Reviewer # 01438557：This paper describes the retrievable puncture anchor traction method for endoscopic ultrasound-guided gastroenterostomy. I enjoyed reading this paper. I think the authors discussed precisely and their interesting results will provide useful information for gastroenterologists. However, there are some problems to be resolved.

1. In “Operative procedure”, the authors described “A longitudinal (linear) ultrasound endoscope (EG-3830-UT; Pentax Japan) was entered the stomach, then located the small intestine and determined the puncture area (ie, the closest area between the intestinal and the stomach), marking the puncture area”. However this technique was endoscopic ultrasound-guided gastroenterostomy. Therefore, it is no necessary to insert an echoendoscope into the small intestine. Please confirm.

Thanks for your suggestion.

In “Operative procedure”, we did not insert the ultrasound endoscope into the small intestine. We just used ultrasound endoscopy to scan the adjacent small intestine through the stomach wall to determine the puncture point. We have modified the description of this section， as illustrated in the **line 16-19, page 6.**

2. In “Operative procedure”, the authors described “Next, the needle was removed, and the small bowel was punctured and drained using ECE-LAMS (Micro-Tech/Nan Jing Co., Ltd. Nanjing, Jiangsu, PRC) over the guidewire (Figure 2(d1) and 2(d3)). Under EUS guidance, the stent (16mm / 30mm; Micro-Tech / Nanjing Co., Ltd., Nanjing, Jiangsu, PRC) was released into the small intestine until the distal flares were fully open”. I suppose these sentences seemed to be strange. Please check these. (ie, Next, the needle was removed, and ECE-LAMS (16mm / 30mm; Micro-Tech/Nan Jing Co., Ltd. Nanjing, Jiangsu, PRC) was inserted over the guidewire and released into the small intestine until the distal flares were fully open under EUS guidance (Figure 2(d1) and 2(d2)).)

Thanks for your suggestion.

In this passage, our statement was indeed a bit strange. So we took your suggestion and changed this paragraph to "Next, the needle was removed, and ECE-LAMS (16 mm/30 mm; Micro-Tech/Nan Jing Co., Ltd. Nanjing, Jiangsu, PRC) was inserted over the guidewire and released into the small intestine until the distal flares were fully open under EUS guidance (Figure 2 D1 and D2)." as illustrated in the **line 8-11，page 7.**

3. In “Operative procedure”, there were some mistakes of names of figures (ie Figure 2(d3), 2(e3)). Please confirm and correct them.

Thanks for your suggestion.

There is no d3 or e3 in the figures of the article. So we corrected the article and deleted d3, e3**.**

4. There were many tiny mistakes. The authors should ask.

Thanks for your suggestion.

We have commissioned an English-native speaker to check to retouch the article.

Reviewer# 03646821: Please have a native English speaker with a science background review the grammar in this manuscript. See suggestions in the returned manuscript. These suggestions are not inclusive statements such as, “Therefore the RPAT method for EUS-GE showed a minimally invasive treatment modality” make no sense. Perhaps you mean, “facilitate” or “have the potential to improve the safety and success of EUS-GE.”

Thanks for your suggestion.

We have commissioned an English-native speaker to check to retouch the article. Based on your returned manuscript, we have also modified the grammar and sentence structure.

1. From a procedural perspective, working in a unit that has performed > 70 EUS-GE and placed over 300 LAMS for a variety of GI anastomoses and drainage procedures, the reviewer appreciates how this RPAT may be beneficial to endoscopists in the learning phase of performing these procedures. However, can the authors comment on the possibility of acute angulation and kinking of the duodenum/jejunum making the procedure potentially more difficult/less safe? This kinking/angulation is a consequence of the device’s small footprint.

Thanks for your suggestion.

You had put forward a very good question. During our operation procedure, we chose the small intestine which was close to the stomach wall as the puncture object, where the position will be fixed. RPAT only pulls the intestinal canal during stent implantation to prevent free action, so the pulling action is gentle rather than violent, during our experiment, we did not observe the angle of the digestive tract wall due to stretching. We added some sentence to the discussion section in our revised manuscript, as illustrated in the **line 28-30, page 6 to line1, page 7**.

2. The authors should focus less about complete fusion of the stomach and small bowel at 4 weeks. This is more of an issue of successful LAMS placement than improvement in the success of LAMS placement with or without the RPAT device. The reviewer suggests comparing your study with other animal LAMS studies without the RPAT.

Thanks for your suggestion.

We fully agreed with your idea and in future research we will compare our study with other animal LAMS studies without the RPAT.

Reviewer# 00047664: I have read your interesting article. Although I recommend carefully checking manuscript again, the article has sufficient novelty to be published.

Thanks for your suggestion.

Thank you for your high evaluation of the novelty of this article. We fully agreed with your idea and we have commissioned an English-native speaker to check to retouch the article.

Reviewer# 03026750: Interesting manuscript discussing an important issue for endosonographers using a novel anchor traction device for EUS-guided gastroenterostomy. However, many grammar and English mistakes need to be corrected.

Thanks for your suggestion.
We have realized that there are many grammatical and English errors in the article that need to be corrected. We fully agreed with your idea and we have commissioned an English-native speaker to check to retouch the article.

Reviewer# 03757038: Thank you for giving me the opportunity for reading your paper. This manuscript reports a new device for EUS-GE. Although this is an animal experiments, I think this should be cited by many articles after applying it to clinical practice. Comments to the authors: I read with interest this animal lab endoscopic experimental study. The study was well done, written carefully and with didactic images. The topic and findings of this study is of interest to readers. I have some comments as described below. 1. How far do you think EUS-GE can be applied to the intestinal tract by using this anchor device? Please indicate the distance between the stomach and the puncture intestinal tract when the anchor device was placed in this animal experiment.

Thanks for your suggestion.
You had put forward a very good question. However, we do not pay attention to the distance between the stomach and the puncture intestine during the puncture, because we choose the intestine that is closest to the stomach wall as the puncture object during the operation. Because this can ensure the relative fixation of the position of the stomach and intestine. So we added a paragraph to explain this part of the content, as illustrated in the **line 28-30, page 6 to line1, page 7and line 8-11， page 7.**

2. If available, please provide histological evidence of intestinal and stomach adhesion.

Thanks for your suggestion.
After the autopsy, we selected some tissues for histological examination and observed them through a 50x and 100x microscope. We supplemented the pictures and content of this part， as illustrated in the **figure 4, page 20 and 21.**