



February 14, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8096-review.doc).

Title: The Role of Interventional Radiology in the Management of Acute Gastrointestinal Bleeding

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Name of Journal: *World Journal of Radiology*

ESPS Manuscript NO: 8096

The manuscript has been improved according to the suggestions of reviewers:

1. The following have been updated: manuscript format, core tip added, images reformatted according to journal specifications
2. Revisions have also been made according to the suggestions of the reviewers listed below. Please see attached document for specific changes as proposed by the reviewers.
 - (1) 01560070
 - (2) 00225305
 - (3) 02664469
3. References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Radiology*.

Sincerely,

Raja Ramaswamy

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Reviewer 1: 01560070

#1. Endoscopic therapeutic managements were introduced in the final paragraph of “Clinical evaluation and management of the patient” section. Here, I suggest adding the representative endoscopic findings, which could predict the technical failures.

Response: Overall we feel the paper is strengthened by taking into account your suggestions and thank you for your time. In the endoscopic therapeutic management section we have added representative endoscopic findings which may predict technical failures.

#2. The usefulness of CT angiography (CTA) is presented in the section “CT angiography”. The efficacy of CTA is shown referring to previous studies. Here, I have 2 comments. First, the recommended imaging protocols of CTA are better to be introduced. Second, if there are previous data, description of the detection rate to identify the culprit vessels with extravasation of contrast medium and/or pseudoaneurysm might also be appreciated.

Response: We have added in our institutions protocols in the CT angiography section and further described how to identify the bleeding source.

#3. Authors refer to the usefulness of scintigraphy in the section “Nuclear Scintigraphy”. Even now, the detectability of bleeding sights by scintigraphy seems not to be determined; data are different from a study to study greatly. Following article shows the usefulness of time interval from RI injection to a positive scan for estimating the possibility of detecting the bleeding sight in angiography. Daniel A. Ng, Frank G. Opelka, David E. Beck, et al. Predictive Value of Technetium Tc 99m-Labeled Red Blood Cell Scintigraphy for Positive Angiogram in Massive Lower Gastrointestinal Hemorrhage. Dis Colon Rectum. 1997;40:471-477. These kinds of information might be useful, if possible. – citation added, text addressed

Response: We agree with the above comment. The detectability of bleeding sites by scintigraphy vary from study to study and have updated the manuscript to reflect this. Further, we have added the above mentioned manuscript in the reference to the manuscript.

#4. The differences in techniques between upper and lower GIB should be described in the “Transcatheter arterial embolization” section.

Response: Specific technique differences for addressing upper versus lower GIB have been added into the transcatheter arterial embolization section.

#5. In the middle part of “Transcatheter arterial embolization” section, it is written that Gelfoam is liquid agent. Is it correct?

Response: Gelfoam is an absorbable compressed sponge that can be made into a slurry or liquid form. We have changed this in the manuscript.

#6. In the “Transcatheter arterial embolization” section (later part in page 7), authors described “Placing coils super-selectively at the level of marginal artery, or vasa recta if possible”. In current opinion, coil embolization at the level of marginal artery may result in high re-bleeding rate and make the second intervention troublesome; it should not be acceptable. Coils should be placed at the level of vasa recta at least, or ruptured point if possible. Somewhat of revision in this explanation is required.

Response: We agree with the above statement and have revised this statement and expanded on this topic in the transcatheter arterial embolization section

#7. As authors mentioned, the use of NBCA requires experience and particular caution, however, NBCA is a promising embolic material to control GIB and widespread today. There have been many reports presenting predominance of NBCA in comparison with coils or particle in terms of hemostatic effect and a low incidence of re-bleeding. I feel NBCA could be considered as one of the first-line agents nowadays, and I would like to hear authors' opinion.

Response: We agree that NBCA is a promising embolic material and have reworded the corresponding paragraph to reflect this. Additionally, multiple new references with regards to the use of NBCA in GI bleed were added.

Reviewer 2: 00225305

Few minor revisions include citation numbering should follow the journal's instructions, the second section 4th paragraph "An unprepped colon limits..." should be revised as " ... unprepared..."

Response: We have changed the citation numbering to follow the journals instruction and corrected the grammatical error as listed above.

The 6th section 1st paragraph, "...at least 0.5 to 1 mL/min." should follow with a citation reference.

Response: Citation has been added.

Figures should be remade in separate following journal's instructions.

Response: Figures have been remade following the journals instructions.

Reviewer 3: 02664469

The second and fourth sentences in the Introduction paragraph do not have adequate citation. These need to be referenced appropriately.

Response: Overall, we feel that the comments of Reviewer 3 have enhanced the manuscript. Appropriate citations have been added to all sections and the manuscript has been further edited for grammatical errors.

The references should be listed in order as they appear in the manuscript. For example, in the third sentence of the introduction, references #1 and #29 are cited.

Response: References have been reordered

The first two paragraphs in the "Clinical evaluation and management of the patient" do not have adequate references. Many of the statements are not supported by any references.

Response: The appropriate references/citations for each statement have been added

Page 5, paragraph 3: This statement should read: "Angiography is able to identify AN active bleeding rate of at least 0.5 to 1 mL/min."

Response: The above mentioned sentence has been changed.

Page 5, paragraph 4: This statement should read - "Access for endovascular angiography is commonly gained via THE common femoral artery."

Response: The above mentioned sentence has been changed

Page 5, paragraph 5: Multiple sentences in this paragraph are without adequate citations.

Response: The appropriate references/citations for each statement have been added

Page 6, paragraph 6: This sentence is grammatically incorrect: "However, if this does not reach the bleeding site smaller coaxial 3 French microcatheters can advanced through the 4 or 5 Fr catheter."

Response: The above mentioned sentence has been changed

Page 7, paragraph 5: This sentence is grammatically incorrect: "These agents are considerable more expensive than the earlier described embolic agents."

Response: The above mentioned sentence has been changed

In the "complications" paragraph, some of these statements require citation.

Response: The appropriate references/citations for each statement have been added

The figures need to be of higher resolution. Also, they must be referenced in the manuscript text. No reference to any of the figures are currently present.

Response: Figures have been changed to reflect journals requirements and references to each figure has been inserted into the main body of the manuscript.