

September 8, 2016

Andrzej S Tarnawski  
Editor-in-Chief  
World Journal of Gastroenterology

Dear Dr. Andrzej S Tarnawski:

We appreciate your kind consideration of our article entitled “Establishment of various biliary tract carcinoma cell lines and xenograft models for appropriate preclinical studies (ESPS manuscript No.: 28755).” We are also grateful to the reviewers for their valuable comments. We have revised the manuscript on the basis of the comments and are now resubmitting it.

**Reviewer’s comments (Reviewer code: 03438798)**

• **As concern reference 3, “Vandetanib (ZD6474), an inhibitor of VEGFR and EGFR signalling, as a novel molecular-targeted therapy against cholangiocarcinoma”, authors performed all the experiments using four cell lines not established from their group. Please, explain why they include this paper as reference in the letter to the editor.**

**Author response**

We completely agree with your comment that we performed all the experiments using four cell lines that were not established by our group. We have deleted the previously cited reference no. 3, i.e., “Vandetanib (ZD6474), an inhibitor of VEGFR and EGFR signalling, as a novel molecular-targeted therapy against cholangiocarcinoma” from the article.

**Reviewer’s comments (Reviewer code: 03003366)**

**This letter is not suitable for the letter to the editor article, because the letter to the editor article should either make reply to topics published in**

**the BPG publishes or introduce and comment on a controversial issue of general interest.**

**Author response**

Thank you for your valuable comments. Surgical resection is the only curative treatment for patients with biliary tract carcinoma. However, most cases are diagnosed to be at advanced and inoperable stages when patients visit a hospital. The most serious problem is that there are no standard chemotherapy regimens for these patients. Worldwide, gemcitabine–cisplatin combination therapy is the first choice, but clinicians are not satisfied with its efficacy.

To understand carcinogenesis of BTC and improve treatment outcome, basic research should be conducted based on its clinicopathological significance. However, there are only a few xenograft models and cell lines that we can use for *in vitro* and *in vivo* studies. We are sure that the establishment of many biliary tract carcinoma cell lines and xenograft models is a very important topic for gastroenterology clinicians and scientists.

I hope that the revised manuscript is now acceptable for publication.

Yours sincerely,

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