

## Format for ANSWERING REVIEWERS

January 20, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 13980-Review).

**Title:** Advances in ERCP for the Treatment of Cholangiocarcinoma

**Author:** Dushant S Uppal, Andrew Y Wang

**Name of Journal:** *World Journal of Gastrointestinal Endoscopy*

**ESPS Manuscript NO:** 13980

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the reviewers' suggestions

(1) Comments from reviewer 02944839:

a. The authors present an excellent overview on the current situation of ERC- and PTC-based diagnostics and treatment of cholangiocarcinoma.

**Authors' response:** Thank you for this comment and for reviewing our manuscript.

b. While all endoscopic treatment options are discussed and the current literature has been analyzed intensively the surgical point of view is completely left out: Endoscopic pre-treatment of hilar cholangiocarcinoma within a multi-modular approach leading to surgical resection should be discussed (unilateral stenting + portalvenous embolization + followed by resection). Under these circumstances the question of uni- vs. bi-lateral stenting gains additional importance as unilateral stenting can induce desired hypertrophy of the liver segments to be spared during surgery. The authors should include the role of ERC / PTC in this surgical approach; other than that a conclusive and nicely presented overview!

**Authors' response:** We appreciate this reviewer's comments and careful reading of our paper.

The points are well received. We have inserted a sentence to focus on the multidisciplinary, multi-modality approach required in treating patients with cholangiocarcinoma. While our manuscript's title and focus is on "Advances in ERCP for the Treatment of Cholangiocarcinoma," we did insert a paragraph to discussing stenting of the future hepatic remnant (which is sometimes not the obvious portion of the liver to drain to the endoscopist), followed by portal vein embolization and then liver resection in patients who might be surgical candidates. We agree that this information is valuable to the reader and to the interventional endoscopist, and we are glad to have included this in our manuscript.

(2) Comments from reviewer 00069105:

a. Dear authors: The paper is really good. Easy to read and very interesting.

**Authors' response:** We appreciate this reviewer's reading of our paper and this comment.

b. Figures and references are perfect but the text of figures 2 to 6 are too long.

**Authors' response:** We have shortened the text in the captions of Figure 2 and Figure 6 (as much as possible without losing any important meaning), as requested by the reviewer.

c. I think that there is a bias in your paper. Obviously you perform ERCP so there is no comment about the morbidity and mortality of ERCP. PTBD solves pitfalls of ERCP and the risk of post procedure cholangitis is less in PTBD than ERCP. I am surgeon and having a PTBD catheter to use as tutor in hepatojejunostomy has some advantages. For being a perfect paper I think that you have to talk about morbidity related to ERCP procedures.

**Authors' response:** We appreciate this comment. We have inserted a section that discusses the risks associated with ERCP in our paper. We have also highlighted the role of PTBD, particularly in situations where ERCP cannot access the desired ducts that require drainage. Lastly, we tried to mention the role of PTBD particularly in patients with cholangiocarcinoma who might be candidates for liver resection.

d. I also think that ERCP RFA chapter is a little bit long.

**Authors' response:** We appreciate this reviewer's comment. However, ERCP-directed RFA is currently a topic of significant interest in the world of therapeutic biliary ERCP. As such, we wanted to give a comprehensive and updated review of recently published data. Furthermore, when we were invited to write this review article, we were told there would not be a word count limit. As such, we would prefer to keep the ERCP RFA section unchanged to offer a

more complete review of this new technique.

3 References were updated and minor edits to the text were made

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

Sincerely yours,

Dushant S. Uppal, MD, MSc

Andrew Y. Wang, MD, FACG, FASGE