

Milan, October 3rd 2021

Dear Editors and Reviewers,

Thank you for having considered our Manuscript as potentially interesting for WJG.

Please find attached the revised version of the manuscript that we wish to be considered for publication. We appreciate the Reviewers' efforts to improve the manuscript quality and clearness with important and constructive criticisms.

We have carefully considered all the comments and suggestions and modified the paper and figures accordingly. We hope that you might now find the Manuscript acceptable for publication on WJG.

A point by point reply to all raised issues is hereafter attached.

We look forward to hearing from you

Yours sincerely,

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POINT BY POINT REPLY

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: In this opinion review, the authors clearly explain the usefulness of therapeutic EUS (t-EUS), citing previous papers with examples from their own experience. The authors report that although there are few previous papers comparing t-EUS with existing techniques, there are no problems with its usefulness and safety, and it can be performed without any issues when performing surgery. This opinion review is helpful because it describes the usefulness of t-EUS in a concise and easy-to-understand manner. There are, however, some minor revisions to address: For the ultrasonogram and fluoroscopic images in Figure 1, Figure 2, and Figure 3, it would be easier to understand if you add arrows or arrowheads in the figures and describe the anatomical location.

We thank the reviewer for the positive feedback. As suggested, arrow and arrowheads have been added to the figures to clarify the relationships between the devices and anatomical structures.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This is a review of available evidence regarding EUS-guided Choledochoduodenostomy, Gastrojejunostomy and Gallbladder Drainage in the bridge-to-surgery scenario of Pancreatic Ductal Adenocarcinoma. Although there are few references so far, the author still feels very detailed. These experiences are helpful for the treatment of pancreatic cancer. The article is written carefully and the language is fluent. I suggest accepting this article.

We thank the reviewers for the positive review. As underlined, few references are available to date, but we felt that this paper could be of help for gastroenterologists and endoscopists involved in the management of pancreatic cancer patients, also to stimulate further research on the area.

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

The authors have explained the use and advantage of t-EUS in various scenarios, citing their own experience along with others. This should encourage readers to consider t-EUS whenever appropriate. There are several self-cites, and the authors may consider if other similar examples are instead available. Simple labels to anatomical structures may help orientate readers.

Language Quality: Grade A (Priority publishing)

Scientific Quality: Grade B (Very good)

We thank the Editor for the propositive comments.

As suggested, the list of references has been revised and 2 self-cites have been removed, and substituted with similar articles. The publications from our group which have remained in the manuscript were left because no other article would have provided the same information (as for example we published the only reported case of pancreaticoduodenectomy after EUS-guided GastroJejunostomy, and the largest available comparison between EUS-GJ and surgery).

Furthermore, figures have been revised according to the suggestions, and anatomical structures have been better pointed out in the figures.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". There are 26 references with 5 self-cites.

We thank the Editor for the positive feedback.

All the figures have been revised: labels and arrows have been added to the figures to clarify anatomical landmarks. Moreover, figures showing the same or similar contents have been grouped as suggested. Finally, guidelines for formatting figures have been followed and source file in .ptx is provided for further modification by the editorial office.

Moreover, 2 self-cites have been removed and substituted with other articles. As this is an opinion paper also containing some technical tips from our personal experience, some publications from our group have been left (as for example we have reported the only published case of pancreaticoduodenectomy after EUS-guided GastroJejunostomy, or the largest available comparison between EUS-GJ and surgery).

Finally, as suggested by the Journal guidelines, no more than 3 references from the same journal have been included in the Manuscript.