Dear Editor-in-Chief:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Application of Imaging Techniques in Pancreaticobiliary Maljunction" (ID: 75364). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made corrections point by point to the comments. We hope that the revised manuscript is more acceptable for publication. Thank you and all the reviewers for the kind advice. Revised portion are marked in red in the paper.

Yours sincerely,

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The main corrections in the paper and the responds to the reviewer's comments are as following:

Responds to the reviewer's comments:

Comments #1:

1.Response to comment: The authors describe the role of ERCP, MRCP,

CT, US, and EUS in the diagnosis of PBM. On the other hand, the usefulness of Helical DIC-CT has been reported in other studies. I suggest that a discussion of Helical DIC-CT be added to the section on CT. Please discuss the diagnostic yield and usefulness of helical DIC-CT in the diagnosis of PBM with additional references.

Response: We agree that this is an important point. We have access to the related literature. The discussion of DIC-CT has been added in the CT part of the article.

2. Response to comment: In my opinion, the disadvantages of MRCP are the potentially poor definition of the pancreatic duct branch and peripheral biliary tree and the inherent poor spatial resolution compared with ERCP. I recommend a discussion on this point in the MRCP section.

Response: Thank you for the valuable suggestion. We are very grateful for your advice. We have added a discussion on the disadvantages of MRCP compared with ERCP in the MRCP section of the article

3. Response to comment: In the "Treatment of PBM" section, the authors state the following “EUS during cholecystectomy allows noninvasive study of the biliary tract and has excellent ability to identify anatomical structures. EUS, which is cheap, fast and non-irradiated, can be repeated as needed during surgery. Adjacent organs can also be explored [36].” The authors may be confusing endoscopic ultrasonography (EUS) with laparoscopic ultrasonography.

Response: Thank you for the valuable suggestion. Laparoscopic Ultrasound (LUS) during cholecystectomy allows minimal invasive study of the biliary tract and has excellent ability to identify anatomical structures. LUS, which is cheap, fast and non-irradiated, can be repeated as needed during laparoscopic surgery. Adjacent organs can also be explored [36]. LUS can be a valuable adjunct and can be performed before dissection, and repeated as needed to guide the surgeon. Thank you very much for pointing out our shortcomings.

4. Response to comment: How to manage PBM without bile duct dilatation is still controversial. Please discuss this point. In some reports, prophylactic cholecystectomy is recommended. However, it is still controversial what kind of surgery should be performed for PBM without bile duct dilatation.

Response: For PBM patients without biliary dilatation, prophylactic cholecystectomy is recommended to prevent gallbladder cancer. Nevertheless, the risk for developing cancer in the remnant biliary tract is still high, so careful follow-up is needed for this patient in the future.

Comments #2:

1.Response to comment: Reference does not follow the style and there are some spelling mistakes. Please re-check.

Response: Thank you very much for your comments. We have re-checked

and corrected them.

2.Response to comment: Fig 5 L is hard too understand. Please change the figure.

Response: Thank you for your comments. We have changed the picture.

3.Response to comment: There are some spelling mistakes in text. Eg, Laparoscopic Cholcystectom (in Treatment PBM section). Please re-check.

Response: Thank you very much for your comments. We have re-checked and corrected them.

Comments #3:

1.Response to comment: A decent review Please make a mention of the fact that diagnostic ERCP has no place in the present times.

Response: The characteristics of invasive examination and postoperative complications mean that we should carefully consider ERCP as a diagnostic examination. Thank you for the valuable suggestion.

Comments #4:

1.Response to comment: In page 3 line 1, a space is lack before the second sentence.

Response: Thank you for your comments. We re-checked and corrected it.

2. Response to comment: Would you please describe the role of ERCP for

screening the biliary tract cancer with PBM?

Response: ERCP plays a wide role in pancreaticobiliary diseases detection and plays an important role in the screening of biliary tract cancer. We have supplemented the discussion on this point in the article.

3. Response to comment: Does the IDUS contribute to the diagnosis of PBM?

Response: Thank you for your comments, which will make our article more perfect. We refer to articles on IDUS and supplement this view

4. Response to comment: Biliary amylase was described in the treatment of PBM. Would you please describe biliary amylase to diagnose PBM in ERCP section?

Response: In response to your comments, we have added the discussion of the opinions in the article. During ERCP operation, bile can be extracted by fine needle to detect the amylase concentration in bile. If the bile amylase level is higher than the upper limit of serum amylase, PBR can be suspected after excluding some cases, such as Enterobiliary reflux (EBR). PBR (flow of pancreatic juice into the biliary tract) usually occurs in patients with PBM. For this kind of patients, we need further examination and verification.

5. Response to comment: Why did you use the “L”, “M” in figure legends?

Response: We agree that this is an important point. In this article, we

changed the picture logo from “L, M, N” to “A, B, C”.

6. Response to comment: In figure 5M, the common channel between CBD and MPD is difficult to understand.

Response: Thank you for your comments. We have changed the picture.

7. Response to comment: Can you make a figure that draws golden diagnosing method of PBM according to the past reports? The golden diagnosing method might want to involve the major findings and secondary findings of PBM by each imaging studies.

Response: This is a very good suggestion and idea. No paper was indexed to report the official golden standard. So, we need further research on golden diagnosing imaging techniques for PBM.