

April 2, 2016

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 24914-Revised manuscript).

**Title:** Electrocautery *vs* non-electrocautery dilation catheters in endoscopic ultrasonography-guided pancreatic fluid collection drainage

**Author:** Katsuya Kitamura, Akira Yamamiya, Yu Ishii, Tomohiro Nomoto, Tadashi Honma, Hitoshi Yoshida

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

**ESPS Manuscript NO:** 24914

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

1. The format has been updated.
2. Revisions have been made according to the suggestions of the reviewers.

**Response to 00227359**

Thank you for your review.

- (1) How did the authors eliminate the learning curve effect of the procedure? The shorter procedure time can also be attributed to the increased experience of the clinicians.
  - As you commented, the shorter procedure time may have been affected by the learning curve of the clinicians using the procedure. We added this point as a limitation in the discussion section. However, with experience, we were able to easily create a large fistulous tract without changing devices during electrocautery dilation, which allowed for the quick insertion of a drain catheter and a plastic stent into the PFC.

**Response to 00001832**

Thank you for your review.

- (1) Since the authors started without electrocautery and later introduced electrocautery, the difference in procedure time might have been related to experience with the procedure and not to the use of electrocautery.
  - As you noted, the difference in the procedure time may be related to clinicians' experience with the procedure. We added this point as a limitation in the discussion section. However, with experience, we were able to easily create a large fistulous tract without changing devices during electrocautery dilation, which allowed for the quick

insertion of a drain catheter and a plastic stent into the PFC.

- (2) Could the authors plot procedure time over the years? Second, could the authors provide data regarding the time of the different steps of the procedure(s), e.g., how much time was used for dilatation in both groups.
  - We measured the procedure time from echoendoscopic insertion until the drain placement including the dilation time in each case. Unfortunately, the dilation time for each case is not clear.
- (3) The benefit from electrocautery should be a reduction of bleeding complications, one would assume. However, no bleeding complication was encountered in either group.
  - In terms of the hypothesis that electrocautery dilation would lead to decreased bleeding, we have already discussed in the discussion that using a wire-guided electrocautery dilation catheter under EUS and fluoroscopic guidance would allow us to safely expand the puncture tract. The reason for the decreased bleeding during non-electrocautery dilation may be because we dilated the puncture tract without unreasonably increasing pressure by using a 6-F-10-Fr biliary dilation catheter and/or an 8 mm-diameter balloon catheter.

#### **Response to 00503834**

Thank you for your review.

- (1) In each case, the authors used both internal and external drainage. But, the clinical failure rate was larger than 30%. It may indicate that such treatment is not superior to traditional percutaneous drainage. How did the authors explain about the higher failure rate.
  - Generally, the clinical success rate of pancreatic pseudocyst drainage is high, and the clinical success rate of drainage for WON is low. In our study, the clinical success rate of EUS-TD was 91% (10/11) for patients with pancreatic pseudocysts and APFC and 53% (9/17) for patients with WON and ANC. We have already discussed this point in the discussion.
- (2) The benefits of percutaneous drainage are the drainage tube may be with larger diameter, thus better drainage would be achieved. The authors may add a paragraph for discussion about this. Besides, how about the cost-effective EUS drainage vs percutaneous drainage.
- (3) EUS drainage could provide a more comfortable drainage compared with percutaneous drainage.
  - In response to your comment, we added to the discussion a comment that percutaneous drainage of PFCs allows for improved drainage by using a drainage tube with a larger diameter. A single-center, retrospective study reported that endoscopic drainage has a similar clinical success rate, fewer required re-interventions, a shorter hospital stay, and a decreased number of follow-up abdominal imaging studies for symptomatic pancreatic pseudocysts compared with percutaneous drainage. We have already discussed this point in the discussion.

#### **Response to 02446368**

Thank you for your review.

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 dark ink, reading "Katsuya Kitamura". The script is cursive and fluid, with the first name "Katsuya" and last name "Kitamura" clearly distinguishable.

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