

December 29, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 15329-review.doc).



Title: Comparison of endoscopic stenting for malignant biliary obstruction: A single-center study

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Name of Journal: *World Journal of Gastrointestinal Endoscopy*

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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) To Reviewer ID 00227359

I re-analysed the data. I changed P value for the comparison of technical success rate to 1.0.
And, I changed gender difference and hospital stay difference to $p < 0.01$ and $p < 0.05$, respectively.
I added the means and standard deviations of survival and stent patency.

(2) To Reviewer ID 01559599

I re-examined all statistical analysis. I remarked that "Single-step group of pancreatic cancer is higher than that of Two-step group (59.2% vs. 31.7%, $p = 0.016$)" and "Although Single-step group of hilar obstruction is significantly lower than that of Two-step group (22.4% vs. 46.3%, $p = 0.03$), there was no difference in the rate of bilateral drainage between the groups (Group 1, 4.1% and Group 2, 12.2%; $p = 0.24$)". We emphasize that multivariate analysis identified 7 factors revealed that clinical stage; IVa ($p = 0.0055$), chemotherapy ($p = 0.0048$), and stent failure ($p = 0.011$) were the independent prognostic factors associated with patient survival.

(3) To Reviewer ID 02455208

1. I changed the hospital stay difference to $p < 0.05$.
2. All stent-related complications in this study were the stent patency.
3. I added that "Group 1 (49 patients) who underwent a single-step SEMS placement and Group 2 (41 patients) who underwent a two-step SEMS placement, depending on the severity of Cholangitis".
4. The complications in relation to the type of stent (covered vs. uncovered) were not recognized.
5. I added that "However, Hamada et al [8] reported that one-step SEMS placement for distal malignant biliary obstruction, as compared with two-step SEMS placement was associated with a shorter time to dysfunction and a higher rate of stent migration".

(4) To Reviewer ID 02942838

- 1,2. I added that "Technical success was defined as successful endoscopic deployment of the stent at the appropriate position resulting in a smooth drainage of the stented bile ducts. Complication rate was defined as the pancreatitis, bleeding and cholangitis arising from stent placement for malignant bile duct obstruction. And, length of hospital stay was defined as

the period between hospital admission and discharge".

3. I added that "Serum total bilirubin levels in all successful patients were achieved in normal limits within two weeks after stent placement".

3 References and typesetting were corrected

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

Sincerely yours,

A handwritten signature in black ink that reads 'Ryuichi Yamamoto'.

Ryuichi Yamamoto, MD

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