

May 21, 2016

Dear Editor and Reviewers,

We would like to resubmit our revised manuscript (26850-edited). We would like to thank you and the reviewer for the insightful and helpful comments. We believe these suggested changes significantly enhanced the quality of our manuscript.

Title: Bleeding risk with clopidogrel and percutaneous endoscopic gastrostomy

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Name of Journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript #: 26850

The manuscript has been improved by suggestions and comments by the reviewers and editor.

Editor:

Thanks for the review. The suggested changes and addition were performed.

Reviewer #1: Your article contains an important message to clinicians. Based on this retrospective study, it's worth to do prospective one.

Great point. With this retrospective study, we showed no difference in early bleeding risk after procedure. Therefore, the next step would be either a prospective cohort study or randomized controlled trial.

Reviewer #2:

Discontinuation of clopidogrel before PEG is always carried out for most gastroenterologists. The authors present their retrospective analysis to elucidate that there is no short term (< 48 hours) severe adverse events for PEG without stopping that drug.

We agree. Most gastroenterologists are holding clopidogrel prior to PEG. However, this study shows that this practice may not be necessary, thereby potentially changing practice. This may be beneficial in those patients with strokes who require both clopidogrel and PEG.

However, I would be interesting in the period within one week. As you mentioned in your method, there is no related data in your result for delayed complications (> 48 hours) and degree of bleeding.

Good idea. Given that the most risk of bleeding with concomitant use of clopidogrel and PEG is during the procedure, we concentrated on only short-term bleeding risk and expanded it to 48 hours.

I also concern about when you resume the clopidogrel after the PEG.

Our patients were restarted on clopidogrel after feeding started, in ~ 3-4 hours.

The other question is that if there any patient SSRI in your cases with or without bleeding.

Good point. The use of SSRIs was not a point for primary data collection. In a future study, we may examine this subject more in depth.

Thank you for considering our manuscript for publication in your journal.

Sincerely,

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