Dear editor

We are writing to re-submit the revised manuscript entitled "**CBD Morphology Is Associated With Recurrence Of CBD Stones In Billroth II Anatomy Patients: A Retrospective Case-Control Study" (**Manuscript NO.: 67638**)**. Considering that Abbreviations are not permitted in title, we changed the title **"**CBD Morphology Is Associated With Recurrence Of CBD Stones In Billroth II Anatomy Patients: A Retrospective Case-Control Study" **(**Manuscript NO.: 67638**)** to **"Common Bile Duct Morphology Is Associated With Recurrence Of Common Bile Duct Stones In Billroth II Anatomy Patients**". I would like to take this opportunity to thank the reviewers to provide invaluable comments for the improvement of our manuscript. We have carefully studied the comments of the reviewers and made necessary changes in the revised manuscript.

Reviewers' comments:

1、however, I think that the definition of CBD morphology is ambiguous. The CBD morphology in Figure 5 looks like an S type rather than polyline. It is questionable whether it is necessary to distinguish between S type and polyline type. The authors are needed to define the classification of CBD morphology more specifically.

RE: The specifical definition of CBD morphology have been shown at manuscript introduction: "In our study, CBD morphology was defined as the cholangiogram morphology from the confluence of the left and right hepatic ducts to the distal common bile duct entering the duodenum. We classified the CBD morphology into straight type (Figure 1、2), S type (Figure 3、4), and polyline type (Figure 5、6)".

2、How could the authors check for complete CBD stone removal at first ERCP? It seems difficult to distinguish between residual stone with recurrence.

RE: After operation, we took the cholangiogram again to ensure stones

completely removed and this operation was regarded as a successful ERCP when all the present endoscopists agreed.

3、The authors should address the interval between first ERCP and recurrence.

RE: we can ensure the interval is at least six months after previous CBD stones. However, we are very sorry that we cannot provide the specific figures.

4、How many patients had GB stones at the time of first ERCP? How many cholecystectomy was done during the f/u period?

RE: we are very sorry that we cannot obtain the complete clinical data about GB stones at the time of first ERCP, so we cancel the data from our analysis. About the cholecystectomy, we have analyzed the association between cholecystectomy and CBD stones recurrence. In our study, patients who underwent cholecystectomy before the first recurrence even though during the f/u period can be regarded as one of “cholecystectomy”.

5、The analysis in Table 5 seems to be meaningless because the sample size is too small. The flow diagram of study population is required.

RE: The present study is limited by its small sample size, and further research with large sample size will be undertaken. The flow diagram of study population will be uploaded in Supplementary Material. Special thanks to you for your good comments.

We hope that we have addressed all of the questions satisfactorily and the manuscript at current version can be accepted in your journal. I am looking forward to receiving your favor reply. Thank you very much.

Yours faithfully