

**Dear editor,**

Thanks for your kind reply, and thanks for the reviewers' beneficial comments. We have revised the manuscript according to the reviewers' comments and the point to point response is enclosed to this file. The reply was noted with **tracked**.

**Response to reviewer**

General comments: Xiao Zhao, Shitong Li, Lianhua Chen, Kun Liu, Ming Lian, Huijuan Wang, Yijiao Fang have submitted an interesting paper titled "Identification of independent risk factors for intraoperative gastroesophageal reflux in adult patients undergoing general anesthesia". In this study, the authors studied the risk factors of GER in general anesthesia. In my personal opinion, there are some grammar concordance errors in the text. Thus, this reviewer suggests that the manuscript be reviewed carefully.

**Response: As behalf of all co-authors, I would like to appreciate this referee due to thoughtful comments proposed by the peer review. After we revised the manuscript, those significant issues could be changed.**

Question 1: Abstract: "GER produces significantly harmful impacts on health-related quality, higher risk of esophageal adenocarcinoma, and great costs for participants." Great costs? Participants of what? For better understanding, I suggest replacing this word.

**Response: Thanks for this suggestion, and these sentences have already changed into: "GER produces significantly harmful impacts on quality of life and precipitates poor mental well-being."**

Question 2: Results "The current study included 601 adult patients, involved 82 patients who reported GER". I believe there was a translation error because patients cannot report reflux once they were intubated and sedated. In fact, GER was diagnosed by pH metry.

**Response: Thanks for this suggestion, and this sentence have already changed into: "The current study included 601 adult patients, involved 82 patients with GER, and 519 patients without GER."**

Question 3: I did not find the keyword “Intraoperative gastroesophageal reflux” in the MeSH Pubmed tool, the existing term is Gastroesophageal Reflux. If necessary, I suggest that authors choose more keywords.

**Response: Thanks for this suggestion, and the keywords have already changed into: “Gastroesophageal Reflux; Intraoperative Period; Risk Factors; Anesthesia, General; Surgery; Retrospective Studies”**

Question 4: Introduction: Citations are not done properly with the Journal's formatting. Also, the numbering is duplicated throughout the manuscript (“Gastroesophageal reflux (GER) afflicts up to 20% of the adult population and is defined as troublesome and frequent symptoms of heartburn or regurgitation [1-3] [1-3].”).

**Response: Thanks for this suggestion, and the citations have already changed in the revised manuscript.**

Question 5: Risk-related terms such as risk factor, modifiable risk factor, demographic risk factor, risk indicator, determinant, and risk marker are often not well defined in the literature. Thus, authors must be careful with the choice of variables and study outcome.

**Response: Thanks for this suggestion, and the risk-related terms have already uniform in the revised manuscript.**

Question 6: Introduction “GER produces significantly harmful impacts on health-related quality, higher risk of esophageal adenocarcinoma, and high costs for patients”. Rewrite the term "high costs for patients" to make the text more understandable.

**Response: Thanks for this suggestion, and this sentence have already changed into: “GER produces significantly harmful impacts on health-related quality, and high higher risk of esophageal adenocarcinoma [4-6].”**

Question 7: Results “The characteristics of the enrolled patients are presented in Table 1. Of the 601 enrolled adult patients, 82 reported having GER, while 519 did not.” In this part, the same error as in the abstract occurs.

**Response: Thanks for this suggestion, and this sentence have already changed into: “Of the 601 enrolled adult patients, 82 patients with GER, while 519 patients without**

GER.”

Question 8: “The results of logistic regression with multivariate adjustment for potential confounders indicated that female sex (OR: 2.702; 95% CI: 1.144-6.378; P=0.023), older age (OR: 1.031; 95% CI: 1.008-1.056; P=0.009), pharyngitis (OR: 31.388; 95% CI: 15.709-62.715; P<0.001), and history of GER (OR: 11.925; 95% CI: 4.184-33.989; P<0.001) were associated with an increased risk of GER, whereas the use of propofol (OR: 0.942; 95% CI: 0.892-0.994; P=0.031) was associated with a reduced risk of GER (Table 2). Moreover, type of surgery (OR: 0.982; 95% CI: 0.464-2.077; P=0.963), operative time (OR: 1.003; 95% CI: 0.996-1.010; P=0.342), body mass index (OR: 0.952; 95% CI: 0.832-1.089; P=0.472), intraoperative blood loss (OR: 1.000; 95% CI: 0.998-1.002; P=0.776), smoking status (OR: 2.230; 95% CI: 0.880-5.650; P=0.091), alcohol intake (OR: 1.826; 95% CI: 0.603-5.524; P=0.287), other digestive tract diseases (OR: 1.028; 95% CI: 0.336-3.145; P=0.961), hypertension (OR: 0.516; 95% CI: 0.219-1.215; P=0.130), diabetes mellitus (OR: 0.426; 95% CI: 0.150-1.210; P=0.109), history of asthma (OR: 1.368; 95% CI: 0.427-4.383; P=0.598), psychiatric history (OR: 1.596; 95% CI: 0.315-8.072; P=0.572), history of respiratory infection (within 2 months) (OR: 0.571; 95% CI: 0.059-5.492; P=0.628), history of surgery (OR: 3.258; 95% CI: 0.840-12.642; P=0.088), lidocaine (OR: 1.017; 95% CI: 0.802-1.289; P=0.892), the use of palliative strategies (dexmedetomidine versus midazolam) (OR: 1.005; 95% CI: 0.445-2.272; P=0.990), arden (OR: 0.831; 95% CI: 0.523-1.318; P=0.431), rocuronium bromide (OR: 0.995; 95% CI: 0.902-1.098; P=0.926), sufentanil (OR: 1.016; 95% CI: 0.967-1.067; P=0.536), SAI (OR: 1.011; 95% CI: 0.976-1.044; P=0.647), TAI (OR: 1.004; 95% CI: 0.962-1.051; P=0.712), and SDS (OR: 0.982; 95% CI: 0.948-1.035; P=0.562) were not associated with the risk of GER (Table 2).” This paragraph is very repetitive, and the data is already in the table. I suggest making the reading more interesting by highlighting the main results. All tables must be self-explanatory.

Response: Thanks for this suggestion, and the non-significant results have already removed in the revised manuscript.

Question 9: Some data in parentheses are percentages and others, I assume they are

interquartile ranges, I suggest you specify the data better. Table 1 This reviewer noted the inconsistency of some data in Table 1. For the variable "history of GER", both Non-GER and GER groups had most patients in the "never" subgroup, and even so there was a statistically significant difference ( $<0.001$ ). The same is true for the variables "other digestive tract diseases" and "history of asthma". Table 1 indicates that all patients have used propofol in both groups. In Table 2, it was identified that propofol was a protective factor for GER (0.942). How is this possible? This reviewer thinks that there are plenty of rooms to improve this manuscript.

*Response: Thanks for this suggestion. The data presented in Table 1 have already specified. Moreover, although mostly patients reported patients in the "never" subgroup of "history of GER" in both Non-GER and GER groups, while the proportion of "yes" subgroup of "history of GER" in GER group was significantly higher than those in non-GER group. Similar reason could explained for the distribution of "other digestive tract diseases" and "history of asthma". Moreover, although all patients have used propofol in both groups, while the analysis in Table 2 based on continuous increased propofol used. We have already marked these in Table 2 and revised manuscript.*

#### *LANGUAGE QUALITY*

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

*Response: Thanks for this suggestion, and the English revision have already performed by Editage Company.*

#### *ABBREVIATIONS*

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and

can be used directly. Now we list the abbreviations rules as follows.

(1) Title: Please spell out any abbreviation in the title. Abbreviations are not permitted.

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(4) Key words: Abbreviations must be defined upon first appearance in the Key words.

(5) Core tip: Abbreviations must be defined upon first appearance in the Core tip. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

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(8) Figures: Please verify the abbreviations used in figures and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

(9) Tables: Please verify the abbreviations used in tables and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

**Response: Thanks for this suggestion, and the abbreviations have already changed in the revised manuscript.**

#### *EDITORIAL OFFICE'S COMMENTS*

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor: 1 Scientific quality: The manuscript describes a observational study on the risk factors for intraoperative gastroesophageal reflux. The manuscript type designated by the author is consistent with the content of the manuscript. The topic is within the scope of the WJCC. (1) Classification: Grade C (1).

**Response: We appreciate the editor given this kindly comment.**

(2) Summary of the Peer-Review Report: There are some inconsistencies in the writing in english language and in data distribution in the tables that have been detailed by the reviewer.

**Response: Thanks for this suggestion, we have already made this change in the revised manuscript with tracked.**

(3) Format: There are no figures and 3 tables in the manuscript, and all tables are of adequate quality.

**Response: We appreciate the editor given this kindly comment.**

(4) References: Citation of references in the manuscript is sufficient in number, but many references are outdated. A total of 26 references are cited, of which only 1 references was published in the last 3 years.

**Response: Thanks for this suggestion, and several references have already updated in the revised manuscript.**

(5) Self-cited references: There are no self-cited references in the manuscript.

**Response: We appreciate the editor given this kindly comment.**

(6) References recommendations: The reviewers made no references recommendations.

**Response: We appreciate the editor given this kindly comment.**

Language evaluation: Classification: Grade B. The reviewers have pointed out a number of linguistic inconsistencies that must be addressed by the authors. The authors have provided a language editing certificate from Editage.

**Response: We appreciate the editor given this kindly comment.**

Academic norms and rules: The authors have sent a Institutional Review Board Approval Form, which is correctly provided and meet the standard requirements. The Institutional Review Board had waived the need for Signed Consent Forms, due to the

retrospective nature of the study. While the authors have denied any conflict of interest in the manuscript, a signed Conflict-of-Interest Disclosure Form was not provided. The Biostatistics Review Form was provided as a letter from one of the authors from the study. No academic misconduct was found by the Google/Bing search.

**Response: We appreciate the editor given this kindly comment.**

Supplementary comments: This is an unsolicited manuscript. Financial support was not disclosed in the manuscript. The topic has not previously been published in the WJCC.

**Response: We appreciate the editor given this kindly comment.**

Issues raised: (1) Some minor language corrections have been pointed out by the reviewer, please make the corresponding changes in the manuscript. (2) The authors did not provide the Conflict-of-Interest Disclosure Form. Please upload the aforementioned document. (3) PMID and DOI numbers are missing from some of the references in the reference list. Please provide the PubMed numbers and DOI citation numbers to all references. (4) Some inconsistencies in the tables have been pointed out by the reviewer. Please make the corresponding corrections. (5) The Biostatistics Review Form is not in accordance with publication standards for this journal. Please upload a Biostatistics Review Form that is in agreement with our guidelines. (3) There is only one cited reference that was published in the last three years, and many references are more than two decades old. Please consider the inclusion of more recent references.

**Response: Thanks for this suggestion. First, the language revision have already performed by Editage Company. Second, Conflict-of-Interest Disclosure Form have already provided. Third, the PubMed numbers and DOI citation numbers have already added in the references. Fourth, the inconsistencies in the tables have already revised in the revised manuscript. Fifth, the Biostatistics Review Form have already re-upload. Finally, several reference have already updated in the revised manuscript.**

Re-Review: Required.

**Response: We appreciate the editor given this kindly comment.**

Recommendation: Conditional acceptance.

**Response: We appreciate the editor given this kindly comment.**

*Company editor-in-chief:*

I have reviewed the Peer-Review Report, the full text of the manuscript, the relevant ethics documents, and the English Language Certificate, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

**Response: We appreciate the editor given this kindly comment.**

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(1) Guidelines for revising the content: Please download the guidelines for Original articles; Review articles; and Case report articles for your specific manuscript type (Retrospective Study) at: <https://www.wjgnet.com/bpg/GerInfo/291>. Please further revise your manuscript according to the guidelines for revising the content.

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Please revise the references according to the Format for references guidelines, and be sure to edit the reference using the reference auto-analyser.

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**Response: We appreciate the editor given this kindly comment.**

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**Response: Thanks for this suggestion, and ‘Copyright License Agreement’ have already upload in the revised manuscript.**

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Response: Thanks for this suggestion, and 'ICMJE' have already upload in the revised manuscript.