

Format for ANSWERING REVIEWERS

October 25, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14081-edited.doc).

Title: Endoscopic retrograde cholangiopancreatography for suspected choledocholithiasis - from guidelines to clinical practice

Authors: Joana Magalhães, Bruno Rosa, José Cotter

Name of Journal: *World Journal of Gastrointestinal Endoscopy*

ESPS Manuscript NO: 14081

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

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) Reviewer No. 68559

“In this study, the author assessed the practical applicability of ASGE guidelines and validated its clinical use in patients undergoing ERCP for suspected choledocholithiasis. Though a retrospective study, it’s persuasive. The advice to improve the specificity of classification for high risk patients is adequate.”

The authors are grateful to the reviewer for his positive and encouraging comments.

(2) Reviewer No. 1799104

"Though the study is retrospective, the issue concerning the ERCP on risk stratification of CBD stone is rarely studied in such a number of patients. Minor English polish is suggested. The decimal of a number should be a period instead of a comma, for example 0.005 not 0,005. Please correct them accordingly throughout the whole text and all tables. In your discussion, paragraph 3, line 7, I think the word "cholescistectomy" is misspelled."

The text has been revised to incorporate the suggestions of the reviewer.

The misspelling was corrected.

(3) Reviewer No. 1467363

"Title and running title: accurately reflects the topic and contents of the paper Key words: 5 key words (choledocholithiasis; ERCP; cholangitis; common bile duct stones; dilated common bile duct), precisely define the contents of the paper. Abstract: is appropriate, properly structured (introduction/ patients and methods/ results/ conclusions), 345 words. Introduction: is informative, short, 199 words, the reader is acquainted with the known facts Patients and methods: definition and methodology of patients is precise (retrospective study, included patients, predictors of choledocholithiasis, ERCP procedure) Statistical analysis: statistical tools used are appropriate (SPSS 21.0 vesion) Results: the results obtained are appropriately disclosed, with sensitivity, specificity, positive and negative predictive values for choledocholithiasis. The results are illustrated by 4 tables. Discussion: the discussion is appropriate, relevant, 798 words, supported by references and the results obtained in other settings. The authors draw attention to the importance of most commonly used imaging methods in determining choledocholithiasis, MRCP and endosonography (EUS) and the limitations of MRCP in small stones (< 6 mm). Conclusions: short, 138 words, in accordance with the results. The authors draw attention to the fact that for high risk patients the specificity was still low, 56,2%, , with 20% false positive, meaning that a significant proportion of patients will be submitted to ERCP unnecessarily. References: 30, are appropriate, relevant, from 1994 (Ann Surg) to 2013 (J Clin Res), included are contemporaray references with guidelines/recommendations (Gastrointest Endosc, Gut, World J Gastroenterol – most of last 10 years) for these patients."

The authors would like to thank the careful review of our manuscript and their comments.

(4) Reviewer No. 45997

“In this retrospective study, Magalhaes and colleagues conducted assessment for the practical applicability of ASGE guidelines in patients with suspected choledocholithiasis. This is a carefully done study and the findings are of considerable interest. One minor revision is listed below. p7, line 1-2: the sentence 'For the intermediate risk group the sensitivity, specificity, PPV and NPV were not clinically useful' may be suitably inserted in Discussion rather than Results.”

The text has been revised to incorporate the suggestions of the reviewer – discussion: paragraph 5, line 4-5.

3 References and typesetting were corrected

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

Sincerely yours,

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