

Dear Editor,

We would firstly like to thank the reviewers and editors for considering and donating time and efforts to our manuscript entitled "The role of computed tomography for the prediction of esophageal variceal bleeding: current status and future perspectives." (Manuscript NO: 88543).

Our point-by-point responses to each of the issues raised in the peer-review report are presented below.

English language of the revised manuscript has been polished and a new language editing certificate has been provided.

We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in the World Journal of Gastrointestinal Endoscopy.

We shall look forward to hearing from you at your earliest convenience.

Best regards,

Alberto Martino, MD

Gastroenterology and Digestive Endoscopy

AORN "A. Cardarelli", Napoli, Italy

To Reviewer #1:

1. Given that EGD and HVPG are currently the gold standards, it would be better if authors provide some perspectives on how well EGD and HVPG are on predicting EVB based on prior literature. Although there is no prospective head-to-head comparison, discussion of prior historical data of EGD and HVPG remains helpful in assessing the potential of CT in this area.

Response: We are very thankful for your comment. These aspects have been addressed and discussed in the introduction section.

2. The tone of the manuscript seems to promote CT as a preferred method for EV screening and EVB prediction. In reality, since CT is only a diagnostic test, it cannot supplant EGD or HVPG in providing therapy and physiological data. It is more likely that clinical parameters, EGD, HVPG, and CT all together in combination are better than any single modality alone. Although the authors touched upon this in a paragraph of Conclusion, it would be best if the authors soften the tone a little bit more in the manuscript; for example, in the Introduction and Conclusion.

Response: We are very thankful for your comment. We totally agree with you. The tone has been softened within the Introduction section and further softened within the Conclusion section.

To Reviewer #2:

1. The first occurrence of a specialized term needs to be given the full name, e.g. MDCT in the abstract

Done.

2. It would be useful to give an analysis of the results of relevant studies. For example previous studies have been inconsistent in their conclusions about the coronary vein and spleno-renal shunt predicting bleeding in patients with EV, what might be the reason for this difference? Liver function scores were inconsistent across subgroups, how much might this have affected the study results?

Response: We are very thankful for your comment. A brief analysis of the results of the included studies has been given in the discussion section. Conflicting or inconsistent results has been discussed according to current available literature (evidence with regard to major collaterals role in the prediction of EVB is currently lack) and main limitations of the included studies highlighted in the discussion section.

3. Is it possible to give an outlook on future research in the discussion? For example, in the concluding part, the authors acknowledge that CT cannot completely replace endoscopy at this time, so could future studies move from examining CT alone to predict outcome events to CT parameters assisting endoscopy to further improve prediction of the occurrence of outcome events? Overall, the authors provide an adequate analysis of previous research, but it is necessary to summarize and present their own ideas

Response: We are very thankful for your comment. Our suggestions with regard to future research direction in this field have been given in the discussion section.

To Science editor:

Many thanks for considering our manuscript.

To Company editor-in-chief:

Many thanks for considering our manuscript.