

Thank you reviewers and editors for your kind comments. Below are our responses:

Please note that the full manuscript file including the tables is uploaded under the “supplementary material” heading, as there was no option to manually upload a manuscript besides the auto-edited version.

Reviewer 1:

“Statistically insignificant” changed to “not statistically significant” to avoid any other connotations.

Keywords were located between the conclusions section of the abstract and the core tip. The keywords title has been bolded and put on its own line to ensure it is not missed.

Exclusion criteria clarified state PEG tubes placed for indications other than dysphagia due to acute stroke were excluded.

The structure of the discussion was significantly reworked to address stated concerns. It begins with a brief review of the purpose of the study, the hypothesis asked, and the answer provided by the results. It then moves into comparison with the relevant other studies in the literature and how this study contributes to the field. It then discusses study limitations, incorporating the feedback to address confounding bias.

Reviewer 2:

Worked on polishing, formatting, and typos per reviewer 2’s comments.

Science Editor:

Tables all adapted to three line table style. Please note that for certain tables with subheadings, eg Table 3 Peri-Procedural Complication and Post Procedural Complications, these subheadings are also framed with horizontal lines for clarity.

Figure 1 redone in PowerPoint and edited for clarity per the Science editor and the editor-in-chief’s recommendation.

With regards to the cutoff of 7 days, we have added a paragraph to our discussion addressing this. Copied below:

Our study defined “early” versus “late” PEG placement using a cutoff of 7 days after the acute stroke. This cutoff was defined prior to our data collection and was not the result of a “post-hoc” analysis. We chose this cutoff for several reasons. First, our clinical experience suggested that we were consulted by neurology for PEG placement earlier than 2 weeks in the patients’ hospital course, usually around 7 days. Second, using the same cutoff as the study by George et al. would allow for a direct comparison with their results. Finally, using an earlier cutoff than the guideline-based 2 weeks would allow us to

better answer our hypothesis, which was that PEG placement earlier than 2 weeks does not lead to worsened outcomes.

The discussion has been reworked to address concerns raised by reviewer 1 and the Science editor.

Company editor-in-chief:

Tables edited to standard three line format as noted above. Minor edits to tables to ensure alignment as requested.

Figure 1 has been redone and attached as a separate PowerPoint slide if needed.

Figure 2 (the graph) has been re-exported in vector graphics for ease of resizing. Due to file system limitations allowing only one file per category, this was uploaded under the video category. If the editors would like more significant changes to the graph, I also have the original SPSS output file with the chart they (or we) can edit as needed.

Thank you all for your comments.