

Dear Editor,

We would like to thank you for giving us the opportunity to revise our manuscript. We thank the reviewers for the thoughtful comments on our paper and carefully taken these comments into consideration in preparing our revision, below is our response to the reviewer.

Revision – authors' response

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Comment This submission is a letter to the editor (LTE) commenting on "Timing of endoscopic retrograde cholangiopancreatography in the treatment of acute cholangitis of different severity" by Huang et al. published in October 2022 in the World Journal of Gastroenterology. The authors critically examine the pros and cons of acute biliary decompression in severe cases of acute cholangitis with the latest findings, including this article. In addition, suggestions are made for the future to further advance the current evidence. The assertions made in the article are quite reasonable, and I, as a reviewer, must welcome this submission in this journal as an LTE.

Thank you for your comments.

Reviewer #2:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Yang J et al. have made comments to the retrospective, single-center study reported by Huang et al. titled "Timing of endoscopic retrograde cholangiopancreatography (ERCP) in the treatment of

acute cholangitis of different severity" in the World Gastroenterology. Huang et al. noted that the optimal time of ERCP for treating patients with severe acute cholangitis is ≤ 48 but not ≤ 24 hours. In this letter to the editor, Yang J et al. highlighted the controversy regarding the optimal timing of bile duct implementation: recent clinical evidence and guidelines recommend ERCP within 12 hours, indicating that the optimal timing of bile duct implementation remains controversial. Further, they presented future outlook, proposing a multicenter prospective cohort study or randomized controlled trial to clarify the optimal timing of ERCP in order to improve the therapeutic benefit to patients with different severity of acute cholangitis. Here, I would like to make one comment. In the abstract, there is no description about authors' future outlook, so the work is not reflected.

The abstract section has been revised, please see the highlighted section on page 2 of the article for more details "Here, we discuss the controversy over the optimal timing of biliary decompression for acute cholangitis based on guidelines and clinical evidence, and consider that more high-level clinical researches are urgent needed to benefit the management of patients with different severity of acute cholangitis."

Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, the relevant ethics documents, and the English Language Certificate, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA).

RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

The content of the new cutting-edge has been adjusted, and involving the related references (2, 5-11) are all from the RCA database.

Please see the highlighted section on pages 3 and 4 of the text for more details "RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. We searched the RCA database for articles in cutting-edge fields in the last 3 years using the search terms "endoscopic retrograde cholangiopancreatography", "biliary decompression", and "acute cholangitis".

"However, a study by Becq *et al.* using a propensity score matching approach indicated that the use of BD within 6h or 12h of AC onset was not associated with better clinical outcomes, but possibly reduced readmission rates^[8]."

Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

The revised manuscript has been re-polished and the language editing certificate has been provided.

We are very interested in the journal *World Journal of Gastroenterology* and have learned a lot from the suggestion from the editors and reviewers. We hope you will consider our paper.

Best wishes,

Shi Liu.