

Dear Editor,

please find enclosed the edited manuscript in Word format (file name:7256-edited_revision2014 .doc).

Title: Gastroenteric Tube Feeding: Techniques, Problems and Solutions

Authors: Irina Blumenstein, Yogesh M. Shastri, Jürgen Stein

Name of Journal: World Journal of Gastroenterology

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The manuscript has been improved according to the suggestions of the reviewers:

- 1) Format corrections have been made according to the directions of the editor.
- 2) Revision has been undertaken according to the suggestions of the reviewers:

Reviewer 1:

Abstracts/Methods: It is helpful to specify the time frame of the literature review. Especially given the overall aim to address the 'current' status of ETF. Also, why only two literature databases? Most reviews are more comprehensive. Suggest more detail on the search process.

Although detailed information on the search process, including databases and timeframe, was included in the original manuscript, this information was apparently lost in processing. We have reinserted the missing information (before the introduction). In fact, not 2 but 3 databases were included in the basic search, to which new studies which are not included in metaanalyses were added from other sources (journals, congress abstracts and other databases). In the revision process, we have included a number of additional recent reports in order to ensure that that our review is up to date and as comprehensive as possible.

Abstract/Results: Suggest the 4 major categories of complications be followed throughout the manuscript. These items are introduced unequally at different points in the review but the overall presentation across techniques is unbalanced. If this is the 'current status' the authors should state this from the outset.

Instead of following the four categories of complications (see below) we have made changes which give the manuscript a clearer structure and a better balance to the various sections, and have additionally emphasized the current status.

Body of manuscript: A consistent reporting format will help the reader follow the authors' intent. Perhaps consistent use of subheadings such as technique defined, clinical indications, techniques and variations, complications, treatment of complications. The manuscript as presented separates procedure and complications with the strongest and most clear presentation being the complications section. The brief section on the role of the NST is almost parenthetical to the remaining text. Perhaps this information could become part of an expanded introduction with roles delineated for each ETF method? The first sentence in the conclusions does not seem warranted...endoscopy has facilitatedperhaps because the focus on endoscopy is not clear in the body of the manuscript...and/or perhaps because this focus is not clarified in the abstract or elsewhere.

As stated above, a range of structural changes have been made, including new subheadings as appropriate, in order to improve the balance and clarity of the paper. However, the allocation of particular complications to specific techniques proved somewhat impractical, since many complications are in fact common to different placement methods. The section on NST has, as suggested by the reviewer, been augmented and included in an expanded introduction with more information on the roles of the various ETF techniques. We believe that the important role of endoscopy (and also of the experience of the endoscopist) is clear throughout the paper in its revised form.

References: The reference list is extensive but covers a wide span of years. If the focus is truly to review the current status...perhaps the writing focus and the literature review could emphasize recent developments.

We have made changes at several points to include new studies and have increased the emphasis on the state of current thinking and practice.

Reviewer 2:

This is a review article on enteral feeding techniques. It is quite well organized, but it suffers of imbalance between the separate procedures and the complications section. Moreover, the role of endoscopy in the enteral feeding is not adequately described in the text. Finally, as a comprehensive review paper, references must be updated and recent articles of the most recent developments must be cited and described in the text.

Structural changes have been made to the paper in order to improve the balance of the various sections (see above for more detail). We have stressed the role of endoscopy in the relevant sections and believe that this is now clarified throughout. A number of important new studies have been included in the manuscript in the course of revision, so that we now believe it to reflect the current status of experience and practice in the field of ETF.

3) References and typesetting were corrected.

4) An abstract in narrative form and a “core tip” were added as required. The abbreviations section was also reinserted, as it had apparently been lost in the submission process.

5) Language was revised and optimized, and a few typographical errors were also corrected. We are confident that the English is now grade “A” as required. Our colleague responsible for proof reading and language support, Janet Collins, is a native speaker experienced in medical writing, whose work has already been published in a number of prestigious journals including the British Medical Journal, Gut, and Alimentary Pharmacology and Therapeutics.

Please do not hesitate to contact us if you require any further information. Thank you again for publishing our manuscript in the World Journal of Gastroenterology.

Best regards

A handwritten signature in purple ink, appearing to read 'J. Stein', with a long horizontal flourish extending to the right.

Prof. Dr. med. Dr. oec. troph Jürgen Stein, FEBG, AGAF
Crohn Colitis Center Rhein-Main
Schifferstrasse 59
60594 Frankfurt, Germany
Tel: +49-69-9055978-10
Fax: +49-69-9055978-29
Email: j.stein@em.uni-frankfurt.de