

## Format for ANSWERING REVIEWERS



May 19, 2020

Dear Editor:

Please find enclosed the edited manuscript in Word format (file name: 55513 main document).

**Title:** Which scope is appropriate for ERCP after Billroth II reconstruction: An esophagogastroduodenoscope or a colonoscope?

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**Name of Journal:** *World Journal of Gastrointestinal Endoscopy*

**ESPS Manuscript NO:** 55513

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

1 The format has been updated

2 Revisions have been made according to the suggestions of the reviewers

**Reviewer 1:** *The study is aimed to reveal the appropriate scope for endoscopic retrograde cholangiopancreatography (ERCP) in Billroth II (B-II) patients. The title is "Which scope is appropriate for ERCP after Billroth II reconstruction: An esophagogastroduodenoscope or a colonoscope?"*

*Comment 1. This study was a retrospective study. Some limitations might be occurred.*

*2. A sample size of the study is relatively small.*

Response to comment 1 and 2: Thank you for these comments. We understand these limitations, and they have been described in the discussion section.

*3. Several factors influence the outcome of the study. Please discuss these.*

Response: Thank you for this comment. According to the other reviewer's comment, we added an analysis of scope usability (Figure 4). Please confirm the response.

*4. Please review the literature and add more details in the discussion section.*

*5. What is the new knowledge from this report?*

*6. Finally, please recommend the readers "How to apply this knowledge in routine clinical practice?"*

Response to comments 4, 5, and 6: Thank you for these comments. I added recent studies from the literature (citation number 20-22, revised the introduction) and added further description to the discussion section (lines 100-110 and 246-248). Furthermore, we added a discussion of scope usability (lines 254-262).

Initially, the endoscopic retrograde cholangiopancreatography (ERCP) of Billroth II (B-II) patients was performed using a side-viewing endoscope. However, insertion of a side-viewing endoscope into the afferent loop is difficult, and the risk of bowel perforation is higher than that for a forward-viewing endoscope. Recently, forward-viewing endoscopes have been used for ERCP of B-II patients in many reports. The endoscopes used in past reports were either esophagogastroduodenoscopes or colonoscopes. However, it is not known which type of scope is more efficient for ERCP of B-II patients. Therefore, we compared the therapeutic factors between ERCP procedures using esophagogastroduodenoscopy (EGDS) and that using colonoscopy (CS) in B-II patients. As a result, we found that the procedural time could be shortened using EGDS. Therefore, the first choice of endoscope could be an esophagogastroduodenoscope, which is the new knowledge that this study provides. We hope that the results of this study contribute to the scope choice for daily ERCP procedures.

**Reviewer 2:** *This is an interesting retrospective study focusing on the comparison between two types of endoscopes for ERCP. A detailed and classified analysis was given in the manuscript. An analysis for studying the orientation factor of the working channel between endoscopes is suggested.*

Response: Thank you for reviewing our manuscript. We added the orientation factor of the working channel, which was the relationship between the duodenal direction and the catheter direction. Additionally, data regarding the observation of the papilla of Vater in the front were added as a factor of scope usability (Figure 4, lines 190-193, 236-239, and 254-260, Figure legends).

**Reviewer 3:** *How did the authors selected the groups as CS or the Esophagogastroduodenoscope? In Table 1, the EGD group (n:17) includes 16 biliary disease, not 17.*

Response: Thank you for this comment, and we are sorry for our mistake in Table 1. We added a benign biliary stricture to the EGD group. The scopes used were randomly determined by each endoscopist (line 138).

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

Sincerely,  
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