

Milan, 28/07/2021

Dr. Jin-Lei Wang

Editors-in-Chief

Re: World Journal of Gastrointestinal Endoscopy Manuscript NO: 67172 – Notification on manuscript revision

Dear Prof. Jin-Lei Wang,

Thank you for giving us the opportunity to submit an amended version of our manuscript and for your positive feedback to our submission.

We are very grateful to the Editorial Team and the Reviewers for their careful consideration and constructive recommendations. Overall we feel that they have helped in strengthening the manuscript.

We have created two versions of the manuscript: one “clean” final version with all the corrections and second one called “highlighted” with all changes highlighted with a red font.

Kind regards,

Alessandro Fugazza

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Reviewers' Comments:

Comments to the Author

This is a review paper on PEG. PEG is a useful tool for enteral nutrition in patients with inadequate oral intake. Clinicians need to have a right knowledge about PEG to provide better nutritional interventions. This paper details the indications, contraindications, procedures, complications, and management of PEG and is instructive and valuable for clinicians. The manuscript is well written. I have several comments below:

1. INTRODUCTION

Comment: The authors use “PTN” as an abbreviation for parenteral nutrition. However, I think “PN” or “TPN” is more common. Please revise it.

Sorry for the inconvenience, we correct it accordingly.

2.

Comment: Some parts have a space before the reference number and some do not. Please check and correct throughout the manuscript.

Sorry for the inconvenience, we correct it accordingly.

3.

Comment: In the middle of the introduction, the abbreviation for adverse events is defined as AEs, but at the end of the introduction it is once again defined as adverse events (AEs). Only one time definition of abbreviation may be enough.

Sorry for the inconvenience, we correct it accordingly.

4. Benign diseases

Comment: It seems that the abbreviations “EMR” and “RFA” are not used in the subsequent sentences, so I think it may be unnecessary to define these abbreviations.

Sorry for the inconvenience, we correct it accordingly.

5. Other indications

Comment: “(33) (18) (34)” at the end of this section should be modified to “(18) (33) (34)”.

Sorry for the inconvenience, we correct it accordingly.

6. PRE-EVALUATION AND CONTRAINDICATIONS TO PEG PLACEMENT

Comment: In the title of this section, “CONTROINDICATIONS” is a typo.

“CONTRAINDICATIONS” is correct.

Sorry for the inconvenience, we correct it accordingly.

7.

Comment: “VPS” is used as an abbreviation for ventriculoperitoneal shunts. Please define when it first appears

Sorry for the inconvenience, we define when it first appears.

8.

Comment: It seems that the abbreviation “LMWH” is not used in the subsequent sentences, so I think it may be unnecessary to define the abbreviation.

Sorry for the inconvenience, we correct it accordingly.

9. ENDOSCOPIC VS RADIOLOGIC VS SURGICAL GASTROSTOMY

Page 9, lines 22-25;

Comment: The authors' description of P-values is not unified regarding uppercase or lowercase and space; “P = 0.006”, “p<.001”, “p= 0.002”, “p=0.01”, “p= 0.01”, “p<0.001”. Please unify the notation of P-values.

Sorry for the inconvenience, we unify the notation of P-values.

10. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY TECHNIQUES

Pull Technique

Comment: “Gauder” is a typo. “Gauderer” is correct.

Sorry for the inconvenience, we correct it.

11. Introducer technique

Page 11, lines 20-22; “Moreover, differences from the pull techniques are present also in the probe fixation. In this method, the probe presents a balloon tip inflated with saline, whereas an umbrella type tube is used in the pull type technique.”

Comment: I would not agree with this statement. This is because a bumper-button-type device can be placed using the introducer method [a,b]. Please delete or revise this statement.

References

(a). Horiuchi A, Nakayama Y, Tanaka N, Fujii H, Kajiyama M. Prospective randomized trial comparing the direct method using a 24 Fr bumper-button-type device with the pull method for percutaneous endoscopic gastrostomy. *Endoscopy*. 2008;40:722–6.

(b). Shigoka H, Maetani I, Tominaga K, Gon K, Saitou M, Takenaka Y. Comparison of modified introducer method with pull method for percutaneous endoscopic gastrostomy: prospective randomized study. *Dig Endosc*. 2012;24:426–31.

Sorry for the inconvenience, we delete the sentence

12. ADVERSE EVENTS

Gastrocutaneous fistula

Comment: “(90)(91)(92)(93,94)” should be revised to “(90-94)”.

Sorry for the inconvenience, we correct it.

13. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY WITH JEJUNAL EXTENSION (PEG-J)

Comment: It seems that the abbreviation “LCIG” is not used in the subsequent sentences, so I think it may be unnecessary to define the abbreviation.

Sorry for the inconvenience, we correct it.

Reviewers' Comments:

Comments to the Author

This is a review paper on PEG. PEG is a useful tool for enteral nutrition in patients with inadequate oral intake. Clinicians need to have a right knowledge about PEG to provide better nutritional interventions. This paper details the indications, contraindications, procedures, complications, and management of PEG and is instructive and valuable for clinicians. The manuscript is well written. I have several comments below:

1. INTRODUCTION

Comment: The authors used "TPN" as an abbreviation for parenteral nutrition. However, "TPN" basically means "total parenteral nutrition". If the authors would use the abbreviation "TPN", "parenteral nutrition" should be revised to "total parenteral nutrition". Or, please consider using the abbreviation "PN" instead of "TPN".

We considerwd to use PN abbreviation. We correct it accordingly.

Comment: Please remove the (AEs) parentheses at the end of this section. 2. POST-

We removed the parentheses. We correct it accordingly.

2. PROCEDURAL CONSIDERATIONS

Comment: Enteral tube replacement Comment: The authors described the balloon-type gastrostomy tube replacement interval as every 4 to 6 months at the end of this section. However, 3 months is one of the standard interval of the tube replacement. Please revise "every 4 to 6 mo" to "every 3 to 6 mo".

We correct it accordingly.

Editor's Comments:

1 Scientific quality: The manuscript provides a review on the indications and techniques of endoscopic gastrostomy and jejunostomy. The topic is within the scope of the WJGE.

(1) Classification: Grade B (Very good);

(2) Summary of the Peer-Review Report: "This well-written manuscript details the indications, contraindications, procedures, complications, and management of PEG and is instructive and valuable for clinicians. However, I have several comments..." The questions raised by the reviewer should be answered;

We answer the reviewer's questions

(3) Format: There are 2 tables and 8 figures;

(4) References: A total of 108 references are cited, most are recent;

(5) Self-cited references: There are more than 10% of self-cited references;

(6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially those published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2 Language evaluation: Classification: Grade A (Priority publishing).

3 Academic norms and rules: The authors did not provide search terms used in their literature review (i.e. narrative review). No academic misconduct was found by the Google search.

4 Supplementary comments: This is an invited manuscript.

5 Issues raised: The authors must provide evidence or a statement that all patients whose photos and medical images are shown have provided consent for these to be used. Also, confirmation is required that the drawings are original and created by the authors for this manuscript.

We add these statements

Please amend when discussing reference 22 (page 6; under ‘Malignant diseases’) the word chemotherapy to chemoradiotherapy.

We correct it

Although the authors provide a Non-Native Speakers of English Editing Certificate, this in itself has a couple of English errors, and the manuscript have several odd sentences – a review by a professional academic English editing service is required.

We revised the manuscript

6 Re-Review: Required.

7 Recommendation: Major revision.

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