

Answering Reviewers

Reviewer 1:

The high cost and limited access of SpyGlass DS System are outlined in the conclusion. We tried to add some more information about that. It is difficult for our team to comment on the issue taking into account the few data comparing the cost-effectiveness of the two modalities. The only published study directly comparing the cost of cholangioscopy to ERCP is the mentioned study published by Deprez et al. (37). DSOC is thought to be cost-effective in that cases, which would require a series of ERCP procedures. The calculation of expenses for two or more hospitalizations, medical staff care and ERCP procedures plus numerous accessories (papillotome, balloon dilators, lithotripter, basket, balloon catheter) which are single use also could exceed the cost of the Spy Scope. (There are also some reports about off-label reesterilization of the Spy Scope without any perceptible change in visual quality).

Reviewer 2:

The article is clearly divided into titled paragraphs, in order to show the different aspects of the topic. Taking into account your advice, we tried to summarize the biggest studies published since 2015 on the role of DSOC in clinical practice in two tables – one for indeterminate stricture and second for difficult biliary stones.

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Reviewer 3:

Thank you for your review. We unified the acronym of DSOC. The early implementation of cholangioscopy in selected cases (impacted stones and stones over 2cm, as in evaluation and resolving post-transplant patients) is superior to ERCP and safe according to most of the published studies and case series. The cost remains the main issue. There is little data comparing the two modalities directly in financial aspect. It is mainly due to the fact that cholangioscopy is usually kept for cases, failed to be treated on conventional ERCP.