

Dear respected editors and reviewers:

Based on comments, we have made corrections as follows:

Reviewer #1:

Specific Comments to Authors:The article did not add any new data

Answer: Thank you for comment. We have reviewed all EUS-GE-related papers and we think this manuscript will be useful for EUS-GE learner.

Reviewer #2:

Specific Comments to Authors: Dear editors and authors! Thanks for the paper, is very well written. I only recommend supplementing the "key words" section with the additional word "..., technical aspects". The remaining sections of the manuscript contain comprehensive and complete information. Figure drawings make it possible to understand a number of technical parameters of the described operation.

Answer: we have added "Retrievable anchor; Duodenal stent; Surgical gastroenterostomy" to key words.

Reviewer #3:

Specific Comments to Authors: Dear Editor, Dear Author, I read with great interest the manuscript entitled "Endoscopic ultrasound guided gastroenterostomy: technical details updates, clinical outcomes, and adverse events" by Wang et al. This was a well written and clear comprehensive review focusing on EUS-GE. I consider the study relevant for the research context and of interest to the WJGE readers. I have the following minor comment only: -EUS-GE AE: a case of complete intraperitoneal LAMS maldeployment during EUS-GE attempt successfully treated by NOTES has been recently reported (Rizzo GEM et al. Complete intraperitoneal maldeployment of a

lumen-apposing metal stent during EUS-guided gastroenteroanastomosis for malignant gastric outlet obstruction: rescue retrieval with peritoneoscopy through natural orifice transluminal endoscopic surgery. *VideoGIE*. 2023;8(8):310-312.). It should be properly cited. Moreover, the role of NOTES in the management of EUS-GE related AEs should be more extensively discussed within this section.

Answer: we have cited the above paper in our manuscript. We have added related discussion as follows “For the most common situation, distal LAMS flange misplacement, we could enter peritoneal cavity through transgastric LAMS using a therapeutic gastroscope or double-channel gastroscope and put a second stent to form LAMS-in-LAMS salvage.”

Kind regards

Jian Wang