Reply to the reviewers' comments

Reviewer Number	Original comments of the reviewer	Reply by the author(s)	Changes done on page number and line number
1	Clarify that surgery is "curative" mainstay of treatment	Changes made as advised	Page 1, line 3
	of the" is not needed in front of the word "patients"	"The" omitted	Page 1, line 4
	-" klatskin" should be capitalized as it refers to a surname.	Klatskin capitalized as suggested	Page 1, line 16
	In the phrase "per lac population", what is the meaning of "lac"?	Lac changed to lakh	Page 1, line 20
	In the sentence "However the disease is resectable only in minority of the cases.", the word "a" should be added before the word "minority".	Done	Page 1, line 21
	It should be clarified in the Introduction section (and ideally also in the Abstract), if the review will be addressing ILBT for pCCA, eCCA, or both (and if there is any role for ILBT for iCCA)	The review addressed ILBT for extrahepatic cholangiocarcinoma. In patients with peripheral and intrahepatic CCA, transcatheter brachytherapy is not feasible. It has been addressed in abstract.	Page 1, line 8
	Names of organisms, e.g. clonorchis sinensis, should be italicized, and the first letter in the genus name should be capitalized.	Changes have been made	Page 2, line 29
	Role of brachytherapy -There is quite a bit of (in this reviewer's opinion too much) background information prior to actually getting to the crux of the review. Moreover, this section consists of numerous paragraphs and is several pages long (and then suddenly leads to the Conclusion section); it is difficult to read in current form and	Changes have been made as suggested. It has been modified as suggested.	Page 6, line no 139 Page 8, line 192 & 196

	would benefit from being subdivided		
	Figures -There are none, but the review would be enhanced by a figure of the ILBT catheter and/or a schematic describing how it is performed (percutaneously or by ERCP)	Apologies, not able to find out a figure from our system.	
	General -There are numerous places throughout the manuscript where readability is compromised, perhaps due to English language review deficiencies	The paper has been carefully revised to improve the grammar and readability.	
2	a couple of studies should be cited within the introduction (PMID: 33535621 ; PMID: 28466653 ; PMID: 33215952; PMID: 33307876) only for a matter of consistency.	References have been added	
	might be useful to introduce the topic of this study.		
	Several studies have shown the potential role of liquid biopsy, and the authors should discuss this point, also reporting recent studies in this setting (doi: 10.3390/cells9030721; doi: 10.21873/cgp.20203).	As suggested, liquid biopsy has been discussed.	Page 3, lines 62-71
	What potential do this study hold?	This study gives a concise review of role of intraluminal brachytherapy in palliation of biliary obstruction. Biliary drainage which is done either endoscopically or percutaneously can palliate symptoms but ILBT can decrease the tumor size and delay the tumor ingrowth.	
	What are the knowledge gaps and how do researchers tackle them?	ILBT is not used frequently due to lack of availability and expertise and patient's moribund condition due to disease. It can be used as an adjunct to biliary drainage	

		in the palliative setting. High dose per fraction in ILBT can have ablative effect on tumor and can lead to better symptom control and quality of life.	
	How do you see this area unfolding in the next 5 years?	In patients with malignant biliary obstruction, it can be used as an adjunct to systemic therapies. There is need of prospective studies to compare the quality of life and outcome in such patients using ILBT.	
	The authors should better explain the limitations of their work, in the last part of the Conclusions.	This article focused mainly on the role of ILBT in palliation of malignant biliary obstruction. The newer advancements in the treatment of cholangiocarcinoma such as immunotherapy, targeted therapy, Stereotactic body radiation therapy (SBRT) have not been discussed.	