Format for ANSWERING REVIEWERS

July 7, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 3970-review.doc).

Title: Dilation of a severe bilioenteric or pancreatoenteric anastomotic stricture using a Soehendra Stent Retriever.

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Name of Journal: *World Journal of Gastrointestinal Endoscopy*

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The manuscript has been improved according to the suggestions of reviewers:
1 Format has been updated
2 Revision has been made according to the suggestions of the reviewer

Major
1. This article consists of two case reports, but content is only technical information that the Soehendra Stent Retriever is useful to dilate an anastomotic severe stricture which only a guidewire passes. Therefore, the author should shorten this article to brief technical report.

Thank you, sir.
We eliminated some sentences, 'He was hospitalized twice at another hospital and received antibiotics for the recurrent cholangitis.' in Case 1, 'She had been assigned as UICC (Union for International Cancer Control) Stage IA, and no recurrence had occurred.', 'Although her pancreatitis improved with conservative therapy, recurrent pancreatitis required repeated hospital admissions.' in Case 2, and 'The SSR was originally designed to facilitate the removal of a biliary or pancreatic plastic stent by capture of the stent via self-tapping threads on the distal tip of the extractor over a guidewire, without loss of endoscopic access to the stricture.', in discussion session.

2. The authors quoted Ref. 3 describing that the success rate of cannulation was lower for pancreatic indications (8%) than for biliary indications, and explained the useful of RSS. However, the difficulty of cannulation for pancreatic duct depends on not only stenosis of pancreatic duct anastomosis, but also the difficulty of en face view due to lateral pancreaticojejunostomy (Ref. 3). The authors should divide the difficulty of ERCP for bilioenteric or pancreatoenteric anastomosis into stricture and anatomical reason, and discuss for each definitely.

Thank you, sir.
I agreed with your comment.
We had mentioned that the stenosis of pancreatoenteric anastomosis sometimes made the cannulation

impossible, just before we quoted Ref. 3 in discussion session. We added that 'mucosa-to-mucosa anastomosis (namely, lateral pancreaticojejunostomy)' is another reason which sometimes made the cannulation for pancreatic duct impossible, and 'due to the above reasons' in the quotation from Ref. 3. Thus, the cannulation for the pancreatic duct was difficult because of various reasons. Therefore, if the guidewire insertion is achieved across a severe pancreatoenteric anastomotic stricture fortunately, a dilation catheter could somehow be introduced to the pancreatic duct through it. We'd like to emphasize that the SSR was very useful in this situation.

3 References and typesetting were corrected

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

Sincerely yours,

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