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Reviewer 1

Thank you for reviewing my manuscript and for a favorable feedback.

Spelling and grammatical errors were corrected in the whole text as advised.

Reviewer 2

Thank you for reviewing my manuscript and for your advices in details.

The manuscript is re-written as advised and some schemas were added.

Majors

1) For the whole body of text, the description was pretty long-winded with the awkward English, Please simplify the sentence and correct the grammars to make the article well written, properly illustrated and excellently captioned.

⇒As advised, the whole text was simplified, and errors were corrected.

2) Success rate was actually the only indicator in this review to make a comparison between different types of endoscopy, which seem to be superficial. It is strongly recommended that "table" format was used to effectively and clearly demonstrate the difference.

⇒Our intention was not to make a comparison among the success rate of respective scopes or judge the modalities. We commented regarding the differences.

We tried to make a review of existing results on ERCP with overtube assisted endoscopes in patients with surgically altered gastrointestinal anatomy as shown in Table 2.

3) A large number of words was utilized to explain the process of DBE, SBE and SE, as one picture is worth to thousands words, please show the diagrammatic sketch for DBE, SBE and SE.

⇒Schemas about DBE and SBE were also added.

Minors

1) The title "A useful tool for diagnostic and therapeutic ERCP using several

endoscopic methods in patients with altered gastrointestinal anatomy”, is kind of confused, it is suggested as “Endoscopic methods for diagnostic and therapeutic ERCP in patients with altered gastrointestinal anatomy”.

⇒ The title is changed to “Review for diagnostic and therapeutic ERCP using several endoscopic methods in patients with altered gastrointestinal anatomy”.

2) The abstract is too long to be meaningful, pointless! what is true goal of this review?

3) In abstract part, “though” among “As for DBE, the short-type DBE is applicable with more variety of devices, though it still confines itself to the limited availability of devices and its maneuverability due to the 2.8mm working channel. ” need to be corrected as “however”.

4) In abstract part, "There are two major challenges to overcome to accomplish ERCP using BAE or SE ", add "be" before "overcome".

5) In abstract part, "Comprehension of anatomical features of respective reconstruction method is important in decision of scope selection and adoption of inserting method, which is the key to raise the success rate of deep insertion to the blind end” please, modified as “Comprehension of anatomical features of respective reconstruction method is important in making decision of scope types and inserting methods, which are the keys to raise the success rate of deep insertion to the blind end”.

6) In abstract part, "Second, regarding ERCP-related interventions, the difficulty of biliary cannulation is affected by whether with or without the papilla", whether with or without the papilla need to be replaced with existence of papilla or not.

7) Above list the errors in the abstract part, a large number of errors in the text body were found, please carefully correct them.

2)-7)

⇒ Thank you for pointing out the language errors in detail. I would very much appreciate the suggestions and apologize for the errors. The whole abstract is rewritten carefully and also shortened, exaggerating the point clearly.

Reviewer 3

Thank you for reviewing my manuscript and for your favorable comment.

As advised, some schematic drawings of the postoperative anatomical situations have been added as well as the comments. Thank you for the suggestion.