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January 2, 19

Jia-Ping Yan

Science Editor

World Journal of Gastrointestinal Endoscopy

Regarding: "Difficult biliary cannulation: historical perspective, practical updates, and guide for the endoscopist"

Manuscript NO.: 44867

Response to reviewers and revised manuscript

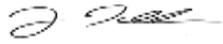
Dear Professor Yan,

Thank you for the email correspondence regarding our manuscript,

"Difficult biliary cannulation: historical perspective, practical updates, and guide for the endoscopist." We are very pleased to learn of the interest in and enthusiasm regarding our manuscript and greatly value the reviewers' comments. It is our privilege to be able to provide you a revised manuscript for consideration of publication in *World Journal of Gastrointestinal Endoscopy*. We feel we have satisfactorily responded to all the comments and suggestions provided, as noted in the enclosed point-by-point responses, and we believe you will agree.

Our manuscript is now stronger thanks to the quality of the reviews received, and we appreciate the opportunity to contribute to *World Journal of Gastrointestinal Endoscopy*.

Very sincerely,

A handwritten signature in black ink, appearing to read 'J. Tabibian', with a horizontal line extending to the right.

James H. Tabibian, MD, PhD

Comments from the editors and reviewers:

1. Please provide point to point answer to all reviewers.
2. The running title should be no more than 6 words.
 - a. Response: We shortened the running title to "Difficult biliary cannulation"
3. Please provide the postcode.
 - a. Response: We have provided all post codes.
4. Please download the Conflict of Interest (PDF), fill it in, and then upload the completed PDF version to the system. Note: The Corresponding Author is responsible for filling out a Conflict-of-Interest Form.
 - a. Response: We have included the conflict of interest form.
5. Telephone and fax numbers should consist of +, country number, district number and telephone or fax number; for example, +86-10-85381892
 - a. Response: We inserted phone number
6. An informative, unstructured abstract of no less than 200 words should accompany each manuscript. Please rewrite.
 - a. Response: We have rewritten the abstract according to the guidelines.
7. Please write a summary of no more than 100 words to present the core content of your manuscript, highlighting the most innovative and important findings and/or arguments. The purpose of the Core Tip is to attract readers' interest for reading the full version of your article and increasing the impact of your article in your field of study.
 - a. Response: We have added a Core Tip section.
8. Please offer the audio core tip, the requirements are as follows: In order to attract readers to read your full-text article, we request that the first author make an audio file describing your final core tip. This audio file will be published online, along with your article. Please submit audio files according to the following specifications: Acceptable file formats: .mp3, .wav, or .aiff. Maximum file size: 10 MB. To achieve the best quality, when saving audio files as an .mp3 file, use a setting of 256 Kbps or higher for stereo or 128 Kbps or higher for mono. Sampling rate should be either 44.1 kHz or 48 kHz. Bit rate should be either 16 or 24 bit. To avoid audible clipping noise, please make sure that audio levels do not exceed 0 dBFS.
 - a. Response: We have added an audio Core Tip.

9. Please use the brackets with a number to replace the references. There are no any punctuations between references and cited sentences. Please revise.
 - a. Response: We have revised all citations to use brackets as requested.
10. Figures must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, etc.). All figures must have a detailed figure legend that provides a clear and comprehensive description of the information presented in the figure, so that the reader can understand without having to refer back to any other portion of the manuscript. It is necessary to keep all elements compiled in a line-art image. Scale bars should be used rather than magnification factors, with the length of the bar defined in the legend text rather than on the bar itself. Figure file names should identify the figure and panel. Avoid layering type directly over shaded or textured areas in the figure. Uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ..." Figures with labels, arrows, or other markers, photographs, clinical images, photomicrographs, gel electrophoresis, and the like that include labels, arrows, or other markers must be submitted in two versions: one with the markers and the other without. Provide an explanation for all labels, arrows, or other markers in the figure legend. The figure field in the File Description tab of the manuscript submission form allows for uploading of two versions of the same figure.
 - a. Response: We have added a detailed legend and labels for all figures. We have also explained all abbreviations.
11. Similar sentences with other articles, please rephrase (Multiple sentences with this comment)
 - a. Response: All sentences have been rewritten/rephrased, as requested.
12. We could not find the figure 4.
 - a. Response: This was an error that was fixed; Figure 4 is now in the manuscript
13. We could not find any citations of figure 6 in your manuscript. Please revise.
 - a. Response: Figure 6 was renamed to figure 5 and cited in the manuscript
14. Please carefully check the figure number, we could not find the figure 7. We could not find any citations of figure 8 in your manuscript. Please revise.

- a. Response: Figures 7 and 8 were renamed to figures 6 and 7 and cited in the manuscript
15. We could not find any citations of table 1 in your manuscript. Please revise.
- a. Response: We cited table 1 in the manuscript in multiple places
16. Please explain all the abbreviations in the table.
- a. Response: We have explained all the abbreviations in the table as requested.
17. Please provide the PMID number, which is the serial number that roots the abstract for that publication into the PubMed index, and the CrossRef DOI® (Digital Object Identifier) name, which is a unique string created to identify a piece of scholarly content in the online environment for each reference in the References section. The PMID number can be found at <http://www.ncbi.nlm.nih.gov/pubmed> and the DOI name at <http://www.crossref.org/SimpleTextQuery/>. The numbers will be used in the electronic (E)-version of the manuscript. e.g. 1 Ma L, Chua MS, Andrisani O, So S. Epigenetics in hepatocellular carcinoma: An update and future therapy perspectives. World J Gastroenterol 2014; 20: 333-345 [PMID: 24574704 PMID: PMC3923010 DOI: 10.3748/wjg.v20.i2.333]
- a. Response: We have provided all the PMID and DOI numbers.

Reviewer 1

This is an excellent review of ERCP techniques and will provide a very valuable information source for those starting out on ERCP training. The authors have brought together various tricks and techniques that can be used in ERCP to reduce complications and improve rates of cannulation. There are a small number of grammatical errors that could do with correcting, some are stylistic such as the use of 'herein'. This manuscript should be published.

Response: We very much appreciate the kind comments and constructive feedback. We have made grammatical edits to the manuscript to correct errors and improve flow, as recommended.

Reviewer 2

The manuscript "Difficult biliary cannulation: historical perspective, practical updates, and guide for the endoscopist" is well written and interesting for our readership. However, I am missing two aspects or they need to be better emphasized in the manuscript. 1) Quality Assurance and Quality Control in Biliary Cannulation 2) New Perspectives for Challenging Biliary Cannulation of the Youth

Response: We are grateful for the positive feedback regarding our manuscript. As noted by our Reviewer, pediatric biliary cannulation was not originally covered in the scope of our review;

however, we have now added data regarding biliary cannulation success rates and adverse event rates in this regard, as recommended. With regard to “quality assurance and quality control in biliary cannulation of the youth”; we have expanded the section on defining what constitutes a cannulation attempt in an effort to present readers with a better understand of when cannulation is considered difficult in addition to clarifying some of our discussion and figures with respect to challenges in cannulation (applicable to both pediatric and adult patients).