

Dear Editor-in-Chief Lian-Sheng Ma,

I am pleased to enclose the revision of original article [87311] titled “Endoscopic Ruler for varix size measurement: A multicenter pilot study” for consideration in the *World Journal of Gastrointestinal Endoscopy*.

Please kindly see the following Point-by-point Responses to the comments by the editors and reviewers. Those comments are all valuable and very helpful for revising and improving my paper, as well as the important guiding significance to our research. I have studied comments carefully and fully addressed the mentioned issues. Revised portion are highlighted with yellow color.

I believe that the study with great clinical impact will be of broad interest and highly cited by the journal’s international readership. Your consideration for this manuscript is highly appreciated.

Yours sincerely,

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Point-by-point Responses

(87311)

Editorial Comments:

1) Science Editor: The manuscript has been peer-reviewed, and it' s ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

2) Company Editor-in-Chief: I recommend the manuscript to be published in the World Journal of Gastrointestinal Endoscopy. The 2023 Edition of Journal Citation Reports® cites the 2022 impact factor (IF) for WJGE as 2.0. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Reply: Thanks for your assessments. We have polished the language of the manuscript and make a point-by-point response to each of the issues raised in the peer review report as ordered.

Reviewer #1

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Noteworthy from a theoretical standpoint, however, the efficacy of this ruler in predicting bleeding risk needs more substantiation. The time it takes to use must be justified by improving relevant clinical outcomes. This innovative classification of varices using an endoscopic ruler is hindered by a small sample size, especially for a multicenter study spanning a year. The study's predominantly cross-sectional design calls into question the use of the term "prospective." To enhance its relevance, the authors might consider augmenting the sample size and introducing follow-up and clinical data.

Reply: Thank you for your beneficial assessments. Significant increasing procedural time of endoscopy examination increases the complication risk (*Garcia-Tsao G, et al. Hepatology 2017*). The median operation time of Endoscopic Ruler was 3.00 minutes without any adverse events in the enrolled 120 patients. Therefore, we think the time it takes to use is justified. significantly increasing procedural time and complication risk. We have delated the description of "prospective" in the title and MATERIALS AND METHODS section as suggestion (Page 6, Line 25-27) and we added the discussion of the limitation of the sample size (Page 12, Line 18-20). This study is a pilot study and we'll conducted a well-designed real-world study of Endoscopic Ruler augmenting the sample size and introducing follow-up and clinical data for further popularization in clinical practice.

Reviewer #2

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: In this study, the authors classified the varices with the aid of a unique endoscopic ruler and found that it performed better than the traditional approach.

The main drawback of this study, notwithstanding some innovation, is the extremely small sample size, considering a multicenter study spanned over 1 year. The design of this study is largely cross-sectional, hence using the term “prospective” would be inappropriate. I’m afraid, but the work does not appear to be appropriate for a high impact publication in its current format. Perhaps the authors could think about improving the sample size and adding some follow-up data to make it more relevant.

Reply: Thank you for your insightful suggestions. We have delated the description of “prospective” in the title and MATERIALS AND METHODS section as suggestion (Page 6, Line 25-27) and we added the discussion of the limitation of the sample size (Page 12, Line 18-20). This study is a pilot study and we’ll conducted a well-designed real-world study of Endoscopic Ruler augmenting the sample size and introducing follow-up and clinical data for further popularization in clinical practice.

Special thanks for your constructive suggestion and beneficial comments!