

Format for ANSWERING REVIEWERS

January 10, 2022



Dear Editors,

On behalf of all the authors, I would like to thank you for your consideration of this paper. In the revised manuscript you will find the changes that we made in response to the Reviewers. In this response to reviewer letter, we also indicated how we have dealt with the Reviewers' comments.

Please find enclosed the edited manuscript in Word format.

Name of Journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript Type: MINIREVIEW

Endobiliary biopsy: endoscopic versus percutaneous technique.

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Invited Manuscript ID: 03358964

Manuscript NO.: 69443

The manuscript has been improved according to the suggestions of reviewers, Science Editor and Company Editor-in-Chief.

A new and deep revision by a Native speaker English has been done.

Reviewer #1:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: A very well conducted paper, accurate and with high quality information. The abstract reflect the information presented in the manuscript. The manuscript itself consist in high quality medical information regarding the different types of biliary strictures with well updated information. The literature review in quite extensive and well documented.

A: Thank you for the consideration of this paper and for your comment.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: Comments • “Echoendoscopy (EUS)” is better replaced by “Endoscopic Ultrasonography (EUS)”

A: Thank you for the consideration of this paper and for your comment. This change has been done;

• In page 9, the study of Inoue on C-BF did not mentioned whether the strictures were proximal or distal or both.

A: A new sentence has been added to better specify the level of the strictures.

• In page 13, can IDUS take a biopsy? If not, how can it guide biopsy taking? How can the biopsy forceps and IDUS be introduced at the same time? This is not clear!

A: Actually, IDUS is a limited tool because of the lack of a specific device that enable an easy and time-saving sampling modality. Some investigators have performed IDUS-guided biopsy sampling introducing together the biopsy forceps and the US probe via ERC: an ultrasonic probe is inserted into the bile duct over the guidewire after endoscopic sphincterotomy until IDUS recognize the suspected MBS. While maintaining the ultrasonic probe on the narrowest position to the stricture, a forceps for conventional biopsy is inserted into the orifice of the papilla to the tip of the placed ultrasonic probe under fluoroscopic guidance. Transpapillary biopsies (TPB) using biopsy forceps are so obtained under ultrasonic visualization of the lesion. During the biopsy, the scanning ultrasonic probe is maintained in that position.

• There should be an algorithm for the diagnostic workup of proximal and distal biliary strictures including all diagnostic and interventional modalities.

A: a table has been added.

Reviewer #3:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: it is an excellent topic, and also this area still has much debate:

A: Thank you for the consideration of this paper and for your comment

1- is there any study discussing the combination of cholangiocyte with EUS.

A: There are a lot of head to head studies that compares the specificity of biopsy samples obtained via cholangioscopy versus the EUS-FNA. Anyway, we decided to investigate only the endobiliary sampling modalities, excluding the EUS FNA.

2- Can an endoscopist do a cholangioscope via the subcutaneous route.

A: There are several studies about cholangioscopy via the percutaneous approach to the biliary trees performed by both endoscopists and interventional radiologists. This modality allows biopsy sampling of peripheral suspected biliary lesions. Nevertheless, our study is focused on the efficacy of endoscopic and percutaneous sampling techniques from common target site of the biliary system.

3- when you use EUS to take biopsies from the biliary tree, is there a risk of bile perforation as always you take biopsies from outside the biliary tree

A: According to the findings of a prospective randomised study [40] among the 65 patients underwent to the IDUS-guided transpapillary biopsy sampling technique there were no significant procedure-related adverse events except mild hemobilia in two patients (3.1%). No cases of biliary leakage were reported.

(1) Science editor:

The manuscript compares the advantages and disadvantages of endoscopic and percutaneous intrabiliary biopsy. The manuscript is well written and can be helpful for the readers to ameliorate the diagnostic and therapeutic approach for this scenario. Can the author summarize the cases of multiple technologies in a table to show the diagnostic efficiency? Or a figure of the advantages and disadvantages of various technologies, which may be beneficial to the reader's reading.

Language Quality: Grade A (Priority publishing)

Scientific Quality: Grade B (Very good)

A: Thank you for the consideration of this paper and for your comment. A new table has been added.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Endoscopy, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for

Manuscript Revision by Authors. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

A: Thank you for the consideration of this paper and for your comment.

Finally, we wish to thank the Editors and the Reviewers for their comments that helped us to increase the value of our paper.

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Endoscopy*.

Sincerely yours,

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