

**Science Editor:**

**This editorial manuscript provides essential insights and constructive feedback that can significantly enhance its quality and impact on the scientific community. The authors of the manuscript gave a detailed description of all existing methods of prevention and treatment of bleeding from varicose veins of the esophagus and stomach. However, addressing the suggestions for language improvement and expanding the discussion on diagnostic methods will undoubtedly enhance its value and applicability in clinical practice.**

We sincerely thank the editor for the feedback on improving our paper. As advised, we have modified the language and also expanded the discussion on diagnostic methods.

**The language classification is Grade B and Grade A. Please provide the latest language certificate after Return the Manuscript to Author for Revision. Please visit the following website for the professional English language editing companies that we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.**

The manuscript was written by multiple authors, with most of them being in the United States, including the first author. We revised the specific language comments as advised by reviewer 1 and also improved the overall paper. Unfortunately, we do not have funding to pay for the professional language editing companies.

**Company Editor-in-Chief:**

**I have reviewed the Peer-Review Report, full text of the manuscript, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. We sincerely thank the editor for the feedback on improving our paper and have made the changes as advised.**

## **REVIEWER 1:**

**As an editorial, this manuscript does not contain original findings. This editorial manuscript provides essential insights and constructive feedback that can significantly enhance its quality and impact on the scientific community. The primary strength of the editorial lies in its comprehensive exploration of the diagnostic approaches to variceal bleeding in patients with liver cirrhosis, particularly emphasizing non-invasive methods. By integrating current evidence-based treatments and preventive strategies, the article not only underlines the advancements in this clinical field but also provides a critique of existing treatment modalities, thereby highlighting both their merits and limitations. This multidimensional perspective can serve as a valuable resource for clinicians and researchers alike, fostering a deeper understanding of the complexities involved in managing variceal bleeding. However, there is a crucial limitation regarding language quality. Clarity in language is vital for ensuring that the editorial can be easily understood by a broad audience, which includes clinicians, researchers, and stakeholders in the medical field. Minor revisions are suggested to enhance the readability, ensuring that the editorial can effectively convey its important messages seamlessly without ambiguity. Moreover, it is recommended that the authors expand the discussion around diagnostic approaches, particularly by including promising non-invasive techniques such as splenic elastography using the new FibroScan protocol. This would not only enrich the editorial's content but also draw meaningful comparisons with novel methods like radiomics. By incorporating such comparisons, the manuscript could offer readers a more holistic view of the current landscape in diagnosing esophageal varices, thereby positioning it as a cutting-edge resource in the literature on diagnosis, treatment and prevention of variceal bleeding in liver cirrhosis. In summary, while the editorial provides significant contributions to the understanding of variceal bleeding diagnosis, treatment and preventive management, however, addressing the suggestions for language improvement and expanding the discussion on diagnostic methods will undoubtedly enhance its value and applicability in clinical practice.**

**We sincerely thank the reviewer for the feedback on improving our paper. As advised,**

we have modified the language and also expanded the discussion on diagnostic methods.

### **Strengths**

**This manuscript clearly outlines the comprehensive approach to esophageal variceal bleeding among patients with liver cirrhosis. Various treatment and preventive options were reviewed comprehensively, highlighting their strengths and weaknesses.**

### **Areas of Improvements**

- 1. The manuscript could benefit from more concise language to enhance clarity. The following sentences/passages need to be paraphrased for clarity:**

..... This was combined with the clinical risk variables to form the radiomics-clinical model (RC model)" .....

....." conducted a meta-analysis of 11 studies, and reported TIPS with variceal embolization to be better in preventing variceal rebleeding" .....

....." For secondary prophylaxis, the pooled treatment efficacy was 94.3%, 95.5% and 88.7%, with EUS-glue, EUS-coil and EUS-glue plus coil, respectively" .....

: ..... " are being done for prophylaxis and treatment of variceal hemorrhage [56-63]. The study by Peng et al. underlines the importance of bleeding risk prediction, which appears to be more accurate with radiomics based models compared to conventional imaging [64-75]. Future studies would be needed to further establish the role of radiomics in the" .....

As advised, we have updated the language for the above sentences.

- 2. It may be good if the authors feature newer diagnostic methods that showed promise in diagnosing esophageal varices non-invasively such as splenic elastography and compare with the novel radiomics reported in the article in question.**

As advised, we have included the discussion on splenic elastography.

**REVIEWER 2:**

The authors presented an interesting manuscript “Comprehensive Approach to Esophageal Variceal Bleeding: From Prevention to Treatment”. The title and key words reflects the contents of the manuscript. The abstract summarizes the contents of the manuscript. The manuscript is formatted in accordance with the requirements of the editorial format. The mortality rate of patients from bleeding from esophageal varices is very high. There is no decrease in this mortality rate for a long time. The authors of the editorial manuscript analyzed a large number of review publications on this scientific medical problem. Despite the large number of methods for the prevention and treatment of bleeding from varicose veins of the esophagus and stomach that are recommended by authoritative protocols and standards, it is not possible to achieve effective results. The authors of the manuscript gave a detailed description of all existing methods of prevention and treatment of bleeding from varicose veins of the esophagus and stomach. In their manuscript, they draw the attention of researchers to a promising method of visualizing pathological changes and predicting the risk of varicose bleeding. This is the radiomics method. The radiomics assessment model for predicting the risk of variceal bleeding has a very good ROC analysis value (AUC 0.951 and 0.930). An integrated approach to the prevention and treatment of a fatal complication - bleeding from varicose veins of the esophagus - is the only correct strategy for achieving positive results from this problem. Predicting the risk of bleeding from esophageal varices using radiomics will improve the effectiveness of a full range of methods for preventing and treating this complication. I agree with the authors that this strategy is correct. The manuscript is meets all the requirements of evidence-based medicine. I believe that articles on this topic will be a good motivation for continuing research and developing models for predicting bleeding from esophageal varices, as well as improving the effectiveness of prevention and treatment of this fatal complication. The manuscript is recommended for publication in World Journal of Gastroenterology.

We sincerely thank the reviewer for the positive feedback on our paper.