

Revision: Manuscript WJG NO. 22716 entitled "Endoscopic dilation of complete oesophageal obstructions with a combined antegrade-retrograde rendezvous technique"

Dear Editor
Dear Reviewers

We would like to thank you for the thorough review and your helpful comments that enabled us to improve our paper. We appreciate your consideration of the revised manuscript and look forward to hearing again from you.

Please find below our point-by-point response to concerns/questions that you raised.

Yours sincerely,

Michael Sulz on behalf of all authors

Reviewer's statements: There are some parts of the text than need to be addressed by the authors

1. There are a lot of words not correctly joined (be careful editing the text).

Answer: We carefully checked the layout of the revised manuscript. We have kindly asked the editorial office for more details about this comment. This file has been edited and proofread by SF Edit, a professional proofreading company in the USA.

2. The authors should add more information in certain areas of this report:

Answer: We respond to the following points:

3. Methods: It is important the authors point out if the procedure of rendezvous was carried out in patients with a previously gastrostomy (PEG)-tube or if it would be possible to do in patients without.

Answer: The existing PEG-tube gastrostomy is a condition to have access to the stomach for the *retrograde* part of the rendezvous procedure. The first step is to remove the PEG-tube carefully and to keep access to the stomach with a guidewire through the gastrostomy. We added this information in the revised manuscript.

4. "The Procedure characteristics:" should be included in Methods not in Results Results:

Answer: We thank the reviewer for this suggestion. However, we would like to keep this part of technical results in the result section. We described the

technical steps of the endoscopic rendezvous in more details in the Methods section so that the reader gains more knowledge to perform this procedure.

5. "The Procedure characteristics:" "... The retrograde puncture of the obstruction was achieved with a VisiGlide guidewire (Olympus, Tokyo, Japan) in four of six cases" what did happen with the others two?

Answer: In one patient with squamous carcinoma of the proximal oesophagus, the complete obstruction in the proximal oesophagus could not be punctured retrogradely by VisiGlide wire, super stiff wire, Savary wire, or argon beamer. This is described in the results section and also shown in tables 2 & 3.

In the other case, argon plasma beamer coagulation led to successful puncture (shown in table 3). We added this information in the main text of the result section to make it clear for the reader.

6. The authors should explain better the way of puncturing the distal end of the oesophagus; please add tips and tricks of the procedure.

Answer: It is important to puncture with the hard end of the wire, as it is impossible to succeed puncture the completely obstructed oesophagus with the soft tip of the wire. We initiated the puncture with a VisiGlide wire. If we did not succeed, we chose a super stiff wire and then a Savary wire. If still unsuccessful, we then used the Argon beamer. We added these advices in the methods section.

7.After the first intervention, nasogastric tubes were inserted in all cases to keep the dilated obstruction open. ... only after the first intervention? ,or after every intervention before it was reached an established diameter?

Answer: Nasogastric tubes were re-inserted after subsequent dilations until the dilated oesophageal lumen was large enough. There was no detailed protocol regarding the duration of tube placements. This was left to the descretion of the endoscopist.

8. Please add some more comments about swallowing success: This paragraph should be improved, because it is difficult to understand. Please summarize this results and try to make them easy to understand. "....three of four patients had relevant improvement of swallowing (\geq Level 3), and two of those One patient was PEG-tube dependent with minimal attempts of food or liquid (FOIS Level 2)".

Answer: We thank the reviewer for this comment. We think that in the revised manuscript the part is easier to understand.

9. For instance my summary would be: 3 clinical sucesses with a FOIS score more than 6, 2 pts dying before the authors could draw any conclusion during the follow up, and one pts with a poor result with a FOIS score of 2

Answer: We included the reviewer's suggestion (c.f. point 8).

10. Discussion: ...A correlation has been described between radiation stricture induction and radiation dose, as well as volume [18]. Volume of what?

Answer: In the revised manuscript, we clarified this sentence. "A correlation has been described between radiation stricture induction and radiation dose, as well as volume of irradiation to organs at risk (e.g. upper oesophagus)".

11. "...The most difficult part of the antegrade–retrograde rendezvous procedure is to gain access through the completely obstructed oesophagus.." This part should be better commented and explained in the Discussion and also in the Methods .."we started all punctures with guide wires (0.035 inch).." where and how do you puncture?

Answer: We thank the reviewer for this comment. In the revised manuscript we added important points that explain the procedure in more detail, giving also tips and tricks for the reader who wants to learn to perform CARD (c.f. highlighted sentences in the Methods section and in the discussion). See also point 6.

In the following we listed all other formal changes and additions. We think that we fulfilled all the requirements of the reviewers.

1. Please find attached the language certificate (San Francisco Edit)
2. Please find attached the ethic statement (in German)
3. We have added all statements you asked for in the manuscript and as pdf.
4. We have put all figures at the end.
5. We have changed the position of comments.
6. We have successfully performed the Google Scholar Title Check, the exact title doesn't exist twice.
7. We leave it to the decision of the Editors to perform a Cross Check analysis. We are convinced that there will be no problem.
8. We have created an audio file.
9. We have created a video file with the endoscopical technique. It can be downloaded here:
<http://1drv.ms/1NKwszX>

We look forward to hearing from you at your earliest convenience.