

I really appreciate acceptance of my article to World Journal of Gastrointestinal Endoscopy.

Below are my answers to reviewers' comments which was given when the article was submitted to World Journal of Gastroenterology.

Review comments by reviewer 00160226:

The authors reported a novel dilator for the use of ECDS. I have a number of questions to the authors 1) How many endoscopist performed the procedure 2) Could the difference in outcomes be due operator experience? 3) Would you be able to show a difference in AE if you recruited more patients? 4) Pls add in the discussion: - current indications for EUS BD with supporting evidence (EUS BD vs PTBD, CDS vs HGS etc) - One step dilator stent devices (AXIOS and others)

Answer:

1) I have added the following comment in Methods: "Procedures were performed by one of 6 expert endoscopists who had experience performing 10 or more EUS-guided drainage procedures as an operator or assistant. All of them had also experienced more than 1000 ERCP procedures and 1000 EUS examinations as an operator."

2) It seems difficult to definitely prove whether there was a difference in outcomes between operators. However, in the Discussion, as a limitation, I have commented that "the proficiency level of the endoscopist may have been associated with the shorter procedure time. Despite these limitations, the present data appear to be of value because this study was carried out at a

referral center which had experienced more than 30 cases of successful EUS-guided drainage before the study period.”

3) Although we do not have a definite answer to this question, there could be a difference in adverse events in a study with a larger population. However, we consider that it would be inadvisable to carry out such a study with additionally recruited patients who would receive intervention with old-type dilators without an ES Dilator.

4) I have added a description of current indications for EUS-BD with some published evidence in Discussion.

Review comments by reviewer 00543238:

In this paper the authors retrospectively compare the incidence of complications in patients who palliatively underwent EUS-guided choledochoduodenostomy (EUS-CDS) with/without ES Dilator. Even though the issue is of interest the number of patients is too small. Moreover, the authors do not include patients that were drained percutaneously; this issue should be addressed in the discussion.

Answer:

Unfortunately, the number of patients included in this study cannot be changed because it seems inadvisable and ethically problematic to additionally recruit patients who would receive intervention with old-type dilators without an ES Dilator.

We did not perform percutaneous drainage for malignant distal biliary

obstruction after failed ERCP during the study period. Although we encountered a few patients who received percutaneous biliary drainage for rare and unusual situations, we consider that patients in such situations should not be included in the analyses and evaluation. The current state of EUS-BD and percutaneous drainage was described in Discussion according to the first reviewer's suggestion.

Dear Tom,

Could you please check the enclosed sentences?

This is an answer to the review comments. Please ignore reviewers' comments with light characters.

Thank you.

Yoshihide Kanno

Dear Tom,

Could you please check the enclosed manuscript?

This is an article which was previously checked by you and submitted to a journal. I revised some underlined sentences according to the reviewers, so please check just them.

Thank you.

Yoshihide Kanno