

REVIEWERS REPLIES

April 23, 2014

Dear Editor,



Please find enclosed the revised manuscript in Word format (file name: 10169-edited-Khara.doc).

Title: An improved ERCP brush increases diagnostic yield of malignant biliary strictures

Author: Frederick K. Shieh, Adelina Luong-Player, Harshit S. Khara, Haiyan Liu, Fan Lin, Matthew J. Shellenberger, Amitpal S. Johal, David L. Diehl

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The manuscript has been improved and revisions have been made according to the suggestions of reviewers as below and they are highlighted in yellow on the edited manuscript:

Reviewer 1:

Comment 1: In contrast to the brushes used during the (historical) reference period the new brush could be inserted in a wire-guided manner. There are some hints from the literature that the use of a wire-guided brush per se could increase the diagnostic yield of brush cytology. This should be discussed briefly.

Answer: The historical control brush as well as the new protocol brush are both wire-guided and thus not a variable in the diagnostic yield. This point has been clarified in the revised version in the methods section.

Comment 2: This is a retrospective comparison and the technical methodology during the evaluation of the new brush seems to be more standardized (and sophisticated) than the procedural performance during the historical period which may represent an important bias. The clinical significance of the reported statistical differences may be lowered by this bias. This should be expressed more in depth in the manuscript.

Answer: The retrospective nature of the study as a limiting factor has now been added and clarified in the discussion section. The methodology for the brushing and cytology processing was similar in both groups (except for salvage cytology) and this has also been clarified in the methods section in the revised version.

Reviewer 2:

Comment 1: Authors should present the cytology brush used in the historical control group. Was the old cytology brush thinner compared to new cytology brush?

Answer: The details of the historical control cytology brush have been added to the methods section. The old brush was slightly smaller (8 French) compared to the new brush (9 French). These details have also been added to the Methods and Discussion sections.

Comment 2: I guess that the degree of biliary strictures influenced to the success rate of collection of clusters or cells. Were there any difference with regard to the degree of biliary strictures between the new brush's group and the historical control group?

Answer: The degree and type of biliary strictures were similar in both the groups. This has now been clarified in the results section.

Comment 3: Authors had better add the data of patients such as age, sex or chief complaint in Table 1.

Answer: The demographics data has been added to table 1 in the revised version for both the groups.

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

Sincerely yours,



Harshit S. Khara, MD
Geisinger Medical Center
Department of Gastroenterology and Nutrition
100 N. Academy Ave, 21-11
Danville, Pennsylvania 17822, United States.
Telephone: +1-904-5359448 **Fax:** +1-570-2716852
Email: harshitkhara@hotmail.com