

Responses to Reviewers

Dear Editorial Office

Thank you very much for your email of August 14,2024 with which you sent me the referee's report on my paper with the reference number 96958.

We thank the reviewers for their insightful comments, which have helped us significantly improve the quality of our manuscript. We have carefully considered these comments and revised our manuscript accordingly to meet your approval. The changes in the revised manuscript are marked in yellow font. Our responses to the reviewers' comments are provided below and presented in blue font. We appreciate your support and advice in enhancing our manuscript. If you have any further queries, please do not hesitate to contact us. We hope that the revised manuscript is now suitable for publication in your journal. Thank you for your consideration. We look forward to hearing from you. Sincerely.

Limin kang

Authors' responses to editorial requirements:

Question 1. The editorial article does not address data analysis, yet the author contributions section lists Lang L as the data analyst.

Response:

We are grateful to the reviewers for their comments, and we have recorrected the authors' contributions.

Question 2. An editorial article should provide a comprehensive and detailed analysis of the progress of research on a specific topic. A comprehensive examination of the classification of malignant obstructive jaundice is essential to inform the selection of minimally invasive modalities. This article reviews the progress of research on minimally invasive treatment of malignant obstructive jaundice; however, the specific types and sites of obstruction for which each minimally invasive approach is appropriate are not analysed in sufficient depth.

Response:

We re-staged the MOJ according to different obstruction sites and suggested rational minimally invasive treatments for different MOJ in the light of relevant literature.

The modifications are as follows: MOJ is classified into high-level obstruction and low-level obstruction according to the region of obstruction. Low-level obstruction refers to biliary obstruction located at the distal end of the confluence point of the cystic duct, and the combination of biliary stenting or nasobiliary drainage with endoscopic retrograde cholangiopancreatography (ERCP) has unique advantages in the treatment of low-level biliary obstruction. According to the Bismuth-Corlette typing, high-level biliary obstruction can be divided into 4 types: Type I, the obstruction is located in the common hepatic duct without involving the bifurcation; Type II, the obstruction involves the common hepatic duct; Type III, the obstruction involves the right and left hepatic ducts; and Type IV, the obstruction involves the bifurcation of the common hepatic duct and the right and left hepatic ducts simultaneously. Percutaneous transhepatic choledochal drainage (PTCD) and combined stenting with ¹²⁵I particle beam radiotherapy or intracavitary radiofrequency ablation are more appropriate for patients with types II, III

and IV high-level biliary obstructions.

Question 3. The paper is well structured and presented, but lacks sufficient depth and detail.

Response:

We have updated the latest findings for each of the MOJ minimally invasive treatments, further enhancing the depth and detail of each minimally invasive treatment, as described in the revised manuscript. We are grateful to the reviewers for their pertinent revisions!

Question 4. It is recommended that the authors conduct a comprehensive analysis of each minimally invasive method. The subsequent sections will address the methodology, indications, procedure, complications, and treatment measures for the original disease.

Response:

We thank the reviewers for their suggestions again, but we have already briefly commented on the indications and the advantages and disadvantages of each minimally invasive treatment when analysing them, for example, in the text, 'ERCP has unique advantages in the treatment of malignant obstructive jaundice, especially in the lower end of the common bile duct', 'Ultrasound endoscopic-guided biliary drainage may be an effective option for patients who have failed ERCP or cannot undergo ERCP'. 'Ultrasound endoscopy-guided biliary drainage This technique has the potential to be an effective option for patients who have failed or are unable to undergo ERCP.' Further discussion of each treatment methodology, indications, procedures, complications and therapeutic measures would make the paper very long and cumbersome.

Question 5. The editorial article is typically organized in a predictable and uninspiring manner. It is unlikely that other academics will be able to gain any new knowledge about the minimally invasive treatment of malignant obstructive jaundice from this

article, should it be published. The article merely enumerates five minimally invasive modalities that are readily available in most locations.

Response:

Thanks to the reviewers' critical comments, we have provided an in-depth discussion of the five minimally invasive modalities for the treatment of MOJ and the latest research findings cited, and we believe that this article will enlighten and help readers to further understand the minimally invasive treatments for MOJ.