

Re: World Journal of Gastrointestinal Surgery Manuscript NO: 88929.

Dear Editor Peter Schemmer,

Thank you for the opportunity to revise this paper. We have considered your comments carefully and have made revisions to address your concerns.

Please find attached the revised version of “**Biopsy forceps are useful for measuring esophageal varices size in vitro**” which we resubmit for publication. We hope this revised version is acceptable for publication.

Your comments were highly insightful and enabled us to greatly improve the quality of our manuscript. In the following pages, we present our point-by-point responses to each of your comments. Please note your comments in black, followed by our responses in red. We hope that the revisions in the manuscript and our accompanying responses will render our manuscript suitable for publication in World Journal of Gastrointestinal Surgery. Once again, thank you very much for your comments and suggestions. We look forward to hearing from you at your earliest convenience.

Yours sincerely,

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Responses to the comments of reviewer #1

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

1): Language Quality: Grade C (A great deal of language polishing)

Response: Your comments were highly insightful and enabled us to greatly improve the quality of our manuscript, and our manuscript has been polished by Editage (<https://www.editage.cn>) for English language editing, and the English language certificate has been provided by the Editage. The revised manuscript has met the publication requirement (Grade A).

2). The article proposes a novel solution to an under-researched problem; but the methodology must be improved

Response: Thank you for your suggestion. In fact, why was simulation chosen as a means to study variceal size rather than human subjects in this prospective study? Let me tell you. It would be difficult to have an accurate gold standard of EV sizes in human subjects. Thus, our study designs a novel solution (simulation of esophageal varices with a known exact varices size as the gold standard) to this under-researched problem, besides, a blinded image-based online test was performed in 52 endoscopists to test the accuracy of conventional visual estimation versus biopsy forceps as a reference point. The methodology has been improved in the method section of our revised manuscript (Line 116-121).

3). The discussion section should be detailed, why measuring the length of varicose veins is important, the measurement methods used in this regard and the success rates should be summarized

Response: First of all, thank you for your comment, but here we would like to ask if you want to ask the diameter of the varices or the length of the varices. Because in practice and related guidelines [1-2], the diameter of esophageal varices, rather than their length, is used as an indicator of the risk of esophageal variceal bleeding. We have added the above description in discussion section (Line 194-Line 198)

Reference:

[2].de Franchis R, Bosch J, Garcia-Tsao G, Reiberger T, Ripoll C; Baveno VII Faculty. Baveno VII - Renewing consensus in portal hypertension [published correction appears in J Hepatol. 2022 Apr 14;:]. J Hepatol. 2022;76:959-974.] Then, we have discussed why measuring the length of varicose veins is important in the introduction section and discussion.

[1].Masood I, Moshksar A, Wong B, Khan H, Saleem A. A comprehensive review of transvenous obliteration techniques in the management of gastric varices. Diagn Interv Radiol. 2023;29(1):146-154. doi:10.5152/dir.2022.21193

4). The measurement methods used in this regard and the success rates should be summarized

Response:The method used by endoscopists to measure the size of esophageal varices is usually through visual measurement in literature. However, the true size of esophageal varices cannot be measured in real human bodies, so the success rate of this measurement method you mentioned can hardly be calculated in the world, which is exactly the dilemma of measuring the size of esophageal varices in human bodies. Therefore, in order to obtain the accurate size of esophageal varices, we made a silicone model of esophageal varices in vitro, and accurately measured the diameter of esophageal varices with vernier calipers, so as to judge the accuracy rate of varices measurement by endoscopists.

5). The following articles should be reviewed and discussed: " Zhang (2):138-148." "Masood I, Moshksar A, Wong B, Khan H, Saleem A. A comprehensive review of transvenous obliteration techniques in the management of gastric varices. Diagn Interv Radiol. 11 January 2023 DOI: 10.5152/dir.2022.21193"

Response: Thank you for your kind suggestions. However, what “Zhang (2):138-148” means? Could you point out exactly how this reference is cited, because it is impossible to search for the reference you mentioned about with just these words. The article you mentioned (Masood I et al) has been reviewed and discussed in the discussion of our paper (Line 194-197).

6. Core type must be added to the work

Response: Did you want to mean core tip? We have added the core tip to the work (Line 68-Line 73). Core tip: This study explored whether biopsy forceps could be used as a reference to improve the accuracy of binary classification of variceal size. Our results showed that visual estimation was insufficient for accurate classification of EV according to size, and the ability of endoscopists to correctly classify the varices by size improved significantly with the use of biopsy forceps.

7). Inclusion and exclusion criteria should be added to the study.

Response: Inclusion criteria: Inclusion criteria for the endoscopists included voluntary participation in an anonymous, online image-based test and submission after completing all answers. (Line 131- Line 133) Exclusion criteria: Endoscopists who did not agree to participate anonymously in this online image based varicose vein size test, or did not complete all tests. Inclusion and exclusion criteria have been added to the study.

8). Whether the study is in vitro or in vivo, this should be clarified and the study type should be given in the title.

Response: This study is in vitro, and it has been clarified in the manuscript, and the title has been corrected following your suggestion. Again, we offer special thanks to you for your helpful comments and suggestions.

Responses to the comments of reviewer 2

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Dear Editor, Dear Authors, I consider the manuscript relevant for the research context, well written and of interest to the readers of the WJG.

Response: Your comments were highly insightful and enabled us to greatly improve the quality of our manuscript, and our manuscript has been polished by Editage (<https://www.editage.cn>) for English language editing. The revised manuscript has met the publication requirement (Grade A).

Again, we offer special thanks to you for your helpful comments and suggestions.

Responses to the comments of Science editor

(1) Science editor:

1 Scientific classification: Grade B and Grade C. 2 Language classification: Grade B and Grade C. 3 Specific comments: (1) Please provide the Informed consent statement. (2) Please add the Core tip section. The number of words should be controlled between 50-100 words. (3) Please provide 4-10 keywords. (4) Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. If there is no PMID or DOI, please provide the website address. (5) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text (and directly before the References). (6) Please provide the Figures cited in the original manuscript in the form of PPT. All text can be edited, including A, B,

arrows, etc. With respect to the reference to the Figure, please verify if it is an original image created for the manuscript, if not, please provide the source of the picture and the proof that the Figure has been authorized by the previous publisher or copyright owner to allow it to be redistributed. All legends are incorrectly formatted and require a general title and explanation for each figure. Such as Figure 1 title. A: ; B: ; C: . (7) Please obtain permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published, and correctly indicate the reference source and copyrights. For example, "Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]". And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable. (8) Please don't include any *, #, †, §, ‡, ¥, @....in your manuscript; Please use superscript numbers for illustration; and for statistical significance, please use superscript letters. Statistical significance is expressed as aP <0.05, bP <0.01 (P > 0.05 usually does not need to be denoted). If there are other series of P values, cP <0.05 and dP <0.01 are used, and a third series of P values is expressed as eP <0.05 and fP <0.01. 4 Recommendation: Conditional acceptance.

Language Quality: Grade C (A great deal of language polishing)

Scientific Quality: Grade C (Good)

Response:1) Informed consent statement has been provided in the manuscript. 2) Core tip section has been added,with number of words between 50-100.3) 4-10 keywords have been provided. 4) The format of the references meets your requirements. 5) We have added the "Article Highlights" section at the end of the main text (and directly before the References). 6) We have checked and revised our figures to meet journal's requirements.8)We don't include any *, #, †, §, ‡, ¥, @....in our manuscript

Again, we offer special thanks to you for your helpful comments and suggestions.

Responses to the comments of *Company editor-in-chief*:

I recommend the manuscript to be published in the World Journal of Gastrointestinal Surgery. When revising the manuscript, it is recommended that the author supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply PubMed, or a new tool, the RCA, of which data source is PubMed. RCA is a unique artificial intelligence system for citation index evaluation of medical science and life science literature. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>, or visit PubMed at: <https://pubmed.ncbi.nlm.nih.gov/>.

Response: Thank you for your suggestion. We have supplemented and improved the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. We have applied PubMed, or and RCA.

Again, we offer special thanks to you for your helpful comments and suggestions.