Dear Editor,

Thank you very much for your kind letter, and the valuable comments given by your reviewers. The following comments were given by the reviewers:

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: Very good job. There are two issues: 1: This drug has achieved good results in animal experiments, and the author also mentioned its future application prospects in the discussion. So, what are the possible application prospects? 2: In clinical patients with gastric perforation, if they receive timely treatment, there is generally no life-threatening situation, and systemic adverse reactions can also be reversed. Therefore, the probability of systemic occlusion/occlusive syndrome caused by gastric perforation seems to be low, and its clinical application value may not be significant.

Reviewer #2:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: Patients presented with stomach perforation represent a great problem for treatment and care, and they have a high rate of mortality and morbidity. The manuscript describes an established animal model with a very detailed description of the BPC 157 effect. Although this paper represents a preclinical study, the results have a basis for further clinical research and potential application in practice. I agree to have this paper published.

To the comments given by the reviewers, see our arguments.

Ad Rev. 1

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: Very good job. There are two issues: 1: This drug has achieved good results in animal experiments, and the author also mentioned its future application prospects in the discussion. So, what are the possible application prospects? 2: In clinical patients with gastric perforation, if they receive timely treatment, there is generally no life-threatening situation, and systemic adverse reactions can also be reversed. Therefore, the probability of systemic occlusion/occlusive syndrome caused by gastric perforation seems to be low, and its clinical application value may not be significant.

Acknowledged. However, it should be noted that each of the animal experiments intends to mimic some of the situations that could occur in real life without additional intervention. Thereby, the assumption that adequate medical treatment would timely occur in clinical practice, thereby no life-threatening situation in general, does not interfere with the potential significance of the presented perforation-occlusion/occlusion-like syndrome model. No need to indicate, in the opposite situation, without timely medical treatment, the possible translational significance will be certainly more emphasized.

This point is emphasized in the concluding paragraph

Together, these findings, providing firm evidence of the suited models (i.e. perforated stomach-occlusion/occlusion-like syndrome) (for review see i.e.[1-6,29,30,96]) may be suggestive for further BPC 157 therapy application. Besides, such an experimental design strongly emphasizes the need for patients to receive timely treatment, providing that in general with full medical care life-threatening situations rarely occur.

Ad Rev. 2

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: Patients presented with stomach perforation represent a great problem for treatment and care, and they have a high rate of mortality and morbidity. The manuscript describes an established animal model with a very detailed description of the BPC 157 effect. Although this paper represents a preclinical study, the results have a basis for further clinical research and potential application in practice. I agree to have this paper published.

Acknowledged.

We hope you will find that the manuscript is fully suited for final presentation in your distinguished journal with this addition that should reply to the suggestion and comment given by Rev. 1.

Looking forward to hearing from you very soon Sincerely

Predrag Sikiric, MD, PhD Professor