

## Response to the reviewer's comments

We sincerely thank the peer reviewer for investing valuable time in reviewing our manuscript, titled "Clinical management for malignant afferent loop obstruction" and for the thoughtful comments. We have addressed all the comments, and have improved the text as suggested. We believe that the revised manuscript is more comprehensive. Please find below our point-to-point responses to the reviewer's comments.

*I have deleted it because you have also used red font in your responses.*

*I have included "Response" for easy distinction of your responses.*

1. In the 'Introduction' section, the authors reviewed 60 articles on the management of malignant ALO. How do you conduct a literature search in PubMed? Are there any keywords or can you show a flow chart of literature search? You should describe the method in a little more detail.

**Response:** We really appreciate the reviewer's comment. As advised, we have revised the manuscript to clarify the method for the literature search. The revised text reads as follows:

• Page 5, line 23: "We identified 104 articles in our search of the PubMed database for English-language literature using keywords "malignant afferent loop obstruction," After the screening of articles, we reviewed 60 articles on the diagnosis and treatment of malignant ALO published between 1959 and 2020."

2. In the 'Percutaneous treatment' section, the meaning of the following sentence is difficult to understand. Regardless of the clinical presentation, afferent loop is the most reasonable treatment for malignant ALO. Is the afferent loop itself a treatment or a therapeutic target?

**Response:** We thank the reviewer for pointing out the lack of clarity. We have revised the relevant sentence in the manuscript, which now reads as follows:

• Page 8, line 19: "Regardless of the clinical presentation, dilated afferent loop is the most reasonable therapeutic target for malignant ALO."

3. In the 'Endoscopic transluminal SEMS placement' section, the authors described that Kida et al. conducted a retrospective analysis of 11 malignant ALO patients who underwent endoscopic

transluminal SEMS placement [52]. I think the reference number is [41], not [52]. Please check and correct it.

**Response:** We apologize for this oversight. We have corrected the reference number in the revised manuscript.

4. In this review, the authors described therapeutic approach including percutaneous treatment, endoscopic transluminal SEMS placement and EUS-guided gastrojejunostomy (Fig.2 a-d). Theoretically, EUS-HGS could be an alternative treatment for PTBD. Is EUS-HGS also effective for malignant ALO? Please discuss the author's opinion and literature review.

**Response:** We appreciate the reviewer for this query and for a pertinent suggestion. As mentioned by the reviewer, EUS-HGS could be an alternative for PTBD. However, similar to PTBD, EUS-HGS can cause bacteremia as a result of ascending cholangitis. Therefore, we consider EUS-HGS as a lower priority treatment option. We could not find any articles in the literature regarding EUS-HGS as a treatment for malignant ALO.

5. The authors described clinical details of endoscopic transluminal SEMS placement in Figure 3. On the other hand, EUS-guided gastrojejunostomy is the most promising option of several treatments. Therefore, I recommend that the authors add and describe clinical details of EUS-guided gastrojejunostomy as Figure 4.

**Response:** As suggested by the reviewer, we have added a new figure (Figure 4). The legend for this figure reads as follows:

Page 26, line 1: "Figure 4 EUS-guided gastrojejunostomy for malignant afferent loop obstruction. (a) EUS shows the dilated afferent loop. (b) Dilated afferent loop was punctured using a 19G FNA needle with an EUS guide. (c) Self-expandable metal stent was placed using the standard TTS technique under fluoroscopic view. (d) Endoscopic view.