

Dear Prof. Andrzej S Tarnawski,

We are pleased to be informed that our manuscript (Manuscript NO: 82710) is acceptable for publication after appropriate revision in your journal. We also thank the reviewers for the constructive comments and suggestions. We have revised the manuscript accordingly.

With best wishes,

Yours sincerely,

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First of all, we would like to express our sincere gratitude to the editors for their constructive and positive comments.

Reviewer #1:

**Comment 1.** Criteria for implementing biliary drainage in cases of acute cholangitis were not clearly stated. This point is extremely important in determining the indications for biliary drainage without excessive or inadequate treatment. A cohort that includes biliary drainage in mild cases will have a lower mortality rate, and vice versa. A balanced indication for biliary drainage should not include cases that can be cured with antimicrobial therapy.

**Response: 1.** The criteria for implementing biliary drainage was according to American Society for Gastrointestinal Endoscopy (ASGE) guideline on the management of cholangitis <sup>[14]</sup>.

**Comment 2.** The data presented in the results are voluminous and redundant; the data presented as supplements should be more selectively presented and focused on the points you want to make.

**Response:** We have deleted some supplementary data to focus on our topic according to your comments.

Reviewer #2:

**Comment.** You have shown that blood presepsin levels are useful in predicting severity and biliary drainage in acute cholangitis. Please indicate the time from the onset of acute cholangitis to the presepsin level measurement.

**Response:** We have indicated that the presepsin level was measured within 24 hours after admission.