

Dear

Editor,

Thank you very much for allowing us to revise our manuscript (Manuscript ID: 79969) entitled "Endoscopic ultrasound-guided diagnosis and treatment of gastric varices" We greatly appreciate the editors' and reviewers' comments and suggestions. These comments and suggestions are valuable for improving our manuscript (Revised portions were marked in colored text). All authors approve the revised manuscript for publication.

Response to the reviewer's comments was as follows:

Reviewer #1:

1. Response to comment: (This is a comprehensive narrative review of the current role of the EUS-guided diagnosis and therapy of gastric varices. Description of a methodology of how literature was searched and papers selected for the review is lacking.)

Response: Thank you for your suggestion. "We comprehensively performed an electronic literature search of Medline/PubMed, Embase, Reference Citation Analysis (RCA) databases, and Web of Science databases; from inception to September 10, 2022." has been added.

2. Response to comment: (Also, as there are already similar reviews published on the same topic, the authors should highlight what their review adds to the current knowledge. A graph or figure would make the paper more attractive for the readers.)

Response: Thank you for your suggestion.

2.1 A table has been added as requested.

2.2 Regarding the literature we have reviewed, most reviews with the topic of "gastric varices" explored from the perspective of one or several diseases or specific treatment methods with similar efficacy, while reviews involving endoscopic ultrasound may focus more on EUS-guided treatment. Our manuscript focuses on "Endoscopic ultrasound-guided diagnosis and treatment of gastric varices." This manuscript reviews and summarizes the

application and advantages of endoscopic ultrasound in the whole diagnosis and treatment management of patients with gastric varices, which is not extended to the entire endoscopic treatment, portal hypertension, esophageal and gastric varices, or other broad topics. Nor is it limited to diagnosis, treatment, or comparison with several specific methods of diagnosis or treatment. In general, nothing more, nothing less. At the same time, based on the previous review, some new studies in recent years, especially from 2020 to 2022, are also added, so it has more reference significance.

Reviewer #2:

1. Response to comment: (I attach the text with some minor grammatical and language corrections.)

Response: Thank you for your time and corrections. The revised manuscript has been edited according to your suggestions.

2. Response to comment: (Wherever you compare percentages, it should be scientifically sound to add p value (although the differences in most cases are large).

Response: Thank you for your suggestion. P values have been added.

3. Response to comment: (It would be useful for the reader to have a synopsis of your findings at the end of the text in the form of a Table with e.g. 4 columns [Field of EUS application, Supporting references, Potential benefits (advantages), Areas of concern (Disadvantages)], and rows equal to the number of titles and subtitles within the text body.)

Response: Thank you for your suggestion. A table has been added as suggested.

Response to the editorial comments was as follows:

Company editor-in-chief

Response to comment: (Before final acceptance, the author(s) must add a table/figure to the manuscript. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of

the manuscript. To this end, authors are advised to apply a new tool, the RCA.)

Response: Thank you for your comment.

1. A table has been added as requested.
2. Our manuscript focuses on "Endoscopic ultrasound-guided diagnosis and treatment of gastric varices." This manuscript reviews and summarizes the application and advantages of endoscopic ultrasound in the whole diagnosis and treatment management of patients with gastric varices, which is not extended to the entire endoscopic treatment, portal hypertension, esophageal and gastric varices, or other broad topics. Nor is it limited to diagnosis, treatment, or comparison with several specific methods of diagnosis or treatment. In general, nothing more, nothing less. In addition, "and thus it is worthy of further research and promotion" has been added to the conclusion section, which is also the purpose of this manuscript, to encourage the application and promotion of EUS in the whole management of GV patients. At the same time, based on the previous review, some new studies in recent years, especially from 2020 to 2022, are also added, so it has more reference significance.
3. "We comprehensively performed an electronic literature search of Medline/PubMed, Embase, Reference Citation Analysis (RCA) databases, and Web of Science databases; from inception to September 10, 2022." has been added.

Once again, we would like to express our great appreciation to the editors and reviewers for their comments and suggestions and hope that the revised manuscript will meet with approval. We sincerely appreciate your kind consideration of our manuscript, and we look forward to hearing from you at your convenience.

Best regards,

Jun-Wen Zhang

