

December 23, 2014

Dear Editor,

Thank you very much for your encouraging letter and further instructions. We have carefully studied the comments of the reviewers and made corrections accordingly, which are highlighted in yellow in the revised version of the manuscript. Point-by-point replies are listed below. We hope that this revised version is acceptable for publication in your journal.

Please find enclosed the edited manuscript in Word format (file name: 14573-review.doc).

Title: Needle-knife–guided cannulation via the minor papilla

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 14573

We thank the reviewers for their positive and constructive comments and suggestions.

The manuscript has been improved according to the suggestions of reviewers:

1. The format has been updated.

2. Revisions have been made according to the suggestions of the reviewer

(1) English should be improved

Answers: We apologize for the minor language problems in our manuscript. These issues are corrected in red in the revised version of the manuscript

(2) NKP is not a disregarded procedure. It is used with caution because of its potential risks.

Answers: We apologize for not describing this aspect accurately. We have modified this phrase in the revised version of the title and manuscript (page 1, line 1; page 2, lines 14 and 16; page 3, line 2; page 3, last line; page 5, para 2, line 3 and lines 6; page 14, para 3, lines 3; page 16, last line).

(3) present study is not a novel one, because NKP of the minor papilla has been performed for many years. It is interesting for the great number of patients reported.

Answers: We apologize that we did not describe the novelty of our study clearly. One novelty of this study may be the “needle-knife introduction of a guidewire” (NI-G) procedure. In this procedure, the needle tip grasps the minor papilla orifice, and then a guidewire is carefully advanced into the duct of Santorini through the needle-knife cannula. The

needle-knife is used *only to help grasp and fix* the needle-knife cannula to the minor papilla orifice, to help aim the cannula at the minor papilla orifice (page 8, para 2 to page 9, para 1; page 14, para 2; page 15, para 1, lines 3–4; Figures 3 and 4). The NI-G procedure is only a cannulating procedure; *no papillotomy is performed*. We did not find similar procedures performed by other centers.

We are very sorry that we did not accurately describe the three needle-knife cannulation procedures via the minor papilla, especially the NI-G procedure, and that we made a farfetched inference, which has been modified in the revised version of the manuscript (page 11, para 4 to page 12, para 1; page 12, para 2, lines 1–4; page 15, para 1 to para 3).

Finally, the mailing addresses for two of the authors have changed, which have been modified in the revised manuscript. Because “The WJG does not publish co-first authors and co-corresponding authors”, one of the corresponding authors (Wei Wang) was deleted (page 1).

3. The references and typesetting were corrected.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*. We look forward to hearing from you.

Sincerely yours,

Biao Gong and Wei Wang



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