3: This editorial is well written and acceptable

Reviewer #4: This article describes the current therapeutic approaches for the treatment of pancreatic pseudocysts with mature cystic walls, in particular endoscopic transgastric fenestration (ETGF) and EUS-guided drainage and necrosectomy in detail. These two approaches have the advantage of being less invasive and less costly than surgical cyst-gastrostomy and have comparable drainage outcomes. The authors also summarized the comparison of these treatment modalities in a table, which is more intuitive. This article introduces more options for the clinical management of patients with acute pancreatitis, especially ETGF, which is a promising research direction and can promote the cooperation and progress between gastroenterology and general surgery. This editorial is excellent, visually providing a comparison of different surgical procedures that will entice readers to read the issue.

Response: Thanks