

Answering Reviewers

Dear Editor,

We would like to resubmit the revised manuscript entitled “Aluminum Phosphate Gel Reduces Early Rebleeding in Cirrhotic Patients with Gastric Variceal Bleeding Treated with histoacryl injection therapy” for consideration. We would like to thank the reviewers for thoroughly reviewing our manuscript and making many thoughtful comments. We were very pleased to see that all three reviewers recognized the novelty and potential significance of our work. We have revised the manuscript to address reviewers’ comments. Here are our point-by-point responses:

Reviewer #1

Specific Comments to Authors:Necessary certificate written by specialist about the statistics, an original informed consent form and an institutional approval form with english translation, and minor English review.

Answer:Thank you very much for your advice. We have uploaded the statistical certificate and ethical review form as required by the magazine.

Reviewer #2

Specific Comments to Authors: This is a single-center, retrospective study with a small sample size and its level of evidence is not high. However, it does demonstrate that the addition of APG significantly reduced the incidence of early rebleeding after EVHT compared to PPI alone. This is a well-written article that may have an impact on future treatment strategies after EVHT. (1) I recommend that the authors add their opinion in the Discussion section as to whether other mucosal protective agents may have a similar effect over APG.

Answer:Thank you very much for your advice.It is also possible that other mucosal protective agents may reduce the incidence of early rebleeding by promoting ulcer healing after EVHT treatment, but further studies are needed to prove.

Reviewer #3

Specific Comments to Authors: The manuscript entitled “Analysis of the Efficacy of Aluminum Phosphate Gel in Reducing Early Rebleeding in Cirrhotic Patients with Gastric Variceal Bleeding Treated with Endoscopic Histoacryl Injection Therapy” is an interesting study that compares PPI vs a combined treatment of PPI + Aluminum phosphate gel for early bleeding recurrence in patients with gastric varices treated with glue. Authors found a better effect of combined treatment for reducing bleeding recurrence and reduction of abdominal pain. The results are interesting and at first sight it may

be evident to superiority of the combined treatment. Nevertheless, I have some concerns regarding the design of the study and the precision of some details of the results Major concerns 1.- I understood that the study was retrospective concerning the administration of glue. However, the administration of the treatments was prospective? 2.- The selection of patients for both therapeutic branches was randomly done? 3.- How many patients in each group were treated with beta blockers during the trial? 4.- It was not clear to me if PPI and APG were given simultaneously or consecutively. 5. -Why do you explain a reduction of abdominal pain in the combined group? Minor comments 1.- I suggest authors to perform a Kaplan- Meier curve for compare both groups. It would be more pictorial 2.- Include the hospitalization rate as a parameter of effectivity.

Answer: Thank you very much for your advice. The use of aluminum phosphate gel in patients was prospectively randomized. We have added data on the use of beta blockers in two groups of patients to the manuscript. We've added details to the manuscript about the timing of the drug's use: Rabeprazole 20 mg daily before breakfast, APG 20 g was added twice (about 30 minutes before breakfast and dinner) a day. Delayed ulceration of fundus vein may result in abdominal pain after EVHT treatment, APG can neutralize stomach acid and protect the ulcerative surface of the stomach, thus reducing the incidence of abdominal pain. This manuscript mainly studied the situation of patients within 6 weeks after EVHT treatment, and no death cases occurred in both groups within 6 weeks. The long-term survival of the patients is still being followed up, and Kaplan-Meier curve will be further included in other papers. We added data to the manuscript on the rate of early rebleeding and re-hospitalization after EVHT.

Thank you for your consideration of our manuscript.

Yours sincerely,

Zhenglei Xu