

Title. Does the title reflect the main subject/hypothesis of the manuscript? yes 2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? yes (but introduction of abstract need to be rephrased) 3 Key words. Do the key words reflect the focus of the manuscript? yes 4 Background. Does the manuscript adequately describe the background, present status and significance of the study? yes , some phrases need to be rephrased 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? yes, reference 25 should be superscript Appendix for the ICD code algorithms used(couldnot find) 6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? yes, 7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? it is accurate but need to speak more on previous studies in more details, other wise it interpreted the results accurately 8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends? yes , No doesnot need labelling Figures should be in separated files(editing change) 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? yes 10 Units. Does the manuscript meet the requirements of use of SI units? yes 11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? yes 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? I think language and grammer need to be revised in introduction section, 13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? the author stated "In preparing this study, we followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guidelines to improve quality of reporting."

14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? No , the author just attached the approval of the committee responsible for biostatistics and mentioned in another attachment as he doesnot need the approval because { Informed consent not applicable for our study because it utilized publicly available, de-identified administrative data} {Based on the determination that this study did not meet the Department of Health and Human Services definition of human subject research, this study was considered exempt by the Stanford University Institutional Review Board}

First, what are the original findings of this manuscript? What are the new hypotheses that this study proposed? What are the new phenomena that were found through experiments in this study? What are the hypotheses that were confirmed through experiments in this study? the findings suggest that during the first year of the COVID pandemic, there was a significant decline in hospitalization rates for common GI conditions in California, particularly in the months of April, November and December 2020. Reassuringly, 2020 emergency endoscopy rates were mostly comparable with 2019 rates except when it came to emergency endoscopy for NVUGIB. These findings suggest that inpatient health care delivery for most patients with acute GI conditions remained largely unchanged during the COVID-19 pandemic. They do however reveal that patients hospitalized with acute pancreatitis, diverticulitis, nonvariceal upper GI bleeding and Crohn's disease experienced higher all-cause inpatient mortality during the pandemic and highlight that further research is needed to elucidate the disease-specific and system-based risk factors for the increase in mortality observed in these conditions.

Second, what are the quality and importance of this manuscript? What are the new findings of this study? What are the new concepts that this study proposes? What are the new methods that this study proposed? Do the conclusions appropriately summarize the data that this study provided? What are the unique insights that this study presented? What are the key problems in this field that this study has solved? The current study has multiple strengths. First, the use of a large, all-payer, statewide database allowed us to capture the impact of the pandemic at a large population level factoring in a diverse group of patients with different payer types. Additionally, our analyses of month-to-month trends for the year 2020, allowed us to evaluate trends in outcomes of interest in the light of the trajectory of the pandemic and our findings were reasonable as the lowest hospitalization numbers matched the phases of the documented lockdowns. We were also able to utilize ICD-10 codes and cohort identification algorithms that may reduce the risk of misclassification bias. Furthermore, we were able to compare 2020 data with the 2018 and 2019 SID data which provided baseline, pre-pandemic rates. Third, what are the limitations of the

study and its findings? What are the future directions of the topic described in this manuscript? What are the questions/issues that remain to be solved? What are the questions that this study prompts for the authors to do next? How might this publication impact basic science and/or clinical practice? This study, however, has its limitations. First, given the widely varying approaches to the pandemic taken by individual states in the US, generalizability might be limited. However, considering that our study corroborates findings from previous studies, it is unlikely that the observed patterns are only limited to California<sup>12,13</sup>. Another limitation is that we could not explore time to presentation and therefore cannot definitively conclude that delays in presentation contributed to the observed increases in mortality. Our study also did not explore out of hospital mortality, making it possible that the overall pandemic-related excess mortality is higher than observed in our study. Also, the timeframe of the data did not include 2021. Consequently, we were unable to explore the evolution of outcomes after the initiation of widespread vaccination, beginning in late 2020, as well as in the light of the Delta and Omicron variant-related surges. It is also not possible to ascertain if the trends continued into 2021. Finally, we have to emphasize the possibility of misclassification bias given our use of an administrative dataset.

Dear reviewers,

Thank you for your comments. We have revised the article and made the following changes:

1. Adjusted the grammar in introduction and, methods and discussion sections
2. We have reviewed the literature extensively to ensure that our discussion is up to date with the latest literature
3. We have added an appendix that includes ICD codes to our submission to ensure completeness