

Reviewer/Editor comment	Response
<p>Reviewer #1: This is a well-written paper reviewing the role of Octreotide in Small Bowel Bleeding. The title reflects the main subject. The abstract well synthesizes the main topics. Keywords are appropriate. The objectives of the review are well explained. and the results well summarized the knowledge on the topic. References are updated. Language and grammar are accurate. Only one typo I found: in the chapter on "Gastrointestinal Angiodysplasia", Diagnosis, the authors wrote "Another imaging modality that can be used for diagnosis in wireless capsule endoscopy (WCE), ..." I think they should write "Another imaging modality that can be used for diagnosis is wireless capsule endoscopy (WCE)... Finally I suggest to use the term "Gastrointestinal telangiectasia" instead of "Gastrointestinal Angiodysplasia".</p>	<p>-Appreciate the reviewer's comments -We truly appreciate reviewer #1 comments. -We corrected the typo mentioned. -As for replacing the term angiodysplasia with the term telangiectasia, based on the extensive literature search, we found that the term telangiectasia refers more to HHT which we discussed in our review. We found that the term angiodysplasia is more appropriate.</p>
<p>Reviewer #2: The Authors have conducted an interesting review on the role of octreotide in small bowel bleeding. The review is very comprehensive and can be of interest in the field. I can offer the following comments, minor in their nature: - did the Authors conduct any systematic search of literature to identify suitable references? this should be stated and discussed - can the Authors expand on the Conclusion section, by providing further ideas and suggestions on the role of octreotide in small bowel bleeding? - I feel that some level of overlap/copy-and-paste from other sources exist (see for instance the case report at ref [39]: do we need information on the actual dates of diagnosis and intervention?). This should not be seen as plagiarism, and it is quite common. However, can the Authors have a further look at this?</p>	<p>-We truly appreciate reviewer #2 comments. -Since this is not a systematic review and being a narrative review, a systematic search strategy was not conducted. However, we added our search strategy and keywords in the end of the introduction section. -For the conclusion section, we tried to report our conclusions about the role of octreotide in the various causes of small bowel bleeding. We added a new paragraph to suggest further research on the topic. -The dates mentioned in the case report (reference number 39) were mentioned as a way to demonstrate the interval between the start of octreotide treatment and response. So, we kept the interval and deleted the actual dates as suggested. We reviewed the studies mentioned and confirmed no similar overlap from other sources exist.</p>
<p>Reviewer #3: The Authors reviewed and discussed the Role of Octreotide in Small Bowel Bleeding. The topic is interesting, and the review is well-written. I have only minor points to discuss: 1- Is therapy with Octreotide an alternative to other treatment (such as surgery) or a part of multimodality management of this dangerous condition? Which the role of Octreotide in emergency condition? 2- As the authors stated in the manuscript, treatment with Octreotide should be continued for a long period of time.</p>	<p>-We truly appreciate reviewer #3 comments -We addressed the first point in the end of the conclusion section. Octreotide use in the treatment of small bowel bleeding remains an alternative and off-label strategy and no role as an emergency</p>

<p>What about the side effects and the costs of this long drug administration?</p>	<p>treatment so far.</p> <p>-About the side effects and costs of long-term octreotide treatment, we addressed the need for more studies addressing these two points in our conclusion. We found one retrospective cost-effective analysis that assessed octreotide LAR in treatment of GI bleeding due vascular malformations that included patients, 16 of which had GI angiodysplasia. We added that study to our article under the subtitle angiodysplasia</p>
<p>1) Science Editor: Authors should address all the pertinent comments raised by the reviewers. It would be advisable to change the language which has been copied from the original source. Does the theme of the manuscript fall within the scope of the journal? yes Is there any academic misconduct in the manuscript, include plagiarism, fabrication, falsification, duplicate submission/multiple submissions, and overlapping publication?: As mentioned above Do the authors state the purpose of the study clearly and logically? Yes Do authors give clear rationale and justifications for the study? Yes Are the methods described in sufficient detail to allow others to reproduce the experiments? NA Is the study design appropriate and feasible? NA Is the Discussion relevant and comprehensive? Yes Is/are the conclusion/s supported by the data? Yes Is the number of total references and recent references appropriate? Yes Is it appropriate for authors to self-cite their own publications? Yes Is it appropriate for peer reviewers to suggest authors to cite other references (if any)? Yes Are the figures well-arranged and is the resolution of the images high enough? NA Are the tables properly annotated and easy to read and interpret? No. Tables have typo errors. Instead of a single value, median (range) or mean SD needs to be provided. p value must explicitly mentioned which two columns the authors are comparing (in the footnote). There are typesetting issues which makes the table difficult to read Do the authors follow the requirements in the journal's Guidelines for manuscript type and related ethics and relevant documents? NA Is the peer-review report positive or negative? Positive Language Quality: Grade B (Minor language polishing) Scientific Quality: Grade B (Very good)</p>	<p>-We truly appreciate the scientific editor's comments</p> <p>-We addressed the required changes in the tables</p> <p>-Most of the studies did not provide a mean and standard deviation or median and IQR. So, for consistency, we kept the average</p>
<p>2) Company Editor-in-Chief: I recommend the manuscript to be published in the World Journal of Clinical Cases. 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</p>	<p>-We truly appreciate the editor-in-chief comments and accept the offer of publication in the World Journal of Clinical Cases</p> <p>-We applied the RCA tool and did</p>

<p>manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: https://www.referencecitationanalysis.com/.</p>	<p>not find more recent articles relevant to our topic</p>
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