

**Point-by-point Reviewer Response**  
**Manuscript No. 62342**

Dear *World Journal of Gastrointestinal Endoscopy* Editors,

Please find a point-by-point response to the article reviewer's and Science Editor's comments below.

Reviewer #1:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** First I would like to thank the author for the opportunity of reading such an interesting paper.

1. General comments The manuscript deals with an important topic to assess patient and procedural factors associated with lower sedation requirements for endoscopy. This study had a large sample size and these findings suggest factors predictive of tolerance with lower sedation requirements for EGDs. However, I have some concerns that should be addressed regarding methodology, and interpretation of results.

We would like to thank the reviewer for taking the time to review our manuscript and for addressing areas where improvement is necessary.

2. Specific comments a) Minor

Materials and methods: Although missing values were demonstrated in the limitation of the discussion section, if there were missing values, it is recommended to explain how to handle them in the methods section.

We would like to thank the reviewer for bringing up this important consideration, and for the recommendation. All missing data in CORI was assumed to be missing at random (i.e. the missing data is just a random subset of all observations, so there are no systematic differences between the missing and observed variables). Furthermore, only complete-case analysis (or listwise deletion) was performed – that is, only the cases in the data set for which there were no missing values of any variables was included for the purposes of analysis.

To address how we handled missing data, we have added the following statement to our methods section: **“Only complete-case analysis was performed to account for missing values in CORI, as missing values were assumed to be missing at random.”**

Discussion: The authors should mention that causal reversal, that is, the factors identified may have lower EGD sedation requirements, rather than predicting resistance to low EGD sedation requirements.

We would like to thank the reviewer for this recommendation. We have addressed this in the discussion section by changing the statement that the factors we have identified are “associated with” rather than “predictors of” lower sedation requirements. We feel this reflects upon the causal reversal the reviewer brings up.

To address this, we have changed the first 2 sentences of our discussion section to the following: **“In this large, multi-center study evaluating a nationwide group spanning academic, government-based, and community practice experiences, we compared two groups of patients stratified by sedation needs, to discern factors associated with lower sedation requirements using moderate sedation. We found that female gender, older age, non-White race, Hispanic descent, higher ASA class,**

procedures performed as inpatient status and those done at locations other than the endoscopy suites (i.e. ICUs, ambulatory surgery centers, hospital wards), were identified as factors associated with lower sedation requirements for completion.”

**(1) *Science editor:*** 1 Scientific quality: The manuscript describes a retrospective study of the identifying who best tolerates moderate sedation: results from a national database of gastrointestinal endoscopic outcomes. The topic is within the scope of the WJG.

(1) Classification: Grade B;

(2) Summary of the Peer-Review Report: The manuscript deals with an important topic to assess patient and procedural factors associated with lower sedation requirements for endoscopy. This study had a large sample size and these findings suggest factors predictive of tolerance with lower sedation requirements for EGDs. However, the methodology and interpretation of results should address; and

(3) Format: There are 2 tables and 3 figures. A total of 25 references are cited, including 5 references published in the last 3 years. There are no self-citations.

2 Language evaluation: Classification: Grade A.

3 Academic norms and rules: The authors provided the Biostatistics Review Certificate. The authors need to provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement. The Institutional Review Board Approval Form and written informed consent were waived. No academic misconduct was found in the Bing search.

4 Supplementary comments: This is an unsolicited manuscript. The topic has not previously been published in the WJG.

(1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor

We thank the Science Editor for reviewing our manuscript and for bringing up this suggestion. We have provided the original figures using PowerPoint in a manner that will allow for reprocessing by the editor. Please see 62342-Image File.

(2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

We have revised our reference list to include all PubMed (PMID) numbers and DOI citation numbers and to list all authors for each reference. Please see Refence List on main manuscript document.

(3) The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text;

We have now included a “Article Highlights” section to the end of the main text as per the Science Editor’s comment.

(4) The references cited in the text should be put in the square bracket, then make them be superscript.

We have corrected the intext reference citations by placing them in superscript, square brackets throughout the entire main text.