Vinay Chandrasekhara, MD
200 First Street SW
Rochester, MN 55905
507-774-2687
chandrasekhara.vinay@mayo.edu

Baishideng Publishing Group Inc
7041 Koll Center Parkway, Suite 160
Pleasanton, CA 94566, USA

Re: World Journal of Gastrointestinal Endoscopy Manuscript NO: 75782

Dear editor and reviewers,

Thank you for the opportunity to revise our manuscript titled "Percutaneous Transluminal Angioplasty Balloons for Endoscopic Ultrasound-Guided Pancreatic Duct Interventions" for submission to the *World Journal of Gastrointestinal Endoscopy*. Please find our point-by-point responses and revisions addressed below as well as in the revised manuscript.

Reviewer #1:

This is a good descriptive study. It has studied the role of a relatively new modality to treat difficult to treat strictures. Conclusions appropriately summarize the data.

RESPONSE: Thank you.

Reviewer #2:

The manuscript does not clearly present the background and present status of the study.

RESPONSE: Thank you for this observation, the introduction has been revised to emphasize these points. Additional background on EUS-guided pancreatic duct access was added including current guidelines, technical success, clinical success and adverse event rates. We highlighted that significant variations currently exist in current technique, and tools used at the present time were primarily designed for biliary intervention. The smaller, cross platform PTABs may provide a useful alternative to larger biliary balloons but data is limited to a handful of cases which this study seeks to address.

The objectives of the study are missing.

RESPONSE: Thank you, we have emphasized the purpose of the study in the introduction. The primary and secondary outcomes are also described in the methods section.

In the introduction the authors should not present the technique or procedure.

RESPONSE: Thank you, we have eliminated details regarding the technique/procedure from the introduction as requested. However, it is still discussed briefly as our study focuses on a very specific aspect of the procedure of which the reader should be aware.

The methods are not clearly presented.

RESPONSE: Methods were updated to specify that this is a single center, retrospective cohort study. Specific definitions were provided for patient characteristics and outcomes, including SAA. The primary outcome and secondary outcomes were also clearly defined. Due to the retrospective nature of the study, we are unable to provide the exact protocol for every procedure performed but a general outline was provided that encompasses the technique used in all procedures within the cohort.

The demographic data are missing.

RESPONSE: Thank you for this observation, we have included additional details on baseline demographics of the cohort, including age, sex, and BMI.

There are some abbrevions like SAA without any explications.

RESPONSE: Thank you, we have highlighted the meaning of surgically altered anatomy in the introduction. We have also added details regarding the type of altered anatomy within the cohort.

The results are ambiguos.

RESPONSE: Significant additions were made to the results section to include follow up duration, clinical outcomes, and additional interventions performed in technically successful cases. We have also explicitly highlighted the primary outcome (technical success) in the methods and results section.

The bibliograhy should be updated.

RESPONSE: Thank you for this recommendation. We have streamlined and updated the bibliography to emphasize data on EUS pancreatic duct drainage reported within the past 5 years. A handful older references were retained to provide historic information (e.g. surgical outcomes for procedures no longer routinely perform) and highlight the pioneers of this technique which provide essential context for the current study.

Reviewer #3:

1.please explain SAA in detail?

RESPONSE: We have highlighted the meaning of surgically altered anatomy in the introduction and have also added specific descriptions of the altered anatomy within the cohort.

2.Patients with chronic pancreatitis can try accessory nipple intubation. Have you tried it？

RESPONSE: Thank you for bringing up this interesting point. We do not routinely perform cannulation and sphincterotomy of the minor papilla, however, we have performed this in select cases if anatomy is favorable. Evidence regarding its efficacy is not clear at this time, however there are ongoing studies regarding its role in recurrent pancreatitis and pancreatic divisum, for example.

3.The difficulty and key of the technology lies in that the guide wire passes through the narrow section. Do you agree with this view？

RESPONSE: We agree that this is often the most challenging part of these procedures. However, even after wire access is obtained, there remains the question of initial dilation method to allow for antegrade interventions while minimizing risk of complication—this can be particularly challenging in calcific, chronically diseased parenchyma. An added benefit of the percutaneous angioplasty balloons (PTABs) is that once wire access is obtained, the balloon can be used to dilate the access tract as well as any high-grade lesions.

4.please explain SAA with post-operative leak in detail. Diagnostic criteria and severity of pancreatic fistula?

RESPONSE: Thank you for this recommendation, we have included classification of all post-operative leaks based on the International Study Group for Pancreatic Fistula criteria for classification and grading.

5.Postoperative follow-up time?

RESPONSE: Thank you, this information was added as requested.

6.What about the follow-up treatment of these successful cases？

RESPONSE: This information was added as requested including need for additional planned intervention, intervention type, and clinical outcome at last follow up.

Science editor:

In this study, the authors tried to describe the technique, efficacy, and safety of percutaneous transluminal angioplasty balloon for Endoscopic ultrasound-guided PD interventions. But the background and present status of the technique are not presented in the study.

RESPONSE: Thank you. We have added some additional detail regarding EUS-guided PD interventions including clinical guidelines and existing data on technical/clinical success and adverse events. As the purpose of this study is not to evaluate EUS-guided PD intervention as a whole, we presented this key background information but focused the discussion on the specific technical aspect of the use of percutaneous transluminal angioplasty balloons which this study was designed to address.

Important abbrevions like SAA have no explications.

RESPONSE: Thank you for this observation. SAA was defined and details on the cohort were provided as requested by the reviewers.

Many other details are missing. The authors need to correct these issues followed reviewers' comments.

RESPONSE: We thank the reviewers for their helpful feedback. All requests were completed with corrections as discussed above.

Thank you again for the opportunity to revise our manuscript. Please reach out with any further questions.

Sincerely,

Vinay Chandrasekhara, MD
Associate Professor of Medicine
Department of Gastroenterology and Hepatology
Mayo Clinic, Rochester, Minnesota, USA