

Dear Ze-Mao Gong, Science Editor, Editorial Office

Please find enclosed the edited and revised manuscript in Word format (file name: 27735_Edited_revised.doc).

Title: Gastric Antral Webs in Adults: A case series characterizing their clinical presentation and management in the modern endoscopic era.

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*denotes co-first authors

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We thank the Editors and Reviewers for the insightful comments on our manuscript. We have carefully studied the items they have raised. Please find enclosed our answers to their questions and items point by point. The text in the manuscript has been revised in line with the reviewers' suggestions essentially improving the manuscript. All changes in the manuscript are highlighted using Tracked Changes.

1. The format has been updated.
2. Revision has been made according to the suggestions of the reviewers

Comments from reviewer 1:

1. *This manuscript reports rare cases of gastric antral web (GAW). As the authors state, GAW is not popular among clinicians. To understand this manuscript, information on GAW is insufficient. Is "Aperture less than 1cm"*

definition of GAW? It would be helpful if diagnostic criteria of GAW are available in the manuscript.

We have changed the manuscript due to the reviewer's suggestion by adding a formal definition of GAW in the introduction. There are no clearly defined 'diagnostic criteria.' Aperture less than 1cm is not required for the diagnosis of GAW, however patients with this characteristic are more likely to develop symptoms, including gastric outlet obstruction. We have adjusted our language to make this clearer.

2. Is GAW congenital or acquired? Description of caused of GAW would be helpful to understand GAW.

The pathogenesis of GAW in adults is poorly understood, though there are several theories. After a review of relevant literature, we have provided a description of the most prominent theories regarding pathogenesis in our Discussion section. We have edited our language to make this clearer.

3. Paragraph "Diagnosis" in Discussion seemed more suitable in Introduction.

We agree with this suggestion and have moved this paragraph to the Introduction.

4. Some patients with gastric cancer present gastric outlet obstruction. How did the authors differentiate GAW from gastric cancer? Did the authors perform endoscopic ultrasound or the other diagnostic imaging?

Biopsies were taken of all GAWs identified on EGD to rule out the presence of cancer, and no interventions were performed on our patients until these biopsy results negative for malignancy were available. Other imaging modalities were sometimes used at the discretion of the physician, however diagnosis and treatment of GAWs at our center was based

primarily on endoscopic findings. We have added language to our Discussion section to this effect.

Comments from reviewer 2:

1. *Quite extensive manuscript especially for a case series. Why was intervention done only in 5 patients ? what was the reason for not intervening in the rest of patients?*

Intervention was only performed on patients with significant symptoms related to their GAW (such as a gastric outlet obstruction) that were refractory to medical management. In the majority of our patients, symptoms were minor, and after the diagnosis of GAW, medical management was initiated. We have updated the language of our Discussion section to reflect this.

2. *Please give the year of presentation in Table-1*

The year of presentation has been added to Table 1.

3. *The Figures should be split in two (a to d as Figure-1, e & f as figure-2)*

The figures have been rearranged as suggested by the reviewer.

4. *The discussion has to be shortened and the details of five cases need to be curtailed.*

We have made effort to reduce the length of our five cases and to shorten the Discussion section. All changes have been made to the manuscript in Tracked Changes.

3. References and typesetting were corrected.

We once again thank all reviewers for their helpful comments and suggestions.
We hope that the revised manuscript will be suitable for publication.

Yours sincerely,

Dr. Shannon Morales