

Dear Editor,

I am so appreciate for giving us an opportunity to revise our manuscript, we appreciate editor and reviewers very much for your positive and constructive comments and suggestions .

We have revised this manuscript once again and especially paid much attention to your nice and careful comments and suggestions. Revised portion are marked in pink in the paper and pictures are editable. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer 1 (02544751):

Responds: Thanks to the reviewer's recognition of our work.

Reviewer 2 (03271124):

1.What is the factor for unsuccessful intubation, diagnostic and therapeutic procedure based on this study?

Responds: Thanks to the reviewer's professional comment. Of all successful scope intubation cases, only 1 case had failure of bile duct cannulation because of anatomic stricture.

2. For clinical application, are there any contraindication of single balloon enteroscopy-assisted ERCP in these kind of patients?

Responds: Thanks to the reviewer's nice comment. Indication and contraindication of single balloon enteroscopy-assisted ERCP is the same as conventional ERCP. However, single balloon enteroscopy-assisted ERCP is performed under general anesthes, so the patients who cannot tolerate general anesthesia such as angiocardopathy couldn't be operated on single balloon enteroscopy-assisted ERCP.

3.The discussion part, the first and second paragraph is seem to be redundant.

Responds: Thanks to the reviewer's nice comment. We have adjusted the the discussion part, and marked in red.

4. The discussion part, the author described mostly about the comparison of the altered GI anatomy between post-gastrectomy and post-pancreaticobiliary surgery with the post-gastrectomy are difficult in term of difficult cannulation and the post-pancreaticobiliary is difficult in term of intubation. However, the study did not compare the outcome between the two types of the patients. The discussion part should be re-write in correlation with the result of the study.

Responds: Thanks to the reviewer's professional comment. SBE-assisted therapeutic ERCP is mainly performed in the altered GI anatomy between post-gastrectomy and post-pancreaticobiliary surgery with the post-gastrectomy. In our study, we mainly explored the feasibility and effectiveness of SBE-assisted therapeutic ERCP on patients after bilioenteric Roux-en-Y anastomosis. The part of ERCP on post-pancreaticobiliary surgery was shown on reference "Wen-Guang Wu, Jia-wei Mei, Ming-Ning Zhao, Zhang WJ, Gu J, Tao YJ, Liu YB, Wang XF. Use of the Conventional Side-viewing Duodenoscope for Successful Endoscopic Retrograde Cholangiopancreatography in Postgastrectomy Patients. J Clin Gastroenterol 2016 ; 50(3): 244–251." We have adjusted the the discussion part, and marked in red.

5. What is the limitation of this study?

Responds: Thanks to the reviewer's professional comment. Our study design is still flawed, mainly manifested in its single-center research. Thus further large prospective, multicenter studies to evaluate the efficacy of SBE-ERCP need to be conducted to confirm these findings

Reviewer 3(00043819)

The manuscript is interesting and the experience is impressive. Only a minor point: the discussion is too long and should be shortened.

Responds: Thanks to the reviewer's professional comment. We have adjusted the the discussion part, and marked in red.

We appreciate for your warm work earnestly, and hope that the correction will meet with approval. Thank you very much for your comments and suggestions.

Sincerely