May 16, 2019

Dr. Lian-Sheng Ma
Chief Executive Officer
Baishideng Publishing Group Inc.
Editorial Board
World Journal of Gastroenterology

Dear Chief Executive Officer:

Thank you for your careful ad thorough review of invited manuscript number: 46877 (manuscript ID for invitation – 0002927) previously entitled "ERCP Training and Credentialing in the United States: An urgent call for *mandatory*, quantitative national standards" by Mitchell S. Cappell, M.D., Ph.D. and David M. Friedel, M.D submitted as an invited Opinion Review to World Journal of Gastroenterology. The manuscript has been thoroughly revised according to the criticisms or recommendations by the reviewers and editors as follows:

Reviewer's criticisms:

No reviewer's criticisms need to be addressed.

Editor's language and format criticisms:

1. As requested, the title of the paper has been substantially shortened from 16 to 13 words by changing the title to, "Stricter national standards are required for credentialing of endoscopic-retrograde-cholangiopancreatography in the United States" from "ERCP Training and Credentialing in the United States: An urgent call for *mandatory*, quantitative national standards".

2. As requested, the running title has been shortened to, "Stricter standards for ERCP credentialing in U.S." from "National mandatory standards for ERCP competency in U.S.".

3. As requested, the Core Tip is shortened from 176 words to 99 words.

CHANGE TO:

An additional, optional year of endoscopic-retrograde-cholangiopancreatography (ERCP) training was added because of limited ERCP exposure during standard-three-year-GI-fellowships and its greater endoscopic technical difficulty. Yet, many graduates from standard-three-year-fellowships intensely pursue ERCP privileges despite inadequate numbers of ERCPs, or low successful duct cannulation rates. Hospital credentialing committees have sometimes disregarded recommended

ERCP credentialing guidelines. Consequently, some gastroenterologists learn ERCP 'on the job' after completing standard fellowships during unsupervised practice. National, *mandatory*, standards for ERCP are advocated, including number (≥200-250) of performed ERCPs, and ≥85-90% successful cannulation rate. An independent entity should oversee ERCP credentialing to prevent politicking within hospital committees.

FROM:
Endoscopic-retrograde-cholangiopancreatography (ERCP) has a significantly steeper learning curve than that for esophagogastroduodenoscopy/colonoscopy due to greater technical difficulty and higher complication risks. Due to limited exposure to ERCP during standard-three-year-GI-fellowships, an optional year of therapeutic endoscopy training was added. Yet, many graduates from standard three-year-fellowships without advanced training intensely pursue independent ERCP privileges despite inadequate numbers of performed ERCPs, or unacceptably low rates of successful selective cannulation of desired (biliary-or-pancreatic) duct. ERCP credentialing by hospital committees has resulted in widespread flouting of recommended guidelines (e.g. privileging after performing 7 ERCPs). Consequently, some gastroenterologists upon completing standard fellowships learn ERCP 'on the job' during unsupervised practice, resulting in high rates of failed bile duct cannulation. This severe clinical problem is indicated by ≥12 publications about ERCP competency/guidelines during last 5 years! This work advocates for *mandatory*, national, quantitative, standards of technical ERCP skills, assessed by number performed (≥200-250 ERCPs), and success rate (approximately ≥90% cannulation of desired duct). An independent national entity (e.g. American-Board-of-Internal-Medicine) should oversee competency to prevent politicking by applicants and their employers to hospital committees.

4. As requested, an audio core tip is submitted.

5. As requested the three levels of titles are indicated throughout the manuscript according to journal style.

6. As requested, all references are numbered in Arabic numerals as superscripts with brackets.

7. As requested, the abbreviation "ERCP" in Table 1 has been spelled out as "endoscopic retrograde cholangiopancreatography" as follows:
CHANGE TO:

Literature review of criteria for endoscopic retrograde cholangiopancreatography privileging and practice"

FROM:
Literature review of criteria for ERCP privileging and practice"

8. As requested the same format in Table 2 is used as for Table 1 (spelling out abbreviations or acronyms). The acronym "ERCP" is spelled out as "endoscopic retrograde cholangiopancreatography" as follows:
CHANGE TO:
Core curriculum for endoscopic retrograde cholangiopancreatography trainees

FROM:
Core curriculum for ERCP trainees

9. As requested the same format in Table 3 is used as for Table 1 (spelling out abbreviations or acronyms). The acronym "ERCP" is spelled out as "endoscopic retrograde cholangiopancreatography" as follows:
CHANGE TO:
Table 3. Ongoing controversies in endoscopic-retrograde-cholangiopancreatography (ERCP) training and privileging

FROM:
Table 3. Ongoing controversies in ERCP training and privileging

10. As requested the same format in Table 4 is used as for Table 1 (spelling out abbreviations or acronyms). The acronym "ERCP" is spelled out as "endoscopic retrograde cholangiopancreatography" as follows:
CHANGE TO:
Table 4. Grading System for endoscopic-retrograde-cholangiopancreatography (ERCP) difficulty

CHANGED FROM:
Table 4. Grading System for ERCP difficulty

11. As requested, the Title of Table 6 is changed to have the word ERCP spelled out as "endoscopic rertrograde cholangiography" as follows:
CHANGE TO:
Table 6. Proposed standardized gastroenterology fellowship report card for endoscopic-retrograde-cholangiopancreatography (ERCP) training & performance
CHANGED FROM:
Table 6. Proposed standardized gastroenterology fellowship report card for ERCP training & performance

12. As requested, the word "and" is used to replace the "&" sign throughout Table 6 (The change

is accomplished 4 times in Table 6).

13. As requested, the references are checked to ascertain that there are no repeated references.

14. As requested, the references have been extensively revised to include both the "PMID" and the "DOI" when both are available. However, in a limited number of instances the "PMID" or the "DOI" or both are not available. Other incidental mistakes in the references were also corrected.

Additional changes:

1. In the Title to Table 5 the word ERCP is spelled out rather than abbreviated.

Thank you for your careful review of this manuscript and your interest in publishing this paper in this prestigious journal. Please note that I am prepared to make any further revisions that are necessary for publication.

Warm regards,

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