

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This review systematically reviewed the palliative approaches to malignant biliary obstruction. Specific comments:

1. More subheadings could increase the readability of the article, such as stent selection, and unilateral vs bilateral drainage. **This is an excellent point; subheadings have been added in the appropriate sections as suggested.**
2. Perhaps the title should be changed because the authors mainly discuss the endoscopic palliative approaches to malignant biliary obstruction and do not have a definite conclusion on optimal palliation. **Based on your recommendation, we have updated the title to "Endoscopic Palliation of Malignant Biliary Obstruction"**
3. Some sentences are too redundant and have logical errors, which should be revised carefully. **We edited the manuscript for redundant sentences.**

Reviewer #2:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Great effort in putting together all the recent evidence around palliation of MBO. There are only a couple suggestions I would like to mention: 1) The title seems to me too broad as the paper focuses on endoscopy-based therapies. I would suggest narrowing down the title (e.g. ?endoscopic palliation). **Thank you for this input, we have updated the title accordingly.**

2) When talking about "a recent metanalysis of 21 studies" the authors seem to have missed to add the superscripted reference number. **The reference has been added.**

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors: The authors provide a thorough review of the current literature on endoscopic palliation of MBO. My comments are as follows. Major Points: 1. As the authors' title is "Optimal Palliation of MBO". Palliation includes care for best supportive care patients with a relatively long prognosis. An overview of surgical options can be added. Alternatively, the authors may consider revising the title to "Endoscopic" Palliation of MBO. **We have adjusted the title to reflect endoscopic approaches only.**

2. An overview of PTBD and EUS-guided rendez-vous techniques may be added. The use of balloon-assisted enteroscopy in patients with SAAs and double stenting in patients with duodenal and biliary obstruction may also be discussed briefly. **We have added a paragraph to explain the use of EUS-RV and antegrade stenting and briefly mentioned balloon assisted enteroscopy.**

3. Tables 1 and 2: It would be nice to show whether or not the differences in each study were significant. **We agree, as such p-values have been added to both Tables 1 & 2.**

Minor points:

1. Minor grammatical errors throughout. Please pay particular attention to incomplete sentences and missing hyphens. Page 13: reinnervation-->reintervention; page 13: reinvention-->reintervention. **We have fixed all grammatical errors.**

2. The following sentence (page 7) is difficult to understand and should be reworded: Another retrospective study of 78 patients with unresectable type II-IV hilar strictures found on multivariate analysis that effective liver volume drainage $\geq 33\%$ and $\geq 50\%$ correlated with preserved and impaired liver function, respectively.³⁹ **This sentence has been modified.**

3. The authors state "Many centers prefer the SBS approach since deploying multiple stents is relatively easier and in cases of stent dysfunction reintervention is possible.^{33,50}" (page 8). Reintervention with plastic stents placed inside SEMS is also possible after the SIS approach. **That is an excellent point, we have added a sentence to reflect your comment.**

4. In their discussion of EUS-HGS, the authors state that "Its role in hilar obstruction is reserved for specific cases as drainage from the left intrahepatic duct does not equate to drainage of a right sided obstruction.⁶⁸" Bridging methods from the HGS route to the right lobe may be discussed.

We have added that concept to the discussion

5. "Another large multicenter cohort in the United Kingdom and Ireland found that the technical success, clinical success, adverse events and reintervention rates were 90.8%, 94.8%, 17.5%, and 8.3%, respectively.⁷¹" (page 11): this is a study of EUS-CDS using LAMS. As LAMS is discussed in the next paragraph, it may be preferable to move this sentence to the next paragraph to avoid confusion. **We agree and have moved the sentence to the next paragraph as you suggested.**