Professor Jing Yu
Scientific Editor
World Journal of Gastroenterology

December 14, 2016

Re: Revision of Manuscript No. 30277
Title: Prognostic factors associated with mortality in patients with gastric fundal variceal bleeding

Dear Prof. Yu,

We would like to thank you and the reviewers for your thorough appraisal of our manuscript. We have carefully revised the manuscript in response to the reviewers' comments. All changes are indicated in red in the revised manuscript. During the revision process, we found that some descriptions of the statistical analysis were missing from the original manuscript. We have added the following sentence to the statistical analysis section of the revised manuscript: "Student's t-test was used to compare variables between two groups, and Fisher's exact test was used to compare two categorical variables."

We hope that this revised version of our manuscript is now suitable for publication in the *World Journal of Gastroenterology*. Thank you again for your efforts in reviewing our manuscript.

Sincerely yours,

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Response to Reviewer #02441274

Reviewer's comments:

1. Retrospective nature of study spread over 14 years is likely to have its weakness.

2. Total number studies is very small, 42 in 14 years i.e. 3 patients per year. This is likely to have impact on various parameters evaluated during univariate and multivariate analysis.

Thank you very much for your comments. We agree with you on both points. Bleeding of gastric fundal varices (GFV) is extremely rare, and it therefore took us >14 years to complete this study. Additionally, we cannot deny the possibility that the study period affected the statistical analysis. A future multicenter prospective study is definitely necessary to clarify our findings in the present study. In response to your comment #3 below, we mentioned the retrospective nature of the study as a limitation in the Discussion section. Accordingly, the following changes have been made to the revised manuscript.

i) The following changes were made in the Discussion section:

"There were two limitations to the present study. First, the study had a relatively small sample size due to the rarity of GFV. Second, this was a retrospective study carried out in a single hospital." (P. 15, L. 10-12, in the original manuscript) with:

was changed to

"There are a few limitations to the present study. First, this was a retrospective study carried out in a single hospital. Second, because of the rarity of GFV bleeding, the study had a relatively small sample size despite a >14-year study period. We cannot deny the possibility that the study period affected the statistical analysis." (P. 16, L. 8-12, in the revised manuscript).

3. No mention is made on nature, duration, doses and routes of antibiotics and PPI used. No two antibiotics are same. Since it is retrospective analysis, it is likely that different drugs were used by different investigators.

Thank you very much for your comments. We agree with you. As you pointed out, different drugs were used by different investigators because this was a retrospective analysis. In fact, a daily dose of either lansoprazole or omeprazole was administered continuously at least for 1 month in patients with recent gastrointestinal bleeding, recent endoscopic ligation of esophageal varices, or symptoms of reflux and epigastric pain. In contrast, antibiotics were intravenously administered within 48 hours after the onset of GFV bleeding to prevent infection after the hemostatic procedure according to the attending doctors' decisions. As a result, 23 of 42 patients received intravenous antibiotics including ciprofloxacin (n = 8), cefazolin sodium (n = 5), cefmetazole sodium (n = 5), ceftriaxone sodium (n = 4), and sulbactam/ampicillin (n = 1) for 3 to 4 days. According to your suggestion, we have mentioned how the antibiotics and proton pump inhibitors were administered in the Results section.

i) The following changes were made in the Results section:

"Oral medications administered before admission included proton pump inhibitors (PPI; n = 14 patients), non-steroidal anti-inflammatory drugs (NSAIDs; n = five patients), and anticoagulants (n = one patient). The respective mean values of hemoglobin, albumin, and bilirubin were 8.7 ± 1.8 g/dl, 2.54 ± 0.44 g/dl, and 1.98 ± 1.4 mg/dl." (P 9, L16-21 in the original manuscript)

was changed to

"The mean hemoglobin, albumin, and bilirubin concentrations were 8.70 ± 1.80, 2.54 ± 0.44, and 1.98 ± 1.40 mg/dl, respectively. Oral medications administered before admission included proton pump inhibitors (PPI) (n = 14 patients), nonsteroidal anti-inflammatory drugs (n = 5 patients), and anticoagulants (n = 1 patient). As for PPI, either lansoprazole (15 mg or 30 mg) or omeprazole (10 mg) was administered continuously for at least 1 month by the primary doctors. In contrast, intravenous antibiotics including ciprofloxacin (n = 8), cefazolin sodium (n = 5), cefmetazole sodium (n = 5), ceftriaxone sodium (n = 4), and sulbactam/ampicillin (n = 1) were administered to 23 patients for 3 to 4 days within 48 hours after the onset of GFV bleeding to prevent infection after the hemostatic procedure according to the attending doctors in our hospital." (P. 10, L. 2-12, in the revised manuscript).