

Part1: Response to reviewers:

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The authors have retrospectively reviewed their patients on the intestinal stroke center with acute mesenteric venous thrombosis (AMVT), which is a rare disease that is difficult to recognize and has high mortality rates. I congratulate the authors with their high number of patients, which allowed them to evaluate the clinical outcomes of patients after initiation of thrombolysis and describe risk factors for irreversible intestinal ischemia warranting surgery.

1. I'd like to advice the authors to abandon the words 'irreversible intestinal resection' throughout the manuscript and rephrase it into 'irreversible intestinal ischemia leading to resection'.

R: Thanks for the advice, we agree that “irreversible intestinal ischemia leading to resection” are more appropriate to reflect the background and aim of this research and we have revised this article according to your suggestion.

2. Why do the authors use ASMVT and AMVT? I'd choose one of the terms.

R: We have revised this article and only AMVT was used, per the reviewer's suggestion.

3. please add a ref for the description of your 'endovascular treatment of TT' in M and M.

R: The reference for “endovascular treatment of TT” was added in the revision.

4. in statistical paragraph: how did the authors check normality?

R: Quantitative variables were tested with Shapiro-Wilk test in SPSS to check normality. And we added this to statistical paragraph.

5. the authors should be aware that local peritonitis is a very subjective sign. I would not put too much weight on this sign in the results and discussion section.

R: Although local peritonitis is a subjective sign, it plays an important role in clinical judgement. And in previous research, the difference of local peritonitis

and diffuse peritonitis was rarely mentioned. In this article, we may put too much weight on this sign, and we reduced discussions concerning to this sign.

6. in presenting the clinical outcomes and follow-up: what is the exact reason for mortality?

R: 5 patients died due to sepsis induced MODS during hospitalization and 2 cases died caused by cardiovascular accidents during follow-up. And the exact reasons for mortality were added to the part of “clinical outcomes and follow-up”.

7. which factors did the authors test in their logistic regression (paragraph on predictors for irreversible intestinal resection) and please show these in a table with ORs and 95% CI?

R: According to the advice from biomedical statistician during statistic review, in order to reduce the complexity of the model due to relatively small numbers of populations in this research, only risk factors with P values < 0.01 in group comparisons (Apache II <0.001, Total leukocyte count P <0.001, C-reactive protein p <0.001, Serum albumin p= 0.001, Arterial lactate p < 0.001) were included into the multivariable logistic regression analysis. Apache II score and leukocyte count were the independent risk factors and the original results were shown below.

Variables in the Equation								
		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B) Lower Upper
Step 2 ^a	ApacheII	.862	.417	4.283	1	.038	2.368	1.047 5.357
	Leukocyte	.722	.326	4.888	1	.027	2.058	1.085 3.903
	Constant	-16.571	6.642	6.225	1	.013	.000	

a. Variable(s) entered on step 2: ApacheII.

Variables not in the Equation				
		Score	df	Sig.
Step 2	Variables			
	lactate	.192	1	.661
	creactiveprotein	.025	1	.875
	albumin	.363	1	.547
Overall Statistics		.589	3	.899

However, the similar result was also obtained in our initial analysis, in which risk factors with P values < 0.05 (Local peritonitis p= 0.048, Total bilirubin p= 0.035, Creatinine p= 0.040, Decreased bowel wall enhancement p=0.048) in group comparisons were also included and the independent risk factors were the same result (Apache II score and leukocyte count). The original results were shown below.

In order to achieve more scientific qualities in this research, we adopted the advice from statistician and the results were shown in table 4.

Variables in the Equation									
		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B) Lower	Upper
Step 2 ^a	ApacheII	.850	.413	4.234	1	.040	2.341	1.041	5.262
	Leukocyte	.706	.323	4.784	1	.029	2.025	1.076	3.811
	Constant	-16.265	6.597	6.078	1	.014	.000		

a. Variable(s) entered on step 2: ApacheII.

Variables not in the Equation					
Step 2	Variables	Score	df	Sig.	
	lactate	.182	1	.670	
	creactiveprotein	.029	1	.864	
	albumin	.313	1	.576	
	Localperitonitis	2.607	1	.106	
	Totalbilirubin	1.841	1	.175	
	Creatinine	1.016	1	.314	
	Decreasedbowelwallenhancement	.011	1	.916	
Overall Statistics		6.722	7	.458	

8. please provide sens, spec, LR+, LR- for the markers tested in your AUCs.

R: Detailed information about AUCs was provided in the table 5. Positive predictive value and negative predictive value, instead of LR+ and LR, may have more predictive values in scientific research and were shown in table 5.

Table 5: Diagnostic value of the risk factors for the diagnosis of irreversible intestinal ischemia in AMVT patients by transcatheter thrombolysis.

Variables	AUC	Cut-off values	Sensitivity	Specificity	PPV	NPV	Youden index
Apache II score	0.728	8.5	0.933	0.440	0.682	0.833	0.373
Leukocyte counts	0.947	12×10^9	0.900	1	1	0.893	0.900

AUC: area under curve; PPV: positive predictive value; NPV: negative predictive value.

9. the last sentences in the paragraph on predictors for irreversible intestinal resection show results on the dynamics of leukocyte count upon TT: was this a goal of the study? I would suggest to incorporate the dynamics of leukocyte count in the logistic regression as predictor for success.

R: The dynamics of leukocyte count upon TT were not the goal of the study. During the process of data analysis, we found this interesting result of decreased leukocyte count upon TT and it was added to this paragraph. However, it may be misleading. So, we cancelled this part to make the results more appropriate.

10. Can the authors also perform subgroup analysis of the patients undergoing resection because of necrosis or stenosis? I assume that the patients with necrosis had more acute signs and stenosis presented in later stages.

R: We agreed with the reviewer's comments. The patients with necrosis had more acute signs and stenosis usually presented with more chronic symptoms. The main aim of this research is to early identify irreversible intestinal ischemia. As pointed by the reviewer, subgroup or further deep analysis of these data is the direction of our future studies. We appreciated for the valuable suggestions.

11. Can the authors speculate on groups comparisons as shown in table 1 and 2 versus the logistic regression: what do the authors think that is more appropriate to find risk factors?

R: Do you mean the difference between group comparisons and single factor logistic regression? According to the advice from the statistician, group comparisons and single factor logistic regression can both be used to find potential risk factors. And there are no significant differences between these two methods during preliminary screening. However, the former is more used in scientific research. In this study, we used group comparisons and subsequent binary logistic regression to explore independent risk factors.

Part1: Response to science editors: Most of the revisions involves format, organizations, and symbols. So, the revisions were not highlighted in the updated version. If necessary, I can provide a new version in which all the revisions will be highlighted.

Query No.	Description	Author's Response
1	<i>General information of the manuscript</i> Name of journal: World Journal of Gastroenterology Manuscript NO.: 55144 Column: Retrospective Cohort Study Title: Predictors of Irreversible Intestinal Resection in Patients with Acute Mesenteric Venous Thrombosis: A Retrospective Cohort Study	Checked

	<p>Authors: Shilong Sun, Xinyu Wang, Chengnan Chu, Baochen Liu, Qiu-Rong Li and Weiwei Ding</p> <p>Corresponding author: Weiwei Ding, MD, PhD, Associate Specialist, Director, Doctor, Surgeon, Jinling Hospital, Medical School of Nanjing University, Research Institute of General Surgery,, 305 East Zhongshan Road, Nanjing 210002, Jiangsu Province, P.R. China, nanjing 210002, jiangsu, China. dingweiweinj@icloud.com</p> <p>Date of signature: (Month/Day/Year)</p> <p>Reviewer code: 03647899</p> <p>First decision: 2020-04-25 16:05</p> <p>Scientific Editor: Le Zhang</p> <p>Date of signature: (Month/Day/Year)</p>	
2	<p><i>Manuscript revision deadline</i></p> <p>The deadline to submit your manuscript revisions is May 27, 2020.</p>	Checked
3	<p><i>Style and format</i></p> <p>Issues raised 1: File format. The text of the manuscript is typed in Book Antiqua font, 12 pt, with 1.5 line-spacing. We only accept the manuscript in MS Word format, and the manuscript in any other format will be rejected.</p> <p>Issues raised 2: Length. Manuscripts can be any length. There are no restrictions on word count, number of figures, or amount of supporting information.</p> <p>Issues raised 3: Page. Continuous page numbers, starting from the Title Page, must be included in the</p>	<p>Revised:</p> <p>The format and page numbers of this article were revised according to the issues.</p>

	manuscript file. Page numbers should be located at the bottom right corner of the page . Line numbers are not permitted.	
4	<p><i>Abbreviations</i></p> <p>Issues raised 1: Abbreviations must be defined upon first appearance in the Abstract, Key words, Core tip, Main Text, Article Highlights, Figure Legends, and Tables. Do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/ definition.</p> <p>Examples:</p> <p>Example 1: Hepatocellular carcinoma (HCC)</p> <p>Example 2: <i>Helicobacter pylori</i> (<i>H. pylori</i>)</p>	Checked
5	<p><i>Ethics</i></p> <p>Issues raised 1: Institutional review board approval form or document. Please upload the primary version (PDF) of the Institutional Review Board's official approval, prepared in the official language of the authors' country to the system; for example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, <i>etc.</i></p> <p>Example: Download our sample of institutional review board approval, at https://www.wjgnet.com/bpg/GerInfo/287.</p>	<p>Revised:</p> <p>The primary version of the informed consent form that has been signed by all subjects and investigators was prepared and uploaded.</p>

	<p>Issues raised 2: Institutional animal care and use committee approval form or document. Please upload the primary version (PDF) of the Institutional Animal Care and Use Committee's official approval in the official language of the authors' country to the system; for example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, <i>etc.</i></p> <p>Example: Download our sample of institutional animal care and use committee approval, at https://www.wjgnet.com/bpg/GerInfo/287.</p> <p>Issues raised 3: Signed informed consent form(s) or document(s)-Clinical study. Please upload the primary version (PDF) of the Informed Consent Form that has been signed by all subjects and investigators of the study, prepared in the official language of the authors' country to the system; for example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document,</p>	
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	<p><i>etc.</i></p> <p>Example: Download our sample of signed informed consent-Clinical study, at https://www.wjgnet.com/bpg/GerInfo/287.</p> <p>Issues raised 4: Signed informed consent form(s) or document(s)-Case report. Please upload the primary version (PDF) of the Informed Consent Form (Surgical procedures or other) that has been signed by the patients in the study, prepared in the official language of the authors' country to the system; for example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, <i>etc.</i></p> <p>Example: Download our sample of signed informed consent-Case report, at https://www.wjgnet.com/bpg/GerInfo/287.</p>	
6	<p><i>Language editing certificate</i></p> <p>Issues raised 1: The English language of the manuscript was rated by the peer reviewers as at least Grade B, which itself does not meet the BPG publishing requirements (<i>i.e.</i> Grade A). Before final acceptance, the authors must provide an English Language Certificate issued by a professional English language editing company. Obtaining this</p>	<p>Checked:</p> <p>The article was edited by AJE and the certificated was provided.</p>

	<p>service is the responsibility of the authors. Please visit the following website for the professional English language editing companies we recommend:</p> <p>https://www.wjgnet.com/bpg/gerinfo/240.</p> <p>Submissions that do not meet the BPG publication criterion for language standards may be rejected.</p>	
7	<p><i>CrossCheck</i></p> <p>Issues raised 1: The highest single-source similarity index was no more than 6% in the CrossCheck report. The authors need to rephrase any repeated portion of text. If authors do not address the issue of similarity in the CrossCheck report, we will not consider final acceptance of the manuscript.</p>	<p>Checked:</p> <p>The highest single-source similarity index was 4% in the CrossCheck report.</p>
8	<p><i>Manuscript organization</i></p> <p>Manuscripts should be organized as follows (the fixed headings are copied):</p> <p>Name of Journal:</p> <p>Manuscript NO:</p> <p>Manuscript Type:</p> <p>Title:</p> <p>Running title:</p> <p>Author(s):</p> <p>Author(s) and institution(s):</p> <p>Author contributions:</p> <p>Supported by</p> <p>Corresponding author:</p>	<p>Revised:</p> <p>The article was reorganized accordingly.</p>

	<p>Received:</p> <p>Revised:</p> <p>Accepted:</p> <p>Published online:</p> <p>Abstract</p> <p>BACKGROUND</p> <p>AIM</p> <p>METHODS</p> <p>RESULTS</p> <p>CONCLUSION</p> <p>Key words:</p> <p>Citation:</p> <p>Core tip:</p> <p><u>INTRODUCTION</u></p> <p><u>MATERIALS AND METHODS</u></p> <p><u>RESULTS</u></p> <p><u>DISCUSSION</u></p> <p><u>CONCLUSION (optional)</u></p> <p><u>ARTICLE HIGHLIGHTS</u></p> <p><i>Research background</i></p> <p><i>Research motivation</i></p> <p><i>Research objectives</i></p> <p><i>Research methods</i></p> <p><i>Research results</i></p> <p><i>Research conclusions</i></p>	
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	<p><i>Research perspectives</i></p> <p><u>ACKNOWLEDGEMENTS</u></p> <p>REFERENCES</p> <p>Footnotes</p> <p>Institutional review board statement:</p> <p>Institutional animal care and use committee statement:</p> <p>Conflict-of-interest statement:</p> <p>Data sharing statement:</p> <p>Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/4.0/</p> <p>Manuscript source:</p> <p>Peer-review started:</p> <p>First decision:</p> <p>Article in press:</p> <p>Specialty type:</p> <p>Country/Territory of origin:</p>	
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	<p>Peer-review report's scientific quality classification</p> <p>Grade A (Excellent):</p> <p>Grade B (Very good):</p> <p>Grade C (Good):</p> <p>Grade D (Fair):</p> <p>Grade E (Poor):</p> <p>P-Reviewer:</p> <p>S-Editor:</p> <p>L-Editor:</p> <p>E-Editor:</p> <p>Figure Legends</p>	
9	<p><i>Title</i></p> <p>Issues raised 1: Please delete any article (The, A, or An) at the beginning of the title.</p> <p>Issues raised 2: Please spell out any abbreviation in the title.</p> <p>Issues raised 3: Please add the core key word in the title. Abbreviations are not permitted.</p> <p>Issues raised 4: Please shorten the title to no more than 12 words.</p>	<p>Checked.</p> <p>The title includes 12 words (except the manuscript type)</p>
10	<p><i>Running title</i></p> <p>Issues raised 1: Please shorten the running title to no more than 6 words. Abbreviations are permitted.</p>	<p>Revised:</p> <p>The running title was added and involves 6 words.</p>
11	<p><i>Author list</i></p>	<p>Checked</p>

	<p>Issues raised 1: Authors should be listed in accordance with the authorship requirements listed in the Guidelines for Authors. Designation of co-first authors and co-corresponding authors is not permitted. Checked</p> <p>Example 1: Jason Lamontagne, Laura F Steel, Paul V Harper Jr, Bo Yuan, Wei-Hong Tang</p> <p>Issues raised 2: All authors must provide an ORCID ID number. Please register online at https://orcid.org/. Before the final acceptance of the manuscript, each author must register an ORCID number or the authors without an ORCID number must be removed from the author list. Checked</p>	
12	<p><i>Author names and affiliations</i></p> <p>Issues raised 1: Each author on the list must have an affiliation. Authors are requested to adjust the order of authors and affiliations. Authors who have the same affiliation should be listed together. When one author has several affiliations, each affiliation will be listed separately. The writing format is: name (in bold font), department, institution, city, zip code, province (state), country. Checked</p> <p>Examples:</p> <p>Example 1: Yuki Aisu, Tomohide Hori, Department of Surgery, Kyoto University Graduate School of Medicine, Kyoto 606-8507, Japan</p> <p>Example 2: Zhen-Jiang Li, Bin Duan, Peng Du, Department of Kidney Disease, Dialysis Center, Shaanxi Provincial People's Hospital, Xi'an 710068,</p>	Checked

	<p>Shaanxi Province, China</p> <p>Example 3: Katherine Roth, Jenna Strickland, Bryan L Copple, Department of Pharmacology and Toxicology, Institute for Integrative Toxicology, Michigan State University, East Lansing, MI 48824, United States</p>	
13	<p><i>BPG copyright license agreement</i></p> <p>Issues raised 1: Please verify whether the number of author names in the manuscript is the same as that of authors who signed the copyright form.</p> <p>Issues raised 2: Please verify whether the order of author names is the same as that of authors who signed the copyright form.</p>	<p>Revised: New Signed BPG Copyright License Agreement was uploaded.</p>
14	<p><i>Author contributions</i></p> <p>Issues raised 1: The contributions of each author must be listed according to the order of authorship. The ‘Author contributions’ passage describes the specific contribution(s) made by each author. The authors’ names will be listed in the following format: full family (sur)name followed by abbreviated first and middles names; for example, Bryan L Copple should be revised as Copple BL.</p> <p>Examples of ‘Author contributions’:</p> <p>Author contributions: Velikova TV was involved in the study conceptualization, data curation, funding acquisition, investigation, project administration, and writing of the original draft; Miteva L performed the data curation and formal analysis, and participated in the investigation, methodology</p>	<p>Revised: Author contributions were revised according to the issue.</p>

	<p>design, software utilization, data visualization, and writing, review and editing of the manuscript; Stanilov N was involved in the data curation, investigation, provision of resources, and writing, review and editing of the manuscript; Spassova Z took part in the provision of resources, supervision of the study, and writing, review and editing of the manuscript; Stanilova SA was involved in the study conceptualization and funding acquisition, and participated in the investigation, methodology design, project administration and supervision, data validation and visualization, and writing, review and editing of the manuscript; All authors have read and approve the final manuscript.</p>	
15	<p><i>Supported by</i></p> <p>Issues raised 1: Please specify the full name of each funding source and the corresponding grant number. Insert a semicolon (;) between funds, and end with a period (.).</p> <p>Example:</p> <p>Supported by National Natural Science Foundation of China, No. 31501861 and No. 31672286; and Natural Science Foundation of Shandong Province, China, No. ZR2015CM013.</p> <p>Issues raised 2: Please verify whether the supporting documents are consistent with the type and number of funds listed in the manuscript. If not, delete those without supporting documents.</p>	<p>Revised</p> <p>This part was revised according to the issue.</p>
16	<p><i>Corresponding author</i></p> <p>Issues raised 1: Please change the corresponding</p>	<p>Revised:</p> <p>This part</p>

	<p>author's institution name and address. The institution name must be consistent with the first listed institution name. The 'Corresponding author' passage provides the corresponding author's full first and family (sur)names, abbreviated title (<i>e.g.</i>, MD, PhD), affiliated institute's name and complete postal address (including zip code) and e-mail (written in all lowercase).</p> <p>Examples:</p> <p>Example 1: Corresponding author: Qian Liu, MD, Chief Doctor, Professor, Surgeon, Department of Colorectal Surgery, National Cancer Center/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, No. 17, Panjiayuan Nanli, Chaoyang District, Beijing 100021, China. fcwpunch@163.com</p> <p>Example 2: Corresponding author: Bin Niu, PhD, Doctor, Department of Gastrointestinal Surgery, The Fifth Affiliated Hospital of Sun Yat-Sen University, 52 Meihua East Road, Xiangzhou District, Zhuhai 519000, Guangdong Province, China. nongmunl125@163.com</p> <p>Example 3: Corresponding author: Andrzej S Tarnawski, MD, PhD, DSc (Med), Professor of Medicine, Chief, Gastroenterology, VA Long Beach Health Care System, University of California, Irvine, 5901 E Seventh St, Long Beach, CA 90822, United States. astarnaw@uci.edu</p>	<p>was also revised carefully according to the examples.</p>
17	<p>Citation</p> <p>Issues raised 1: Please ensure the presence of a</p>	<p>Revised: Citation was</p>

	<p>citation that includes all authors, title, journal name, year, and the phrase 'In press'. The order of authors' names should be consistent with the order of authorship, with the full last name placed in front of the abbreviated first and middle names.</p> <p>Example:</p> <p>Citation: Troncone E, Fugazza A, Cappello A, Blanco GDV, Monteleone G, Repici A, Teoh AYB, Anderloni A. Malignant gastric outlet obstruction: Which is the best therapeutic option? <i>World J Gastroenterol</i> 2020; In press</p>	<p>added in the article.</p>
18	<p>Core tip</p> <p>Issues raised 1: The Core tip is a short paragraph that is independent of the content of the abstract. The 'Core tip' provides a summary (less than 100 words) of the study that outlines the most innovative and important arguments.</p> <p>Issues raised 2: Please ensure the Audio Core tip file has been provided in mp3, wav, or other audio format.</p>	<p>Revised:</p> <p>Core tip was added to the manuscript and audio core tip was also uploaded.</p>
19	<p>Introduction, Materials and Methods, Results, Discussion, and Conclusion (optional)</p> <p>Issues raised 1: Please verify whether some words in the text are correctly italicized. checked</p> <p>Examples:</p> <p>Example 1: Quantities, such as <i>t</i> (time or temperature), <i>c</i> (concentration), <i>A</i> (area), <i>l</i> (length), <i>m</i> (mass), and <i>V</i> (volume).</p> <p>Example 2: Genotypes, such as <i>gyrA</i>, <i>arg 1</i>, <i>c-myc</i>, and <i>c-fos</i>.</p>	<p>Revised:</p> <p>The main text was carefully revised according to the issues, especially the italicized</p>

	<p>Example 3: Restriction enzymes, such as <i>EcoRI</i>, <i>HindI</i>, <i>BamHI</i>, <i>KboI</i>, and <i>KpnI</i>.</p> <p>Example 4: Biological nomenclature, such as <i>H. pylori</i> and <i>E. coli</i>.</p> <p>Issues raised 2: Please verify whether the units used in the text are correct. checked</p> <p>Example: Week, month, hour, minute, seconds, millimeter, kilometer, gram, and kilogram should be abbreviated as wk, mo, h, min, s, mm, km, g, and kg, respectively.</p> <p>The format for how to accurately write common units and quantities can be found at: https://www.wjgnet.com/bpg/gerinfo/189.</p> <p>Issues raised 3: Please verify whether units are written correctly. checked</p> <p>Example: KD, KPa, mM, uM, ml, mm Hg, and cm H₂O should be changed to kDa, kPa, mL, mmol/L, μmol/L, mmHg, and cmH₂O, respectively.</p> <p>The format for how to accurately write common units and quantities can be found at: https://www.wjgnet.com/bpg/gerinfo/189.</p> <p>Issues raised 4: Please verify statistical symbols are used in a standard way, including: (1) lowercase letter <i>t</i> for <i>t</i> test; (2) uppercase letter <i>F</i> for <i>F</i> test; (3) lowercase Greek letter χ^2 for chi-square test; (4) lowercase letter <i>r</i> for correlation coefficient; (5) lowercase Greek letter <i>u</i> for degree of freedom; (6) lowercase letter <i>n</i> for sample number; and (7) italicized uppercase letter <i>P</i> for probability. In statistical processing, mean \pm standard deviation is expressed as mean \pm SD, and mean \pm standard error</p>	<p>words and units.</p>
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	as mean \pm SE. checked	
20	<p><i>Acknowledgements</i></p> <p>Issues raised 1: The Acknowledgements section should not include funding source, language editing companies, and other biomedical institutions providing paid services. Please delete the contents that are not suitable for the Acknowledgements section.</p>	<p>Revised</p> <p>The part was revised and nothing to declare.</p>
21	<p><i>Article Highlights</i></p> <p>Issues raised 1: The Article Highlights section should be independent of Abstract and will include all following subsections: Research background, Research motivation, Research objectives, Research methods, Research results, Research conclusions, and Research perspectives.</p> <p>The guidelines for writing and formatting the Article Highlights are as follows:</p> <p>(1) <i>Research background</i></p> <p>The background, present status, and significance of the study should be described in detail.</p> <p>(2) <i>Research motivation</i></p> <p>The main topics, the key problems to be solved, and the significance of solving these problems for future research in this field should be described in detail.</p> <p>(3) <i>Research objectives</i></p> <p>The main objectives, the objectives that were realized, and the significance of realizing these objectives for future research in this field should be described in detail.</p>	<p>Revised:</p> <p>Article highlights was added before reference and it was managed according to the issues.</p>

	<p>(4) <i>Research methods</i></p> <p>The research methods (<i>e.g.</i>, experiments, data analysis, surveys, and clinical trials) that were adopted to realize the objectives, as well as the characteristics and novelty of these research methods, should be described in detail.</p> <p>(5) <i>Research results</i></p> <p>The research findings, their contributions to the overall research in this field, and the problems that remain to be solved should be described in detail. Research results should be presented in a different way from the RESULTS in the Abstract.</p> <p>(6) <i>Research conclusions</i></p> <p>The following questions should be briefly answered:</p> <p>What are the new findings of this study?</p> <p>What are the new theories that this study proposes?</p> <p>What are the appropriate summarizations of the current knowledge that this study provided?</p> <p>What are the original insights into the current knowledge that this study offered?</p> <p>What are the new hypotheses that this study proposed?</p> <p>What are the new methods that this study proposed?</p> <p>What are the new phenomena that were found through experiments in this study?</p> <p>What are the hypotheses that were confirmed through experiments in this study?</p> <p>What are the implications of this study for clinical</p>	
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	<p>practice in the future?</p> <p><i>(7) Research perspectives</i></p> <p>What experiences and lessons can be learnt from this study?</p> <p>What is the direction of the future research?</p> <p>What is/are the best method/s for the future research?</p>	
22	<p>References</p> <p>The authors are responsible for accuracy and completeness of their references and for correct in-text citation. The in-text citation of references should occur in ascending numerical order upon first appearance in the Main Text of the manuscript file. No references should be present in the Abstract, Core tip, or Article Highlights.</p> <p>Issues raised 1: The "reference numbering system" should be adopted; that is, the Arabic number of references will be arranged in ascending order according to the order they appear in the text, and the reference number will be indicated with square brackets in the upper right corner of the place where it is cited. Checked</p> <p>Examples:</p> <p>Example 1: In "Other studies have reported lower hospital mortalities and intubation complication rates for helmet-based NIV than for oronasal mask-based NIV in cases of acute respiratory failure⁷⁻⁹ or (7-9)", the "7-9" or "(7-9)" citation should be changed to "...failure^[7-9]" with superscript format.</p> <p>Example 2: "Length, diameter and radial expansive</p>	<p>Revised:</p> <p>All references were carefully checked and the format was revised carefully</p>

	<p>force after deployment was modeled^[1,18,22-25]."</p> <p>Issues raised 2: There is a space after ", " in reference citation [1, 2]. Please delete all spaces after ", " and format ^[1,2] as superscript. Checked</p> <p>Issues raised 3: It is incorrect that the reference number in reference citation [1,4,2] has not been numbered in ascending order. Please change [1,4,2] to ^[1,2,4] and format it as superscript. Checked</p> <p>Issues raised 4: For in-text citations including authors' names, please use the first author's name followed by <i>et al</i> when there are more than two authors, <i>e.g.</i>, Larssen <i>et al</i>^[28]. Checked</p> <p>Issues raised 5: There is no need to use a hyphen between two consecutive references. Please change [1-2] to ^[1,2] and format it as superscript. Checked</p> <p>Issues raised 6: A hyphen is required when three or more references are cited in succession. Please change ^[1,2,3,4] to ^[1-4]. Checked</p> <p>Issues raised 7: No space is allowed between the text word and the reference number. Please change "world ^[1,2]" to "world^[1,2]". Checked</p> <p>Issues raised 8: The in-text numbering of references is not in order and there are duplicate citations. Please verify that each in-text reference number is arranged in ascending order and delete duplicate</p>	
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reference citations.

Checked

Issues raised 9: Please ensure the PubMed identification numbers and DOI citation numbers are present in the reference list and all authors of each referenced paper are listed for it. Please revise throughout. The PMID is required, and NOT the PMCID; the PMID number can be found at <https://pubmed.ncbi.nlm.nih.gov>. (The information should begin with "PMID: ") The DOI number can be found at <http://www.crossref.org/SimpleTextQuery/>. (The information should begin with "DOI: 10.**").

Checked

Issues raised 10: For PMID and DOI numbers of references from English-language journals, please ensure there is a space between the PMID and DOI numbers in the square brackets. Do not add [] to the numbering of references or add any symbol at the end of PMID and DOI numbers.

Checked

Example: Antoniou SA, Kohler G, Antoniou GA, Muysoms FE, Pointner R, Granderath FA. Meta-analysis of randomized trials comparing nonpenetrating vs mechanical mesh fixation in laparoscopic inguinal hernia repair. *Am J Surg* 2016; **211**: 239-249 [PMID: 26316363 DOI: 10.1016/j.amjsurg.2015.06.008]

Issues raised 11: Please delete the references without PMID or DOI number, except for WHO guidelines and book references. When a reference

	<p>must be cited, please provide the full web address.</p> <p>Checked</p> <p>Example: Cannon R. Riloncept to improve artery function in patients with atherosclerosis. [accessed 2015 Apr 25]. In: ClinicalTrials.gov [Internet]. Bethesda (MD): U.S. National Library of Medicine. ClinicalTrials.gov Identifier: NCT00417417. Available from: http://clinicaltrials.gov/show/NCT00417417.</p> <p>Issues raised 12: For PMID and DOI numbers of references from Chinese-language journals, please add a space between the PMID and DOI numbers in the square brackets. The name of the Chinese-language journal cited should be written in Chinese Pinyin according to each word, with the first letter of each word capitalized and all words italicized.</p> <p>Checked</p> <p>Example: Zhang ZM, Deng H, Zhang C, Yu HW, Liu Z, Liu LM, Wan BJ, Zhu MW. Strategies for diagnosis and treatment of benign and malignant colorectal obstruction. <i>Shijie Huaren Xiaohua Zazhi</i> 2017; 25: 2597-2604 [DOI: 10.11569/wcjd.v25.i29.2597]</p>	
23	<p>Figures and Tables</p> <p>The figure legends, figures, tables, and table notes should be on separate pages at the end of the manuscript. The authors should create vector graphics and images using Microsoft PowerPoint to ensure that all graphs or text portions can be reprocessed by the editor.</p>	<p>Revised:</p> <p>The format of figures and tables was revised accordingly.</p>

	<p>Issues raised 1: Figures should be cited in ascending numeric order at first appearance in the manuscript file. Please verify the number and order of in-text citations of figures and tables to avoid out-of-order or missing citations. Checked</p> <p>Issues raised 2: Please check the text format in the figures and tables. Capitalize the first letter of a sentence and lowercase the rest, except for special phrases. Checked</p> <p>Issues raised 3: Prepare Microsoft Excel or Word tables as three-line tables. Carriage returns or spaces are not allowed to be used for replacing lines. Only top/bottom lines and column line are displayed, and other lines should be hidden. Sub-tables are not allowed within tables; for example, Table 1A and Table 1B. Tables in picture format are unacceptable. Checked</p> <p>Issues raised 4: Uniform presentation should be used for figures showing the same or similar contents (using lettered panels); for example: "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ..." Checked</p> <p>Issues raised 5: Note the correct use of spaces; for example, there is no space before or after a hyphen. Please change 3(1 - 5) to 3 (1-5). Spaces are required before numbers. Please change ≥ 20 to ≥ 20. Checked</p> <p>Issues raised 6: Please use decimal point, counting symbol, <i>etc</i> correctly; for example, please change 30,25% to 30.25%, and 12,000 or 12 000 patients to</p>	<p>And figures were provided in Microsoft PowerPoint.</p>
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	<p>12000 patients. Checked</p> <p>Issues raised 7: Please use n (%) correctly. For example, please change 55 (10.3%) to 55 (10.3). Checked</p> <p>Issues raised 8: For notes in illustrations and tables, data with statistical significance in a figure or table should be denoted using superscripted alphabetical lettering, such as $^aP < 0.05$ and $^bP < 0.01$. If there are other series of P values, the alphabetical subscripted denotation format is continued, such as $^cP < 0.05$ <i>vs</i> control, $^dP < 0.01$ <i>vs</i> control, $^eP < 0.05$ <i>vs</i> group A, and $^fP < 0.01$ <i>vs</i> group B. Data that are not statistically significant should not be denoted, <i>i.e.</i> $P > 0.05$ is not an allowed denotation. In statistical processing, mean \pm standard deviation is expressed as mean \pm SD and mean \pm standard error as mean \pm SE. Special symbols, such as #, *, &, and ¥, are not permitted to be present in tables. Checked</p> <p>Issues raised 9: Please verify the abbreviations used in figures and 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. Checked</p> <p>Issues raised 10: Please address the following special requirements for figures. Figures must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, <i>etc</i>). The requirements for the figures and figure legends include: (A) All submitted figures, including the text contained within the figures, must be editable. Please provide the text in your figure(s) in text</p>	
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	<p>boxes; (B) For line drawings that were automatically generated with software, please provide the labels/values of the ordinate and abscissa in text boxes; (C) Please prepare and arrange the figures using PowerPoint to ensure that all graphs or text portions can be reprocessed by the editor; and (D) In consideration of color-blind readers, please avoid using red and green for contrast in vector graphics or images. Checked</p> <p>Issues raised 11: Please address the following special requirements for tables. Tables must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, <i>etc</i>). Please verify that the tables are referred to in the text by their respective Roman numerals and that the numbering order is correct and the format is correct. Please verify that there are no missing or multiple spaces in the text and tables, <i>e.g.</i>, before or after parentheses, between words, or before or after symbols like +, ×, ±, <, >, ≥, and ≤. Please verify that the special words or letters in the text and tables are correct, <i>e.g.</i>, <i>P</i> (uppercase), <i>n</i> (lowercase), <i>via</i>, <i>vs</i> (lowercase, no punctuation), <i>in vivo</i>, <i>in vitro</i>, and <i>et al</i> (no punctuation) are italicized. Checked</p> <p>Issues raised 12: Please ensure the figures and tables in the Supplemental materials are placed together to make a separate document, and cited in the text in the correct order. The preparation of supplementary figures and tables should follow the same standard as the preparation of figures and tables in the manuscript. Checked</p>	
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24	<p><i>Answering reviewers</i></p> <p>Issues raised 1: Please carefully check the comments in the Peer-review report and ensure that a point-to-point response to the questions posed by each peer reviewer is provided. The Answering reviewers document must be provided before the manuscript can be finally accepted. Checked</p>	<p>Checked:</p> <p>A point-to-point response to the questions posed by reviewers was provided in this file.</p>
25	<p><i>Final checks</i></p> <p>When the Company Editor-in-Chief has provided the decision of acceptance, the authors will have one last opportunity to correct any errors in their manuscript. Please check all of your final files very carefully, because there will be no additional opportunities to check or change anything after this point.</p> <p>When you are ready to resubmit your final revised paper and all required accompanying documents (listed below), you can begin the uploading process <i>via</i> the F6Publishing system at</p> <p>(1) 55144-Manuscript File; (2) 55144-Answering Reviewers; (3) 55144-Audio Core Tip; (4) 55144-Biostatistics Review Certificate; (5) 55144-Conflict-of-Interest Disclosure Form; (6) 55144-Copyright License Agreement; (7) 55144-Approved Grant Application Form(s) or Funding Agency Copy of</p>	<p>Checked:</p> <p>All issues listed by science editor were carefully checked and were revised accordingly.</p> <p>Updated files were uploaded <i>via</i> the F6Publishing system</p>

	<p>any Approval Document(s); (8) 55144-Signed Informed Consent Form(s) or Document(s); (9) 55144-Institutional Review Board Approval Form or Document; (10) 55144-Non-Native Speakers of English Editing Certificate; (11) 55144-Video; (12) 55144-Image File; (13) 55144-STROBE Statement; and (14) 55144-Supplementary Material.</p>	
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