

Dear Editor:

Thank you for carefully reviewing our manuscript titled “A bundle for peripherally inserted central catheter placement in neonates with persistent left superior vena cava: Eight case reports” for possible publication in the *World Journal of Clinical Cases*. We are grateful to you and the reviewers for the constructive critiques. We have revised the manuscript, **highlighting our revisions in red**, and have attached point-by-point responses to the reviewers' comments below.

Thank you for your consideration and further review of our manuscript. Please do not hesitate to contact us with any further questions or recommendations.

Yours sincerely,

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Responses to the Reviewers' Comments:

Reviewer #1: Specific Comments to Authors: Dear authors, I would like to thank you for this study. Please go through the file attached and correct as per the comments. It would be good if you make another section under discussion as challenges of this approach.

Response: Thank you for your hard work and review of our paper. We have reviewed the file attached and made corrections according to the comments. **Our revisions are highlighted in red**, and we have responded to the questions through the comment box. According to your suggestion, we have discussed the challenges of this new approach in Table 3.

Reviewer # 2: Specific Comments to Authors: Dear Authors, I would like to thank you all for this case series on an important subject-I will ask for several revisions, which I believe will strengthen the manuscript.

1. Instead of using the word bundle please use "acronym" Acronym: an abbreviation formed from the initial letters of other words and pronounced as a word.

Response: Thank you for your comment. However, the editor of the magazine asked that we spell out any abbreviations in the title, as abbreviations are not permitted. Thus, we haven't changed the title for now.

2. The article can be more educative is the indications of PICC placement in neonates in general can be addressed at the introduction part.

Response: Thank you for your constructive suggestion. We have added the indications for PICC placement in neonates to the Introduction section.

3. At the history of present illness subtitle, a step-wise unnecessarily detailed explanation of a PICC tail placement procedure was given. This is not required as the procedure is not novel nor relevant to the sub-title.

Response: Thank you for your comments. We have deleted this part of the description in the history of the present illness.

4. Do the authors at least have a one-year follow-up? How is the clinical outcome in this patient group?

Response: Thank you for your questions. We have added the follow-up data of these patients to the third paragraph of the Outcome and Follow-up section.

5. Do the PICC placement team, which, from my understanding consist of nurses receive additional training for this procedure? If so, the details of this training should be presented to the reader. Because this is a highly invasive procedure in my country only medical doctors are allowed to place central catheters.

Response: Thank you for your comments. We apologize for not presenting the details of this training. In our country, PICC placement is performed members of by a PICC team (composed of registered nurses who have professional PICC knowledge, have passed skills training, have passed the assessment for qualification for PICC insertion, and have at least 5 years of clinical work experience), and central catheters other than PICCs are placed by medical doctors. We have explained these details in the Method of PICC placement section.

6. The authors state that "In the future, PICC placement should be performed under the guidance of B-ultrasound if B-ultrasound or chest X ray is not performed before PICC procedure." Are the authors now practicing PICC placement in their institution as per their recommendation. did they change their practice with the help of the conclusions they made from this study.

Response: Thank you for your comments. We have changed our practice based on the conclusions we made from this study. Now, when we encounter neonates who urgently require PICC placement, the PICC team usually evaluates the blood vessel first, and if placement may be difficult or if a B-ultrasound or chest X-ray examination is not performed before PICC placement, we will perform the procedure under B-ultrasound guidance. We have explained these details in the last paragraph of the Method of PICC placement section.

7. The types of PLSVC has been introduced at the discussion section. That is not the right place, the classification should be introduced at the introduction or Materials and Methods section.

Response: Thank you for the constructive question. We have moved the content on the types of PLSVCs from the Discussion section to the Introduction section.

8. What is unextubated? at the discussion section under the subtitle "the influence of PICCs in different types of PLSVC in the clinic" subtitle authors use "unextubated".

when the tip is in correct position. This word doesn't match the rest of the sentence, I cannot understand the message of this sentence. Please clarify.

Response: We apologize for using this incorrect expression. We have moved this content to the Introduction section and replaced the word “unextubated” with “can continue to be used”.

9. At the conclusion, T is for time, but should be clarified as-A PICC placement should be delayed at least 24 hours after birth in elective clinical settings.

Response: Thank you for the constructive question. In the Conclusion section, we have clarified this sentence, as follows: PICC placement should be delayed at least 24 hours after birth in elective clinical settings.

10. Overall the manuscript is well written. But more details on the cases and shortened discussion are essential.

Response: We appreciate your suggestion. Accordingly, we have revised many details and appropriately streamlined the Discussion section.

ABBREVIATIONS

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

Response: Thank you for this reminder. There are no abbreviations in the title.

(2) Running title: Please shorten the running title to no more than 6 words. Abbreviations are permitted.

Response: We appreciate your suggestion. We have shortened the running title to 6 words.

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

Response: Thank you for this reminder. We have already defined the abbreviations that appear in the Abstract section when they first appear.

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

Response: Thank you for this reminder. There are no abbreviations in our Key Words section.

(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)

Response: Thank you for this reminder. We have already defined the abbreviations that appear in the Core Tip section when they first appear.

(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)

Response: Thank you for this reminder. We have already defined the abbreviations that appear in the Main Text section when they first appear.

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Examples: Example 1: Hepatocellular carcinoma (HCC).

Example 2: Helicobacter pylori (H. pylori)

Response: Thank you for this reminder. We have already defined the abbreviations that appear in the Article Highlights section when they first appear.

(7) 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.

Response: Thank you for this reminder. We have already verified the abbreviations used in figures and defined them (separated by semicolons) at the end of each figure legend.

(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: Thank you for this reminder. We have already verified the abbreviations used in tables and defined them (separated by semicolons) at the end of each table.

Editorial office's comments:

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

Science editor:

Issues raised:

(1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval

document(s);

Response: Thank you for this reminder. We will upload the approved grant application form(s) and the funding agency copy of any approval document(s).

(2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: We appreciate the science editor's suggestion. We will upload the original figure documents using PowerPoint.

Finally, we have addressed all language issues in the manuscript and will submit the revised manuscript accordingly.