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Point by point responses:

We are grateful to reviewer for the critical comments and useful suggestions, which have helped us to improve our paper considerably. As indicated in the responses that follow, we have taken all these comments and suggestions into account in the revised version of our paper. In addition, we found some mistakes in the process of revision and corrected them. We apologize these mistakes.

*This is a review article about previous published data related to endoscopic biliary stenting for malignant hilar obstruction. I thoroughly reviewed the article and all references, and confirm the accuracy of the contents. The text is well-organized, and discussion paragraph includes a lot of useful information, including the efficacy of current devices for endoscopic biliary stenting. As a whole, I believe that this article should be useful for discussing adequate stenting methods of endoscopic biliary drainage. Minor revisions will make this article more comprehensive, and make it possible for publication. Please respond to reviewer's comments as described below.*

*Minor Revision*

*1. In the main text, there is a lot of data about endoscopic biliary stenting for malignant hilar obstruction. However, authors only summarized the results of re-intervention after stent occlusion in Table 1. This isn't well-balanced. If authors want to summarize the previously published data in Table for reader's better understanding, authors should summarize all data discussed in the main text, such as plastic versus metallic stents, unilateral versus bilateral drainage, and SIS versus SBS methods in Tables.*

Thank you for this comment.

We added tables on plastic versus metallic stents, unilateral versus bilateral drainage, and SIS versus SBS.

*2. page 7; reference 10 appears in the main text before reference 9. Please arrange the references in a correct order.*

Thank you for this comment.

We corrected the order of references.

*3. page 8, line 20; among the patients achieving disease control, the patency period and survival time of the 4- or 3-branched group were significantly longer than those of the 2- or 1-branched group. The ambiguous expression of "disease control" is hard to understand. Authors should explain the meaning of "disease control" in greater detail for better understanding to readers.*

Thank you for this comment.

The word of "disease control" rate is used for explanation of the effectiveness of chemotherapy. "Disease control" rate is the rate of achieving complete response, partial response, or stable disease which are defined by World Health Organization. We omitted following phrase at page 8.

among the patients achieving disease control

Alternatively we added following phrase.

among the patients achieving complete response, partial response, or stable disease defined by World Health Organization during chemotherapy

*4. page 11, line 5; although SBS was attempted prior to PSIS in four of seven patients in the SIS group. What the exact meaning of PSIS? In page 9, authors explain the meaning of "SIS" as an abbreviation for parietal stent-in stent. Do authors use PSIS and SIS as the same meaning? Authors should clear the meaning of PSIS for better*

*understanding to readers.*

Thank you for this comment.

“PSIS” is “partial stent in stent” and has the same meaning as “SIS”.

We changed “PSIS” into “SIS” at page 11, and omitted the word of “partial” at page 8.

We are grateful to reviewer for the critical comments and useful suggestions, which have helped us to improve our paper considerably. As indicated in the responses that follow, we have taken all these comments and suggestions into account in the revised version of our paper.

*Authors reviewed many studies related to endoscopic biliary stenting for malignant hilar obstruction and summarized them. The manuscript is well organized and instructive for readers. However, some points were unclear and indicated below. Please check the following points.*

*Major comments:*

*1. There are some sentences that are hard to understand, eg p.8 l.19. Please polish their expression up for easily understanding.*

Thank you for this comment.

We omitted following sentences at page 8.

Although neither patency period nor survival time exhibited significant differences between the two groups, among the patients achieving disease control, the patency period and survival time of the 4- or 3-branched group were significantly longer than those of the 2- or 1-branched group.

Alternatively we added following sentences.

Although neither patency period nor survival time exhibited significant differences between the two groups, among the patients achieving complete response, partial response, or stable disease defined by World Health Organization during chemotherapy, the patency period and survival time of the 4- or 3-branched group were significantly longer than those of the 2- or 1-branched group.

2. Authors mentioned *"It would seem that differences in the difficulties of unilateral and bilateral deployment have not been as obvious in recent years."* P.7 l.14. Although, *devices have been recently improved for easy bilateral stent placement, technical difficulty between unilateral and bilateral is still not comparable. If authors want to say "differences have not been obvious", they must show more evidences, or eliminate*

*this sentence.*

We agree this comment.

The evidences of no obvious differences on the difficulty between unilateral and bilateral deployment are not enough. We omitted the following sentences.

It would seem that differences in the difficulties of unilateral and bilateral deployment have not been as obvious in recent years.

Alternatively, we added following sentences.

However, evidences of no obvious differences on the difficulty between unilateral and bilateral deployment are not still enough. Further RCTs at high-volume centers are warranted.

*3. Authors summarized only the result of re-intervention for the table. For reader's well-understanding, please summarize the other results for tables or figures about MS vs PS, uni vs bilateral, and SIS vs SBS.*

Thank you for this comment.

We added tables on plastic versus metallic stents, unilateral versus bilateral drainage, and SIS versus SBS.

*Minor comments:*

*1. Please revise the table following previous comments "Occlusion(%) in Fujii et al. and Lee et al."*

Thank you for this comment.

We mistook "No. of patients" in Fujii et al. and Lee et al., and corrected them.

We are sorry for this mistake.