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### **Answering Reviewers**

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "An algorithm for the multidisciplinary management of hemorrhage in EUS-guided drainage for pancreatic fluid collections" (Manuscript NO: 39878, World Journal of Clinical Cases). All these comments are valuable and very helpful for revising and improving our paper, as well as providing important guiding significance to our studies. We have studied the comments carefully and have made corrections that we hope will be met with approval. All significant changes are highlighted in yellow in the revised manuscript. In addition, our revised manuscript has been edited by a professional English language editing service. The main corrections in the paper and the responses to the reviewer's comments are shown below.

#### **Answering Reviewer #1**

Name of journal: World Journal of Clinical Cases

Manuscript No: 39878

Title: An algorithm for the multidisciplinary management of hemorrhage in EUS-guided drainage for pancreatic fluid collections

Reviewer's code:03479389

Reviewer's country: Japan

Science editor: Ze-Mao Gong

1.Response to comment: Please add the clinical outcomes between cautery dilator and non-cautery dilator in bleeding of EUS-guided PFC drainage.

**Response: Dear reviewer, thanks for your important and helpful suggestion. We have**

added the clinical outcomes between cautery dilator and non-cautery dilator in bleeding of EUS-guided PFC drainage. The revised details are shown in Page 33-35, table 4, and highlighted in yellow.

Table 4 Details of clinical outcomes between cautery and non-cautery dilator in EUS-guided drainage for pancreatic fluid collections

Study	Year	Country	Design	Center	Stent style	No.	PFC style	Overall Technical success	Overall Clinical success	Overall bleeding rate	Dilated approaches (A. balloon/tapered dilator; B. needle knife; C. cystotome catheter; D. ERCP cannula)	Cautery dilator
Gabriel D. Lang <i>et al</i> <sup>[38]</sup>	2018	USA	RS	Single	LAMS/DDPS	103	PPC/WON	99%	95%	5%	A+B	YES
Siddiqui <i>et al</i> <sup>[46]</sup>	2017	USA	RS	Multi	LAMS/DDPS/FCSEMS	313	WON	99%	90%	3%	A+B	YES
Bapaye <i>et al</i> <sup>[13]</sup>	2017	India	RS	Single	BFMS/MPS	133	WON	100%	82%	5%	A+C	YES
Lakhtakia <i>et al</i> <sup>[54]</sup>	2016	India	RS	Single	FCSEMS	205	WON	99%	75%	3%	A+C	YES
Siddi	20	US	R	Mul	LAMS	82	PPC/	86%P	100%	7%	A+B	YES



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qui et al <sup>[31]</sup>	16	A	S	ti			WON	PC 100% WON	PPC 88% WON			
Ang et al <sup>[20]</sup>	20 16	Sin gap ore	R S	Mul ti	FCSEM S/ DPPS	49	PPC/ WON	100%	96%	4%	A+B+C	YES
Vazquez-Saqueiros et al <sup>[39]</sup>	20 16	Spa nish	R S	Mul ti	FCSEM S	21 1	PPC/ WON	97%	94%	7%	A+B+C	YES
Shariha et al <sup>[7]</sup>	20 16	US A	R S	Mul ti	LAMS	12 4	WON	100%	86%	3%	A+B+C	YES
Shariha et al <sup>[47]</sup>	20 15	US A	R S	Mul ti	ECSEM S/ DDPS	23 0	PPC	96%	90%	4%	A+B	YES
Gornals et al <sup>[56]</sup>	20 15	Spai n	R S	Sin gle	LAMS	12	WON	100%	100%	17%	A+C	YES
Mukai et al <sup>[14]</sup>	20 15	Japa n	R S	Sin gle	FC BFMS/ Plastic	70	WON	100%	96%	4%	A+C	YES
Lee et al <sup>[55]</sup>	20 14	Kor ea	PS	Sin gle	FCSEM S/ DDPS	50	PFC	100%	10%	2%	A+B	YES
Puri et al <sup>[48]</sup>	20 12	Indi a	PS	Sin gle	DPPS	40	PPC	100%	98%	3%	A+B	YES
Itoi et al <sup>[12]</sup>	20 12	Japa n	R S	Sin gle	LAMS	15	PPC	100%	100%	20%	A+C	YES



Bang <i>et al</i> <sup>[50]</sup>	20 17	US A	R C T	Sin gle	LAMS/ DDPS	21	WON	NR	NR	14%	A	NO
Rinni <i>nella et al</i> <sup>[44]</sup>	20 15	Ital y	R S	Mul ti	FCSEM S	93	PFC	99%	93%	1%	A	NO
Yama <i>moto et al</i> <sup>[57]</sup>	20 13	Japa n	R S	Sin gle	FCSEM S	9	PPC/ WON	100%	78%	11%	A	NO
Bang <i>et al</i> <sup>[64]</sup>	20 13	US A	R S	Mul ti	MTGT	53	WON	NR	70%	1%	A	NO
Vara <i>darajulu et al</i> <sup>[27]</sup>	20 11	US A	R S	Sin gle	DDPS	21 1	PPC /WON	NR	85%	1%	A+D	NO
Vara <i>darajulu et al</i> <sup>[65]</sup>	20 11	US A	PS	Sin gle	DDPS	11 0	PPC/ WON	100%	92%	1%	A+D	NO
Talrej <i>a</i> <sup>[53]</sup>	20 08	US A	PS	Sin gle	FCSEM S	18	PFC	95%	78%	13%	A	NO

**Answering Reviewer #2**

Name of journal: World Journal of Clinical Cases

Manuscript No: 39878

Title: An algorithm for the multidisciplinary management of hemorrhage in EUS-guided drainage for pancreatic fluid collections

Reviewer's code: 00504708



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Reviewer's country: United states

Science editor: Ze-Mao Gong

1. Response to comment: The major criticism is that the English is poor. I realize that this is not the authors' native language, but the awkward semantics may distort points that the authors trying to convey. For instance, "coagulation disorders are a dangerous cause of hemorrhage in which case conservative treatment is" "we supposed that the type of pancreatic collection is related to the recurrence of bleeding due to different components in the intraluminal" severe-not "sever". I would just get a capable English proofreader and you are set!

**Response: Dear reviewer, thanks for your real and valuable criticism. We apologize for the poor English and our revised manuscript has been edited by a professional English language editing service. We will make an effort to improve our English writing. And thanks for your criticism again.**

**The revised details about the sentence: "Coagulation disorders are a dangerous cause of hemorrhage that requires conservative treatment." "we presume that the type of pancreatic collections is related to the occurrence of bleeding, which is due to the different intracavitary components." And the word "sever" has been changed into "severe".**

**The revised details are shown in Page 13 and Page 15 and highlighted in yellow.**

2. Response to comment: The review was comprehensive and there is little I can criticize regarding the intellectual content. Some points that could be better covered include the use of EUS Doppler and the effect of angle of the transducer on Doppler signal. There is controversy in the West guarding removal of LAMS in that a decompressed PFC may



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predispose to stent erosion into an artery.

Response: Thanks for your professional suggestions. It is true that the EUS Doppler make an important role in the usage of EUS-guided drainage for pancreatic collections. EUS Doppler can identify the vessels and potentially reduce the risk of bleeding. EUS also can adjust the angle of the transducer (up and down) in order to acquire better Doppler signal and ultrasound imaging. We have added the meaningful information in the revised manuscript. In addition, we are deeply agreed with your comment about the decompressed PFC may predispose to stent erosion into an artery. Currently, it is controversy. Thus, more prospective and multicenter study is needed and we will further explore the interesting problem in the future study.

The revised details are shown in Page 7 and highlighted in yellow.

### Answering Reviewer #3

Name of journal: World Journal of Clinical Cases

Manuscript No: 39878

Title: An algorithm for the multidisciplinary management of hemorrhage in EUS-guided drainage for pancreatic fluid collections

Reviewer's code: 00074961

Reviewer's country: Spain

Science editor: Ze-Mao Gong

1. Response to comment: You should re-write your title; it does not reflect the main subject of the manuscript. "An algorithm for multidisciplinary management of hemorrhage in the EUS-guided drainage for pancreatic fluid collections ...relating to what disease?"



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Response: Thank you very much for your professional suggestion. We have change an appropriate title. "An algorithm for the multidisciplinary management of hemorrhage in EUS-guided drainage for pancreatic fluid collections"

2. Response to comment: You should not spend so much effort on the first items (definitions, classification, imaging techniques...) because they are not the main aim of the work. The same for tables 1, 2 and 3 (for example, the only relevant point here is bleeding definition); I am not sure they are necessary. Perhaps you should focus on the aim of your study: hemorrhage in EUS-guided drainage for PFC. It would be interesting if you comment bleeding risk when endoscopic debridement through LAMS?

Response: Dear reviewer, thanks for your significant comments. We have deleted many unnecessary items (such as table 1,2 and 3) and integrated the three items (definitions, classification, imaging techniques) into one item (What is pancreatic fluid collections?). In addition, thanks for your suggestion about the interesting topic: bleeding risk when endoscopic debridement through LAMS, which is really remarkable and inspiring. Currently, there is lack of literature studies about the bleeding events during the endoscopic debridement through LAMS. This is an excellent direction for future research. We will regularly track new studies and make an effort to explore the issue. Thanks again.

The revised details are shown in Page 6 and highlighted in yellow.

3. Response to comment: I would remove "Over the last three decades...the first-line treatment for PFC" (last paragraph). Be aware with spelling: Fig 1: Space between tail and (arrow); The same between deployment and (arrow). Fig 2: "serverity", "sever", "stents erodin"...

Response: Thanks for your careful comments. We apologized for the incorrect writing.

We have removed the sentence and revised all the wrong description. Details showed in fig 1 and fig 2.

