

## **Response Letter**

### **Reviewer #1:**

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Major revision

Specific Comments to Authors: This is a well conducted and written review with not much scope of commenting for improvement as it is quite good already.

1. However, it is my view that any review or summary of literature has and should be (ideally) supplemented with some images/case vignettes from authors own experience of management too. This is essential for the readers to learn the authors view more clearly and trust that authors have had experience of using and practising the novel techniques and tools which they are reporting here in the manuscript. This is important as even a non-gastroenterology expert can simply read and compile the literature with no to minimal practical experience of using such tools. I don't undermine authors credibility by mentioning such, but simply commenting that author please considering adding many images - endoscopic, radiologic, operative, disease pathologic etc to enhance this review.

Thank you for your valuable suggestion. We appreciate your insight into the importance of supplementing our manuscript with images and case vignettes from our own experience in managing the discussed techniques and we have done so accordingly.

### **Reviewer #2:**

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Rejection

Specific Comments to Authors: In this work the authors want to offer a comprehensive overview of the potential role of EUS-GBD for different indications focusing on rescue approach for malignant biliary obstruction when conventional treatment options fail. However, the overview might not be comprehensive, and the recent reviews on the same topic may have dampened the review's luster.

Firstly, we would like to express our gratitude for acknowledging the significance of our work in offering this comprehensive overview of EUS-GBD as a rescue approach for malignant biliary obstruction. We understand your concern regarding the potential overlap with recent reviews in the field. We hope that the edits we have implemented have improved the manuscript.

### **Reviewer #3:**

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This review present the actual knowledge about EUS gallbladder drainage as salvage therapy. The article is well written and well documented. Some minor points –

1. Definition of high-risk surgical patients would be helpful

We have clarified a definition of high-risk surgical patients in the manuscript.

2. Please specify the contraindications of the procedures and the rescue therapy in case of failure - patient selection should be highlighted, especially when and which imaging procedure to use for patient selection.

We have specified the contraindication in the text and highlighted appropriate patient selection criteria as requested.

3. Also, the features of the gallbladder wall should be followed - postprocedural follow-up should be mentioned

We have mentioned what features of the gallbladder should be assessed and importance of postprocedural follow-up for the long-term success of the procedure.

4. A table with data from the literature about the comparison between EUS-GB drainage and ERCP/PTBD is needed -the paragraph about ERCP or EUS Biliary Drainage should be presented as a background

We have included two tables outlining the information requested.