

Dear Editors,

I am very grateful for the reviewers' comments which have increased the quality of the paper. All the comments have been addressed.

- **Reviewer 03646970:** *The authors provide a review of literature addressing prophylaxis and management for Gastric variceal bleeding This review is very much relevant to clinical practice and research given scarcity of literature on this topic Title, keywords, abstract, results, discussion and conclusions are appropriate The authors must give more detail on how the literature search was performed for this review article There are several spelling and grammatical errors The content of the paper is high quality but language and presentation needs polishing Please see more specific comments and suggestions in the attached word document.*

Answer: Many thanks for the detailed review in word document which have been modified. Others spelling and grammatical errors have been corrected throughout the document.

- **Reviewer 03647881:** *As author mention, there is still a wide area for research in gastric varices therapy in the future even many studies evaluate various therapies but remain controversial in clinical practice.*

Answer: Thanks for your kind comments.

- **Reviewer 02860871:** *This article entitled "Update on management of gastric varices" by Louisa J Vine et al is interesting in its field. The authors provide a course in gastric varices management therapy. This article is well written with few typos inside, however the writing formats shall be adjusted to its standard. Here are some comments: 1. Provide a schematic figure or table explaining all the possible management therapy and its obstacles in gastric varices 1. Because gastric varices are more common in segmental portal hypertension, it would be better if authors also provide more explanation and comments on its associated management therapy 2. Put numbers on every subtitles and sub sub titles then it will be more clear. 3. Please provide reference on sentence in page 2 : "Gastric varices are more common in segmental portal hypertension, due to portal vein thrombosis, than in generalized portal hypertension due to cirrhosis. This is probably due to...." 4. Please provide reference for table 1. 5. Provide reference for this sentence on page 4: "There are two prospective trials comparing NSBB versus glue injection alone and versus glue injection plus NSBB."*

Answer: Many thanks for your helpful comments. They were all addressed. 1. Schematic figure explaining the possible management has been created. 1. Extra reference and management are provided. 2 Titles and subtitles have numbers

now. 3. Reference has been provided. 4. Reference for the table is provided. 5. Reference is provided.

- **Reviewer 02530754:** *The present manuscript is a very illustrative review, which summarizes the available evidence regarding management of gastric varices in patients with portal hypertension, including a critical appraisal. The topic is of high interest. The manuscript is well written and structured. Although informative in its present version, the paper would benefit from including some supporting material (tables/figures) as detailed below. The authors are kindly invited to consider the following comments: -1. I could not find the abstract and keywords. -2. A figure illustrating the anatomy of gastric varices would be welcomed. – 3. In the legend of table 1, the authors should clarify the source of the presented data by quoting the corresponding publication. – 4. I would recommend the authors to include tables to summarize the different therapeutic strategies available as primary/secondary prophylaxis and management of acute bleeding. - If the authors consider it appropriate, a therapeutic algorithm could be designed. -5. In the “management of acute bleeding” section it can be read: “Terlipressin is a synthetic analogue of vasopressin that can be administered as intermittent injections instead of continuous intravenous infusion and it has a safer adverse reactions profile”. Please quote the randomized trial this evidence comes from. -6. In page 9 it can be read: “They concluded that tissue adhesives were more superior...”. Please, remove the word “more” from the sentence. – 7. I missed a comment regarding the potential use of Hemospray (or similar devices) in the management of acute bleeding of gastric varices. I am aware that the evidence is weak and comes mainly from short uncontrolled series but still a short comment would be welcomed.*

Answer: Many thanks for your helpful comments. 1. Abstract and key words were sent in the original submission. 2. A figure illustrating the anatomy of GC has been added. 3. Table 1 is referenced now. 4. A figure summarizing the different therapeutic strategies has been added. 5. Quoted. 6. Corrected 7. Discussion on Hemospray has been added.

- **Reviewer 03029329:** *The authors reviewed management of gastric varices. They mentioned that there was little literature regarding management of gastric varices compared with those of oesophageal varices. From the literatures and trials including mainly patients with oesophageal varices bleeding, they recommend that, in fundal varices, management with cyanoacrylate injections is the preferred option leaving TIPS or BROTO as a rescue therapy. Furthermore, they mentioned that, with regards to prophylaxis, cyanoacrylate injection has a role in both primary and secondary prophylaxis, but that most experts prefer to suggest non-selective beta-blockers due to less invasive and easily accessible treatment. There was still overwhelmingly lack of prospective studies for their conclusion. This review is well summarized and appears*

nearly acceptable for publication, but there are several grammatical and spelling errors to be corrected.

Answer: Many thanks for your kind comments. Grammatical and spelling errors have been corrected.

- **Reviewer 01553211:** This article deals with a review on the issue of gastric varices. A few flaws exist: 1. Confusions between therapy of esophageal varices (EV) and gastric varices. Though initial therapies are similar, however, the review of antibiotic therapy, vasoconstrictors and balloon tamponade appeared to focus on articles dealing with EV. If there are not studies specifically on GV, these articles could be removed. 2. Primary prophylaxis for GOV1; The description of "GOV1 gastric varices should follow same guidelines as oesophageal varices" seems not quite correct. Is there evidence ? 3. Confusion between 2nd prevention & therapy of acute bleeding. Since several trials included therapy of acute bleeding & prevention of bleeding in controlled studies between glue injection & ligation. More detailed examination of these data is needed. For example : A meta-analysis of tissue adhesive versus EBL for active GV bleeding, only including three suitable trials with 194 patients, reported that control of bleeding was achieved in 93.9% of patients treated with tissue adhesive versus 79.5% in the EBL groups ($P=0.032$). ----. These studies also assess a comparison of rebleeding. 4. conclusion the description: With regards to prophylaxis, there is scarce data on secondary prophylaxis ---. This seems not correct. A lot of studies have been published to prevent GV rebleeding. 5. The natural course including mortality should be described.

Answer: Many thanks for the clarifications you asked for. 1. Clarification has been made. 2. Clarification and correct quotation has been made. 3. Clarification made. 4. Corrected. 5. Natural course and mortality added in the introduction.

Juan Acevedo

14th February 2019. Plymouth, United Kingdom.