Reviewer #1:

Thank you so much for your thoughtful review, we really appreciate the outlook on incorporating important novel vascular interventions under EUS guidance, we hope our revision and corrections will meet your approval.

We revised the text additionally for language polishing

Specific Comments to Authors: The authors have written a mini review on EUS guided vascular interventions. The manuscript needs to revamp considering the following points

1. The authors have described mainly EUS guided management of gastric varices, EUS guided interventions include portal vein (PV) embolization sampling, angiography, pseudoaneurysm embolization, drug administration, and portal pressure measurement etc. These future avenues need to be explored. the authors may refer to this paper in the other journal from Baishideng publishers (Mann R, Goyal H, Perisetti A, Chandan S, Inamdar S, Tharian B. Endoscopic ultrasound-guided vascular interventions: Current insights and emerging techniques. World J Gastroenterol. 2021 Oct 28;27(40):6874-6887).

We acknowledge the missing headers you suggested, especially since our title was misleading when the previous text only focused on bleeding issues. We included pseudoaneurysms in non-variceal bleeding. We then grouped interventions targeted to the portal vein, such as sampling, pressure gradient measurement and embolization. We added a section on angiography, as well as a section dedicated to drug administration as outlines in the text provided.

2. To be unique from previous publications, the authors need to include additional recent studies and discuss the pros and cons of EUS in all these interventions and make charts to summarise all previous studies with columns related to technical success, adverse events, recurrence etc.

We have added all the mentioned sections and to the best of our knowledge portrayed the most recent studies on the matter, we also tried to dissect advantages and disadvantages of all techniques. When the literature provided more data on human trials, we tried to present that data in more depth than preliminary data on animal studies. We have added charts on portal vein pressure measurement and FNA thrombus biopsy to summarize relevant previous studies with information tabulated regarding technical success, adverse events, and recurrence where we saw fit.

3. The discussion on classification of gastric and esophageal varices are not required. Rather details of EUS guided interventions are required.

Details on EUS-guided interventions were added where necessary to give a well-rounded idea of the intervention. Discussion and classification of varices were kept as we believe it added value to our directive to the reader, but the final decision remain at the reviewer’s discretion and whichever section can be easily removed.

4. The figures should be replaced by images of EUS guided interventions. Only a image of gastric varices is not enough.

Figures of EUS-guided interventions were added to our manuscript.
Reviewer #2:

Thank you so much for your thoughtful review, we really appreciate the outlook on incorporating important novel vascular interventions under EUS guidance, we hope our revision and corrections will meet your approval. We revised the text additionally for language polishing.

Specific Comments to Authors: Very important topic. However, the article is covering bleeding issues only. Many interventions are not included as EUS guided portal vein thrombus biopsy, EUS guided portal pressure measurement, ......etc. May the title could be changed to bleeding instead of vascular therapy alone or adding other vascular interventions to the article. Thanks for your effort.

We kept the title the same and decided to revamp out manuscript to incorporate sections on the following topics: pseudoaneurysm, portal vein sampling, gradient measurement, and embolization. We also added a section on thrombus biopsy, angiography, and drug administration. We added tabulated charts of recent studies to of some promising interventions to go alongside the text and added figures directed are EUS-interventions.