## Answering reviewers:

## Reviewer 1:

Thank you very much for the review of our manuscript "EUS-guided biliary drainagecurrent status and future perspectives". As you recommended, we made the section "EUS-BD techniques" more structured, short and understandable and gave more clear algorithm in which situations what technique is most suitable and also provided a summary figure describing the different approaches. We also corrected "Can EUS-BD replace ERCP as a primary treatment modality" making it more structured and understandable. We also added "Discussion" paragraph demonstrating our opinion. We also mentioned the two available stents for HGS- the Giobor and the "proximal covered" HGS SEMS of Hanarostent which we also have access to.

## Reviewer 2:

Thank You very much for the review of our manuscript entitled "EUS- guided biliary drainage- current status and future perspectives". We corrected the section "EUS-BD Techniques" making it more structured, clear and understandable. We also provided a summary figure of the EUS-BD techniques and algorithm in which clinical scenario which technique is most suitable to be applied. We named in our text the two available stents for HGS- the Giobor and the "proximal covered" SEMS of Hanarostent. According to the images- all of them are from our praxis. For choledochoduodenostomy we use not uncovered, but partially covered metal stents because in our opinion (and also according other authors) using partially covered SEMS reduces the risk of stent migration compared with fully covered SEMS. We did not provide any LAMS-images because we do not have access to LAMS in our country. In the "Discussion" section we mentioned the EUS- guided rendezvous as the safest and preferred technique when possible and also addressed the special requirements to the performing endoscopists- training and experience in ERCP and interventional EUS. As it is minireview the manuscript represents data from previously published studies and meta-analyses.