

SpyGlass: single-operator choledochoscopy in clinical use

to the editor:

first of all we would like to thank the reviewer for the feedback and these important points:

Editor 1:

This is a timely review of the role of Spyglass in the management of biliary lesions and stones.

Major comments:

The English and grammar are poor in many parts of the paper. For example, what do “dignity projections” mean?

The English grammar was improved and corrected by a native speaker

As this is a review article, the current data on Spyglass studies need to be presented in more detail than is currently done. For example, the diagnostic accuracy, sensitivity, specificity, positive and negative predictive values, number of patients need to be presented. This could be done in the form of a Table.

We thank the reviewer for this important comment and clarification. A table with the newst and importnat studies was added to the manuscript. Thus, we strongly believe that the added table is of great value for the readers.

The authors present the Spyglass data in a very positive way, suggesting that the data is robust and strongly favour the use of Spyglass. However are there any limitations to the studies to date? For example, are there any data from “community” ERCPists rather than just from experts?

The reviewer correctly pointed out that that almost all data in the literature are from experts and no results from the ERCP community is published sofar, what shows Spyglass in a positive way. This is a relevant point and we discuss this now in the manuscript.

There have been improvements in the types of cytology brushes, biopsy forceps available for the bile duct; is there any evidence that the diagnostic yield has improved? Much of the data tend to be old.

We agree with this point, but unfortunately we have not found any newer literature that shows a significant improvement of brush cytology.

What is the learning curve to use Spyglass? Is training required? How many procedures need to be done to keep up the skills?

We thank the authors for the very important point. After our research now data are available about the learning curve of Spyglass. In our own experience we believe that in experts hands you need no more than 10 examinations to learn the procedure.

Laser or electrohydraulic lithotripsy has been used with Spyglass for difficult bile duct stones and is supposed to be more successful than ESWL (extracorporeal shock wave lithotripsy). Have these techniques been compared to other techniques for removing difficult bile duct stones such as balloon sphincteroplasty following sphincterotomy?

We agree that a comparison of ESWL and laser or electrohydraulic lithotripsy is very important, but this

review to give a summary about the technique and indications for SpyGlass.

There are some reviews only about stone management that are already published.

In our opinion the management of difficult bile duct stones is so specific that it can not be described in our review in detail.

The data presented for managing difficult bile duct stones is vague and lack detail. A table summarising the data from the studies to date would be helpful.

see above

Complications paragraph: The first sentence claims that there are no complications from Spyglass but the last sentence describe complications.

Good point – we have clarified this point in our revised manuscript.

The figures require legends.

Figure 7: legends should be in English

We agree and we have changed the legends into English

Minor comments:

What is an Albarran lever?

The number of figures could be reduced if necessary, eg Figure 1 is not required as most readers will understand the concept and doesn't add anything further.

Thank you for the very helpful comments. All minor remarks were corrected.

Editor 2:

I read with great interest the review article submitted to WJGE. In spite of the few publications and data available in the literature, the topic is interesting and novel at least for our journal (no previous publications), and should be of interest for our readers.

However, some major revisions are further encouraged prior to accept this article for publication as follows:

Title should be modified to a more relevant title.

The title has been modified in a more relevant title:

„ SpyGlass: single-operator choledochoscopy in clinical use ”

On page 2: the abbreviation (ERC) should be corrected by “ERCP”

We changed ERC to ERCP

The paper should be better structured and the subtitle 3. Investigation Technique should be corrected by (Spyglass Technique)

We agree and we have changed the subtitle 3 in SpyGlass technique. We hope, that the review is now clear structured and easy to understand for the readers.

More data is nowadays published regarding complications related to a therapeutic standpoint and should be added to the review information of this article.

It is correct and we thank the authors for this very good comment. We have further clarified our paragraph „complications“ and give the reader more and clear informations.

Last paragraph of the conclusion section should be removed.

The last paragraph was removed from the conclusion.

The word literature should be corrected by REFERENCES in accordance to the guidelines for authors of the WJGE, and PMID should be included in each reference

We changed the word literature to references

Figures 1 to 6 are copyright: Do we have the right to publish it?

Yes, we asked Boston Scientific to use their figures

Figure 7: the title should be more explained and each figure should be correctly identified by letters (a, b, c, and d). The subtitle inside the picture should be avoided or at least translated to English.

We appologize for this mistake and we changed all subtitles to English