Answers to general comments in manuscript revised by editors:

All changes highlighted.

Comment 1: IRB statement added.

Comment 2: Informed consent statement added.

Comment 3: Conflict-of-interest statement added.

Comment 4: Key words added.

Comment 5: Written core tip added.

Comment 6: Audio core tip uploaded.

Comment 7: All reference numbers throughout text changed to square brackets in superscript.

Comment 8: Comments section added.

Comment 9: PubMed citation numbers and DOI citation added to the reference list. All authors listed.

Answers to reviewer code 02446404:

1) The patient did have another ERCP for a total instrumental follow-up time of 15 months. This has been corrected in the manuscript. Clinical follow-up time is 15 months as well.
2) The patient was advised to follow-up with the referring physician. Therefore, no additional imaging exits in your system.
3) A plastic biliary stent was placed during the first ERCP to facilitate biliary drainage. An explanation was added to the manuscript.
4) The first ERCP was performed by the referring physician. It is unclear why a sample for cytology only was obtained.
5) Cholangioscopy and histology images have been added (images 2, 3, and 5).
6) The normal appearance of the ampulla, intraductal location of the neoplasm, and histology excluded an ampullary lesion. In addition, the most distal aspect of the common bile duct was normal. This is seen in image 1. An explanation has been added to the manuscript.
7) All initial diagnostic imaging was obtained by the referring physician. We do not have access to those images.

8) Due to the intraductal location of the lesion, ERCP was considered the best modality through which to obtain a tissue diagnosis and endoscopic ultrasound was thus not performed. An explanation has been added to the manuscript.
9) The amount of weight loss has been converted to kilograms.
10) Normal values of the listed tests have been added.

Answers to reviewer code 00043819

1) We agree that a definitive conclusion regarding a complete cure cannot be based on this one case. However, our case illustrates that radiofrequency ablation does have a therapeutic benefit in patients with common bile duct tumors and should be considered.
2) Please see point "8" above. Endoscopic ultrasound was also not performed after treatment because we felt that cholangioscopy was more sensitive at ruling out residual distal CBD pathology.

Answers to reviewer code 03537672:

1) A histology photo has been provided. Please see image 3.
2) SpyGlass™ images have been provided. Please see images 2 and 5.
3) Intraductal ultrasonography is not available at our institution and was therefore not performed.
4) The patient was advised to follow-up with the referring physician. Therefore, no additional imaging exits in your system.