

Format for ANSWERING REVIEWERS

August 26, 2016



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 27916_revised_highlighted_2016.9.4.doc).

Title: Influence of night duty on endoscopic therapy for bile duct stones

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Name of Journal: *World Journal of Gastroenterology*

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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

Reviewer 03364364

Comment: The manuscript present an interesting study and can be accepted with minor language corrections.

Response: Thank you for your comment. I apologize for the English language usage. The revised files have been further improved by American Journal Experts.

Reviewer 03012867

This study is innovative, the conclusion is instructive and practical for endoscopic management for bile duct stones. Personally, I have several doubts or revision opinions that I'd like to share with you:

Comment 1: In the discussion sections, you think 'The higher rate of EPLBD may have been due to the tendency for a higher number of stones in patients treated by endoscopists after night duty'. Technically, EPLBD can be applied for removal of large or difficult common bile duct stones, as you mentioned, 'EPLBD was performed if the transverse diameter of the largest stone was >12 mm or many bile duct stones were difficult to remove only by EST'. But in Table 2, we may see there were no significant differences in both transverse diameter of the largest stone and number of stones in two groups, especially the stone size. So your explanation of this question doesn't make sense to me.

Response: Thank you for your valuable comment. We removed inappropriate sentences from this report (Page 11, lines 6-13). Moreover, EPLBD was also performed if sufficient EST was difficult because of parapancreatic diverticulum or a history of abdominal surgery (Page 9, lines 5-8). The conditions of the patients suitable for EPLBD were not significantly different between groups ND and DD (Page 11, lines 6-9; Table 6). However, for several reasons, less EPLBD was performed in group ND (Page 11, lines 9-10; Table 6).

Comment 2: In particular, the statistical analysis of ‘number of stones’ between the two groups seems to be inappropriate (Table 2): 4.2 ± 9.5 (ND) vs 2.8 ± 3.6 (DD), especially in Group ND, the standard deviation value is far greater than the average. I guess the value of the dispersion was large, and I suggest extreme data should be excluded.

Response: Thank you for your comment. A patient in group ND had 53 CBD stones. We excluded the data for this patient; therefore, number of stones was compared between the groups by Student's t test (Page 9, lines 14-16; Table 2).

Comment 3, From your data, we may see that removal of stones in both groups are not quite satisfactory (38.2% vs 52.5%), I wonder what follow-up endoscopic treatment strategies you choose?

Response: I apologize for this confusing point. These data were results performed by the first endoscopist. I added final outcomes in Table 4 and the manuscript (Page 3, lines 11-16; Page 8, lines 1-6; Page 9, lines 14-21). If the first endoscopist did not succeed in the treatment, he handed over the treatment to more experienced endoscopists in the same session.

Comment 4: There were some grammatical mistakes or sentence structure problems; for example, in your discussion sections, you should use “.... Secondly,.... Thirdly,....”.

Response: I apologize for my grammatical mistakes. We revised the wording in question (Page 12, line 12, line 16).

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,
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