

Dear Professor Lian-Sheng Ma,

Thanks you for your decision letter and comments concerning our manuscript entitled “Clinical Significance of Different Periapillary Diverticulum Classifications for Endoscopic Retrograde Cholangiopancreatography Cannulation” (Manuscript NO.: 53303). Those comments are all valuable and very helpful to improving our paper, and emerge as the important guiding significance to our researches as well.

We have read the comments carefully and have made some corrections which we hope could meet with approval. Revised portions are highlighted in red in our revised paper. The main correction in the paper and our point-by-point responses to the reviewer’s comments and editor’s suggestions can be seen the attachment.

We hope the current version satisfies the publishing requirements of ***World Journal of Gastroenterology***. We look forward to the final decision on the revised manuscript.

Sincerely,

Xun Li

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A point-by-point response

Reviewer #1 (02998430)

Comment 1. This is an interesting retrospective study about the different periampullary diverticulum classifications for endoscopic retrograde cholangiopancreatography cannulation. The manuscript is well written, and the data in the results are very interesting. I recommend to accept this manuscript after a minor editing.

Response: Thanks for your valuable comments.

Reviewer #2 (01201032)

Comment 1. I read this manuscript in great interesting, and found the manuscript is very good written, the results of the study are listed in detail, reasonable and interesting. Tables are so good. I have no specific comments to authors.

Response: Thank you for your high opinion of our paper.

Reviewer #3 (02937043)

Comment 1. Periampullary diverticulum may increase the incidence of choledocholithiasis and could be a potential risk factor for recurrent choledocholithiasis, especially after cholecystectomy, and may increase the difficulty of ERCP cannulation. In clinical practice, we found that the effect of periampullary diverticulum on ERCP cannulation was related to the characteristics of the diverticulum. Periampullary diverticulum was divided into two types: intradiverticular papilla and juxtapapillary diverticulum; and three types of periampullary diverticulum, and types I and II were further divided into four subtypes. However, the clinical significance of the two current periampullary diverticulum classifications for cannulation is limited. In this study, Yue P et al evaluated the clinical value of the Li-Tanaka periampullary diverticulum classification method in ERCP cannulation. This study is very interesting. Methods are described in detail, acceptable. Results are reasonable. The tables and figures are very good. Discussion is a little long, please short it. References are updated,

require an editing according to the journal's guideline. Manuscript overall is very well written, however, some minor language polishing should be corrected.

Response: We highly appreciate your comments. We have shorten the discussion section and re-edited the references according to the journal's guideline. And the manuscript has been revised by a native speaker.

Reviewer #4 (00050424)

Comment 1.For the Boix classification, no significant difference in the rate >> add new paragraph.

Response: Thank you for your suggestion. We have added a new paragraph for the the Boix classification.

Comment 2. For the Li-Tanaka classification, type I PAD had the...>> add new paragraph.

Response: Thank you for your comment. We have also added a new paragraph for the Li-Tanaka classification.

Comment 3. Compared to the non-PAD group, the PAD group did not exhibit increased difficulty of cannulation (OR 0.86, 95% CI 0.68-1.09, p=0.21), and the >>> which classification ;;; all patients ;;;

Response: Apologies for the ambiguity. We have made appropriate adjustments in this part.

Comment 4. RESULTS ...No significant difference in terms of post-ERCP pancreatitis (PEP), acute cholangitis and perforation were observed among the groups for all three classifications ...DISCUSSION :The proportion of patients with acute cholangitis (11.2%) and choledocholithiasis (71.1%) in the non-PAD group were lower than the proportion of patients in the different PAD groups in all three classifications. ;;;

Response: Apologies for the confusion. The sentence “post-ERCP pancreatitis (PEP), acute cholangitis and perforation” in results section refers to complications of ERCP,

while "acute cholangitis (11.2%) and choledocholithiasis(71.1%)" in the discussion section refers to admission diagnosis. we have revised accordingly in the manuscript.