

Dear Editors at the World Journal of Hepatology:

My co-authors and I would like to thank you for the opportunity to revise our paper. We appreciate all the time and effort expended by the reviewers and editorial staff to assist us in the goal of making this paper worthy of publication. We have addressed the concerns of the reviewers (see below) and included a copy of the modified manuscript at the end of this document.

Again, we appreciate the opportunity to work with you in the editorial process.

Sincerely yours,

The Authors

## **ANSWERS TO REVIEWERS**

### **Reviewer 1:**

**1. Abstract: In the Results  $p > 0.05$  mentioned as significant while  $p < 0.05$  mentioned as not significant. Similar description is given at places in the Results section of the main manuscript.**

**Answer:** Excellent point. We made revisions to correct the abstract and manuscript.

**2. Keywords are not according to journal guidelines.**

**Answer:** We reviewed the authors' guidelines and made revisions to Keywords.

**3. In the Methods it would have been appropriate to mention inclusion and exclusion criteria of the following study.**

**Answer:** The inclusion and exclusion criteria are described under study participants and in figure 1.

**4. Connective tissue disease and patients on dialysis were included in the study. Authors did not mention in detail regarding exclusion criteria. As rheumatoid arthritis, CKD etc. are causes of GAVE and should have been excluded from the study.**

**Answer:** We appreciate the insights. All patients in this pilot studies had cirrhosis and could have GAVE or PHG. We agree that risk of GAVE is higher in connective tissue disease or dialysis. However since we aimed to diagnose GAVE in cirrhosis irrespective of other risk factors, we did not exclude connective tissue diseases if someone had cirrhosis. Furthermore, having a connective tissue disease did not affect the accuracy of I-scan as mentioned in our extended supplemental tables.

**5. In this study there is no correlation done between disease severity i.e. Child status or MELD with PHG and GAVE. As with Child C, PHG and GAVE will be more obvious while with Child B they may have inconspicuous changes. So, correlation of this with I scan would be more optimal.**

**Answer:** Very important comment. We only included patients when there is doubt in diagnosis using conventional HDWLE. Furthermore, in our supplementary analysis, we assessed the association between Child status components and measures of portal HTN (e.g., ascites) as well as laboratory values and accuracy of I-scan and this was not significant except for Bilirubin, Creatinine and Sodium. We updated our supplementary tables to include all these variables for better clarification.

**6. Reference writing is also not according to journal guidelines.**

**Answer:** We corrected the references per the journal guidelines.

**7. Lastly, authors mentioned it as a prospective Cohort study. But in the study there is no mention of follow up of cohorts per se. It looks like more of a cross-sectional study done at a point of time, all cases were evaluated for GAVE and PHG. However, no follow up mentioned. Though in table 1 repeat labs were done at 4-8weeks, but that does not confer any relation to follow up.**

**Answer:** Due to our small sample size, we could not assess a correlation between accuracy of diagnosis and outcomes such as hgb. We plan to do that in a larger, prospective study, based on this proof of concept study. We changed our cohort definition to cross-sectional in the manuscript. Thank you.

**8. Sample size is obviously very small to draw any inference.**

**Answer:** We agree with the small sample size. However this is proof of concept study is the first to compare PHG and GAVE

**Reviewer #2:**

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** Authors describe in the paper an experiment in order to determine the added diagnostic value of virtual chromoendoscopy in the context of accurate detection of gastric antral vascular ectasia (GAVE). The article is within the scope of the journal. It is well written and structured. It is easy to read and it is clear on the objectives and methods used to obtain the results. In this sense, the experiment is well designed and executed. The results obtained represent an advance in the area of knowledge. However, it could be improved as follows:

**a) There is no conclusions section and future work. It should be included.**

**Answer:** We thank the reviewer for the kind comments. We expanded on our conclusion and added planned future work.

**b) The discussion section is reduced and the article would improve if the results obtained are valued by comparing them with other similar works.**

**Answer:** We compared to recent similar work as showed in our revised discussion. Thank you for bringing that to our attention.

**c) The state of the art is very poor. It should be expanded with more bibliography.**

**Answer:** Thank you. We improved our state of the art by adding more figures showing examples of GAVE and PHG under I-scan. We also added more references to our discussion.