

Dear Editor,

First of all, thank you very much for the invitation, for reading, evaluating our work and considering it for publication in your journal. It is a great honor for me and my colleagues.

In this letter I would like to answer your questions. Regarding the first question about why we have not included other patients with abdominal pain secondary to invasion of the celiac plexus and candidates for EUS-CPN (in case of biliary tract tumors) or EUS-ceeliac plexus block (in patients with chronic pancreatitis), it has been for several reasons: the first is that the objective of our review has been to evaluate patients with pancreatic cancer only, given that if we studied more patients the length of the article would be greater. We have also wanted to focus on this pathology above all because of the impact it has on clinical practice (given that pancreatic cancer is more prevalent than biliary cancer) and because the technique used produces the total destruction of the plexus and not a transitory block (as in patients with chronic pancreatitis) and that the reduction in pain is temporary and requires repeating the procedure.

Regarding the suggested title change, we agree in including at the end "in patients with unresectable pancreatic cancer" as it is a title more oriented and specific to the pathology we focus on our review.

And finally, the strenghts of our paper are above all the large number of studies that we have collected (many of them clinical trials) with an acceptable number of patients despite the fact that this technique is only performed in experienced centers and results that show good tolerance to the technique, few major complications and a good response to the reduction of pain and reduction of opioid use (even if only in the first months). In addition, an outline and detailed explanations of aspects to take into account before the technique, how to perform it and the different techniques that are currently used. Nowadays, the most commonly used technique is the classic or central technique, known by almost all expert echoendoscopists and the one we perform in our centers.

I would like to add that all the figures that appear in our manuscript are of our own elaboration and therefore do not require permission from any journal or referencing in the bibliography.

I hope that I have answered all your questions and that you will take them into account in the final acceptance of the manuscript.

Yours sincerely

Dr Guillermo Pérez-Aguado