

June 26, 2017

Damian Garcia-Olmo, MD, PhD
Editor-in-Chief
World Journal of Gastroenterology



Dear Dr. Damian Garcia-Olmo:

Thank you for your careful consideration of our manuscript, titled “Postoperative bleeding in patients on antithrombotic therapy after gastric endoscopic submucosal dissection” (Manuscript NO: 34684). We have answered all the comments raised by the reviewers and have modified the relevant parts in the manuscript.

We have also provided below our point-by-point responses to each of the reviewers’ comments. We hope that the changes are sufficient and that the manuscript is now suitable for publication in *World Journal of Gastroenterology*.

We are looking forward to your early and favorable response. Thank you very much.

Sincerely,

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POINT-BY-POINT RESPONSES

To Reviewer 1:

Thank you for your careful and valuable comments. We have incorporated the changes in the revised manuscript. We believe the modifications will make it easier to follow the context of the paper.

Comment 1: In Table 3, multivariate analysis demonstrated that male was one of the important risk factors for delayed bleeding. How do the authors discuss about this finding?

Response: Previous reports revealed that the prevalence of myocardial infarction and stroke is higher for male than for female. Furthermore, since ischemic heart disease and stroke are closely related to antithrombotic therapy, we considered that male sex is an independent risk factor. However, comparing the prevalence of ischemic heart disease and stroke by sex is complicated; thus, we did not intentionally present it in the manuscript. We have added the following sentences in the main text: “Previous reports revealed that the prevalence of ischemic heart disease and stroke is higher for male than for female^[23-25]. Furthermore, since ischemic heart disease and stroke are closely related to antithrombotic therapy, we considered that male sex is an independent risk factor.” (revised manuscript p. 14, lines 288-291).

We have inserted 3 references and renumbered the reference list (revised manuscript p. 28, lines 568-582).

Comment 2: How about the relationship between the presence or absence of helicobacter pylori and postoperative bleeding?

Response: We have added the following sentences to present the second limitation of the study in the Discussion section (revised manuscript p. 18, lines 374-380). “Second, the relationship between *Helicobacter pylori* and postoperative bleeding after gastric ESD was not investigated. We could not confirm the information about *Helicobacter pylori* infection and eradication, particularly in the initial cases, because of the long

research period. As a result, only about 60% of the total information of *Helicobacter pylori* could be obtained; thus, the state of *Helicobacter pylori* infection was excluded as a factor for postoperative bleeding in this study.”

To Reviewer 2:

Thank you for your evaluation and valuable comments. We have incorporated the changes in the revised manuscript. We believe the modifications will make it easier to follow the context of the paper.

Comment 1: I think, the only weakness of the study is its retrospective design. Prospective studies are needed to confirm these results.

Response: We have listed retrospective design as a limitation of the study in the Discussion section. The following sentences have been added: “The limitations of this study are as follows. First, this is a single-center retrospective cohort study.” (revised manuscript p. 18, lines 373-374).