

Dear Editor,

Subject: Response to Revision Submission for Article :

Clinical Approach to Indeterminate Biliary strictures: Clinical Presentation, Diagnosis and Workup

First and foremost, we would like to express our gratitude to the reviewers for taking the time to thoroughly review our work. Their insightful comments have proven to be immensely helpful in refining the quality and clarity of our research. We have carefully considered each suggestion and have made the necessary adjustments to improve the overall content of the article.

In the revised version, we have addressed the concerns raised by the reviewers. Below is also a point-by-point response to each of the comments. We have also reviewed the language and grammar to enhance readability and comprehension for the readers.

Once again, we extend our gratitude to the reviewers and the editorial team for their dedicated efforts and insightful suggestions. We sincerely appreciate the opportunity to revise our work, and we remain committed to contributing to the scientific community through this publication. Thank you for your consideration, and we look forward to hearing from you soon.

Sincerely,

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Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: 1. CA199 can be significantly increased in biliary tract infection and chronic inflammation, and diabetes may also cause CA199 to increase. The author should review the contents related to the increase of CA199 in benign conditions. From a more focus perspective, the key points of this article are the imaging/endoscopic techniques and biopsy methods and characteristic of biliary strictures. Serum markers play a very limited role in judging the benign/malignant character, extent, and stage of lesions. I suggest that the content of the serum markers can be removed from the article.

Role of serum markers has been summarized in a few short sentences. Paragraphs elaborating role of serum makers in management of indeterminate biliary strictures have been deleted.

To some extent, FISH and Flow cytometry could be considered as part of the content of pathological evaluation methods after brush cytology and intraductal biopsies and should not be listed as a separate item. It should be integrated with related routine methods of pathological detection under the same category.

Role of FISH and flow cytometry has been integrated into the paragraph describing routine methods of pathological detection

Similar to the aforementioned opinions, the key points of this article should be the imaging/endoscopic techniques and biopsy methods and characteristic of biliary strictures. The pathological detection methods of biopsy tissues are not the focus of this article. I suggest that this part can be deleted.

This section has been deleted.

For the various endoscopic (such as EUS, IDUS, Cholangioscopy, CLE, et al) and biopsy (such as biliary brush cytology and intraductal biopsies, wire guided endo-biliary forceps, free hand biopsies, endoscopic scrapers, FNA/FNB et al) methods that were described in the article, it is recommended that the author provide physical pictures and schematic drawing for readers to understand more conveniently and intuitively.

Thank you for your feedback on our article. We have taken your suggestion to include physical images of cholangioscopy, EUS, FNA/FNB, free hand, and forceps biopsies to help readers better understand the discussed methods. However, due to the potential for an overwhelming number of figures and tables, we couldn't add schematic diagrams for all techniques. Nevertheless, we believe that the addition of visual aids, along with textual explanations, will provide readers with a clear understanding of the subject matter. We appreciate your input, and we are confident that these modifications will enhance the article's overall quality and clarity.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Many thanks for your great effort

We appreciate your feedback

Reviewer # 3

This review article well summarizes the clinical approach, including clinical features, diagnosis, and work-up algorithms for indeterminate biliary strictures. Although it provides very well-organized research data for interested researchers in this field, the

following corrections have emerged. Treatment of benign strictures typically involves medical and endoscopic therapy ,with only a few patients → Treatment of benign strictures typically involves medical and endoscopic therapy, with only a few patients Under Confocal laser endomicroscopy (CLE) One limitation is that CLE quires specialized equipment → One limitation is that CLE requires specialized equipment Under Investigational and less widely used techniques: Chromoendoscopy, narrow band imaging, autofluorescence and Optical Coherence Tomography (OCT) This technique is not widely use → This technique is not currently widely used. OUR APPROACH TO MANAGEMENT OF INDETERMINATE BILIARY STRICTURES → Our approach to management of indeterminate biliary strictures Under Our approach to management of indeterminate biliary strictures caution should be exercised before perming biopsies of biliary or hilar lesions. → caution should be exercised before performing biopsies of biliary or hilar lesions.

Above grammatical corrections have all been made