

Dear Editor,

We would like to thank you for the opportunity to revise our manuscript. Also, we appreciate reviewers for their reports and constructive remarks on our manuscript «Effectiveness of the new approach of minimally invasive intervention in the palliative treatment of patients with distal malignant biliary obstruction». We are much obliged for the comments and questions, which was valuable and helped us to improve our manuscript. We have studied reviewer's comments carefully and have made corrections in the manuscript. As well the text of our manuscript was edited by medical English editing service professional. Since we have added some references according to the reviewer's comments, the numbers of references have been changed and the total count of them now is 45.

We hope this revision will be approved by the editor and reviewers.

Here are the responses to the reviewer's comments:

Reviewer #1:

1-2. Please gave a concise explanation for the randomization in this study. A flow chart should be given as a figure.

Thank you for your specifying question. We have added the flowchart of patient randomization according to the applied methods of BD decompression in accordance with your recommendation.

3. Please gave a practical image for the technique if possible.

Thank you for your comment on this issue. Unfortunately, we don't currently have representative high quality practical image for the technique.

4. Some irrelevant contents should be deleted in the Discussion section.

Thank you for your comment on this issue. The Discussion section was revised and changed according to your recommendations.

5-6. Indications of IEBJD should be clearly addressed. The perspectives of relevant studies should be mentioned.

Thank you for your comment on this issue. Indications for IEBJD and the perspectives of relevant studies are mentioned in Conclusion section of the revised manuscript according to your recommendations.

Reviewer #2:

1. In the introduction and discussion, the main motivation for the new approach should focus on reducing recurrent cholangitis and its consequences after frequently used procedures.

There is an overemphasis on attributing cholangitis to duodenobiliary reflux. It should be noted that in the literature it is well established that there is enterobiliary reflux after biliodigestive bypass (duodenobiliary and jejunobiliary) in humans and experimental animals. On the other hand, the cleansing ability of the bile duct prevents stasis and may attenuate the occurrence of cholangitis. Cholangitis is multifactorial and may be associated with reflux, stasis, dysmotility and obstruction of the prosthesis by biofilms and residues, among other

factors. Thus, I recommend these conceptual adjustments in the abstract, introduction and discussion with pertinent references.

Thank you for your comment on this issue. According to your recommendations, we have supplemented Introduction and Discussion sections with additional information concerning main reasons of the cholangitis onset, and, as a result, some conceptual adjustments were made in these sections.