To the reviewers of our manuscript:

We are grateful for the constructive criticism and assistance in helping our manuscript improve. We have learned from your comments and have addressed them as below:

- pg.8. what antithrombotic agents were evaluated?
    - Addressed
- Pag.10 reference is necessary.
    - Addressed
- Reference and some comments about the amount of detectable bleeding with both techniques. There should be more clarification about preliminary use of CT and its limits and a more in depth comparison with scintigraphy, especially in diagnostic accuracy.
    - Addressed
- It would be useful report how many bleedings from angioectsia are due to small bowel lesions
    - Addressed
- some explication about the marginal artery of Drummond and
    - Addressed
- the buried bumper syndrome
    - Addressed
- On pag.22 studies are cited without any reference.
    - Addressed
- Some explanation about the possibility of self-dilation described on pag. 25.
    - Addressed
- Authors should say when use barium and when hydrosoluble contrast.
    - Addressed
- The acronyms SEMS should be explained.
    - Addressed
- Biliary tract interventions should be treated according to the title.
    - This is a topic we purposefully left out. The topic of hepatobiliary interventions is broad and interesting. We have discussed the possibility of creating a second paper similar to this manuscript where we go in depth regarding the interventions available for hepatobiliary disease. We would be more than happy to begin work on an additional manuscript.
- It is to some degree in the nature of a text book and does not give many new informations. The topic is expansive and I suggest to devide the article into two parts or two articles: 1) Vascular Interventions .... and 2) Non-vascular Interventions.
    - We have arbitrarily divided the paper as it is now. We would be happy to include additional topic as well as hepatobiliary interventions in an additional manuscript if the journal would be interested.
- p 3:"Management of this often times requires..." should be corrected.
    - Addressed
- p 5 and later: anaesthesiologists are also a part of the multidisciplinary team.
    - Addressed

- p 6-8: Positioning of the emergency patient during endoscopy could be mentioned.
    - Addressed
- 1) injection, 2) thermal, and 3) mechanical methods could be organized in three subheadings accordingly.
    - Addressed
- Adrenalin plus polydocanol, and histoacryl glue, and laser (in telangiopathies) should be commented on within the appropriate subheadings.
    - We generally describe the topics of injection without specifically describing this comment.
- Last paragraph on p 8 "More recently..... should be moved to probably subheading 1) injection??
    - Addressed
- p 9 ff: Subheadings "Peptic ulcer", "Dieulafoy's lesion" .... etc. ",
    - Addressed as etiologies
- adherent clot and non-bleeding visible vessel, predict high rate of rebleeding and hence require endoscopic therapy AND/OR INTERVENTIONAL EMBOLIZATION THERAPY"
    - Addressed
- p 11: The sensitivity of CT in bleedings is depending on the location of the lesion. In general there is indication for CT angio in lower GI bleedings but not in upper GI bleedings where endoscopy is the primary diagnostic modality. Angiography has a sensitivity about 2 cc/min depending on the location of the lesion and also on the amount of air in the GI tract (which often is a problem after endoscopic insufflation), and also on the cooperation of the patient.
    - Addressed
- p 12: If endoscopic treatment fails angiography is the next step. This is also the case in unstable, high-risk ulcers like visible pulsating artery without visible ongoing bleeding. This prophylactic supplementary arterial embolization, especially in duodenal ulcers has been described in several publications lately, eg. Scand J Gastroenterol 2014;49:75-83, which should be referred to and discussed in the text.
    - Addressed
- The transradial access has NOT been shown to have less complications and the ref. 23 is not a randomized study and does not compare with trans femoral access.
    - Addressed
- "There are many different techniques for embolization....." should be discussed more extensive.
    - Addressed generally
- p 27: "....at the time of dilation has been studies" should be "studied".
    - Addressed
- Figure 2 should have an arrow to the pseudoaneurysm
    - Addressed
- References should include a review from WJR 2010;2(7):257-261.
    - Addressed