

Format for ANSWERING REVIEWERS



May 15, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: [17681-review.doc](#)).

Title: Recent advances in endoscopic ultrasonography-guided biliary interventions

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

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

Reviewer 1

1- there is no references for the tables in the manuscript.

Answer

According to the reviewer's comments, we added references for the tables in the manuscript.

2- in the chapter " EUS-guided biliary intervention techniques" there is repetition.

Answer

Thank you for the comments. We deleted the repetition in the chapter "EUS-guided biliary intervention techniques"

3-under the chapter " EUS-guided rendezvous procedure" .. (figure 4) should be moved earlier to be after : transhepatic and transduodenal. and please elaborate more about the long and short scope positions

Answer

Thank you for the comments. According to the reviewer's comments, (figure 4) was moved to be after: transhepatic and transduodenal. We also added the next sentences in the manuscripts

Short endoscopic position was referred to as the tip of the endoscope was oriented to the caudal, while the endoscope was directed to the cranial in long endoscopic position.

Reviewer 2

1. Could you describe the step by step in each procedure with picture?

Answer

Thank you for the comments. I added the pictures in each procedure describing the step by step.

2. Should clearly address the indication and contraindication in each procedure. Is there any special consideration in each procedure?

Answer

Thank you for the comments. We added the indication and contraindication in each procedure.

Indication for this procedure was the palliation of obstructive jaundice in patients with malignant diseases who failed biliary drainage by ERCP.

An indication for the EUS-guided rendezvous procedure (EUS-RV) was the biliary cannulation in patients who failed biliary cannulation in conventional ERCP.

An indication for EUS-guided antegrade treatment (EUS-AT) was biliary intervention in patients that conventional ERCP was impossible.

3. Some procedure have high complication rate. More discussion about critical step to prevent the complication would be excellent.

Answer

Thank you for the comments. EUS-HGS has the most serious complications. Therefore, we added critical step to prevent the complication in EUS-HGS.

To prevent the inward stent migration, the longer stent might be better and stent should be deployed not under fluoroscopic guidance but direct endoscopic visualization.

4. The table to compare the important point of each procedure would be helpful.

Answer

Thank you for the comments. We added Table 5 to describe the important point of each procedure.

Minor point.

1. The complication rate in EUS-CDS reported 9-19% (might be up to 23% from Reference 10)

Answer

Thank you for the comments. According to the reviewer's comment, we revised the manuscript as follows:

The complication rate was reported at 9–23%.

2. Reference 11 has not been reported EUS-CDS as first line of treatment.

Answer

Thank you for the comments. We deleted the reference 11 at Page 4.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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