

Dear Prof. Ze-Mao Gong,  
Scientific editor,  
World Journal of Gastroenterology,

We are very pleased to have a chance to revise our paper (Manuscript No. 26485), Bleeding after endoscopic submucosal dissection: Risk factors and preventive methods, with very helpful comments from the editors. According to the advice, we have revised our manuscript.

#### Point-by-Point Reply

Reviewer #1:

Minor points:

- 1) The authors described about the risk of antithrombotic agents for bleeding after ESD. Although the author referred to anticoagulation, such as warfarin and heparin, no referred about direct oral anticoagulations (DOACs). It would be nice to have comments or discussion about DOACs.

Re. As you pointed out, recently DOACs have been more and more often used, so the risk of bleeding after ESD under DOACs therapy should be mentioned. However, the association between DOACs and post-ESD bleeding remains to be assessed hereafter. We added the following sentences because the data about DOACs is still lacking.

Recently direct oral anticoagulant drugs (DOACs) have become increasingly used in clinical practice, and the association between DOACs and the risk of post-ESD bleeding needs to be assessed. However, data about DOACs is still being accumulated and is currently still insufficient. The risk of DOACs for post-ESD bleeding remains to be investigated hereafter.

- 2) The author mentioned that the lower part of the stomach is a risk factor for post-ESD bleeding. I think that it should be taken into account of antral peristaltic activity, and bile juice reflux. It would be better to have comments on it.

Re. According to your advice, we added the comments about antral peristaltic activity and bile juice reflux.

3) The authors mentioned that more careful endoscopic hemostasis is required during ESD procedure in the upper and middle part where intraoperative bleeding frequently occurs, which ultimately prevent post-ESD bleeding. The reason is supposed that arteries of the upper and middle part are more thick and larger than lower part. Please describe in more detail.

Re. We added two reports which suggest that arteries of the upper and middle part of the stomach are thicker and larger than in the lower part.

Reviewer #2:

1) The authors overview risk factors and methods of preventing post-ESD bleeding from previous studies. Post-procedural bleeding is clinically relevant issue, however, this manuscript focus on gastric ESD related bleeding. The authors introduced any data equally. Revision with more notification on evidence level on each paper will increase the impact of this review.

Re. Your comment is very instructive. However, the previous reports about risk factors and preventive methods of post-ESD bleeding were almost all based on retrospective studies, so the evidence level of each paper is almost the same. We think prospective studies are necessary in this field.

Reviewer#3:

1) This manuscript aims to provide a review on the risk factors of post-ESD bleeding. This topic is important to endoscopists who perform ESD. This manuscript is nicely written and can be accepted for publication in WJG after minor language polishing.

Re. Thank you for your encouraging comment.

Step7. Please provide language certificate letter by professional English language editing companies (Classification of manuscript language quality evaluation is B).

Re. One of co-authors who is a native speaker of English has rechecked the final manuscript.