

Answers to reviewer's comments

Dear Sir or Madam,

we thank the reviewer for her/his helpful remarks. In the following sections, we will give a point-by-point-response and show how we revised the manuscript.

All deletions in the manuscript are highlighted in yellow and have been carried out by using the „track changes“ option of Word and therefore are marked in the revised manuscript. All additions to the manuscript have been highlighted in yellow.

1. “Although the author made a thorough summary of its wide application, advantages and disadvantages, the content is a bit lengthy. A shorter summary might be better.”

We have shortened the whole manuscript significantly by omitting several dispensable explanations, especially on pages 4, 5, and 9.

2. “The authors mainly discussed patients with dementia. But it was interspersed with descriptions of non-neurological disorders, which makes the manuscript seem loosely structured. It might be better to discuss non-neurological diseases in separate sections.”

We have separated the sections in a clearer way (page 4: accepted indications; page 5: dementia; page 7: non-neurological diseases). Dementia is the main topic of debate in indication and timing of gastrostomy. We therefore think that it is important to concede so much space for this important topic and we elaborated on that on page 6.

3. “But as to which patients are recommended to get PEG as soon as possible, and which patients need to be more prudent and individualized, I would like to see these elaborated more clearly. In addition, "early" PEG was mentioned in the manuscript. But what is defined as “early” as well as “late”, i.e. what stage of the disease is characterized by specific clinical manifestations and examinations?”

The reviewer is right that a clearer definition for „early“ gastrostomy is necessary and that it should be defined in a clinical way how the indication is chosen. We added possible criteria including the GLIM criteria on page 8 and emphasized the problem of earlier intervention on page 6.

4. “Although the authors cited a lot of literature to describe the patients and timing selection, most of them are described by the conclusion without data presentation, which makes the arguments less persuasive.”

The reviewer is right that precise data can support our opinion in a better way. In order to clarify central issues of our opinion review, we added specific data on important studies in several parts of the manuscript (see pages 5, 6, 7, 8, and 9).

Again, thank you for the helpful comments. They certainly helped to improve the manuscript. We hope that the manuscript is now acceptable for publication in *World Journal of Gastroenterology*.

Sincerely,

Christoph G. Dietrich, MD, PhD