

## REBUTTAL LETTER

Dear Editor,

Thank you for your consideration of our Editorial "Role and timing of endoscopy in acute biliary pancreatitis".

Reviewers' comments have been carefully considered and the manuscript revised accordingly.

Point-by-point answers to the editor's/reviewers' comments are provided below.

Your efforts in handling the manuscript are greatly appreciated.

Yours sincerely,  
Andrea Anderloni

### EDITOR COMMENTS:

#### Comment 1:

Please provide the postal code.

#### Reply:

Postal code was added.

#### Comment 2:

Please provide the author contributions. Authors must indicate their specific contributions to the published work. This information will be published as a footnote to the paper. See the format in the attachment file-revision policies.

#### Reply:

This change has been provided

#### Comment 3:

Authors are required to make this statement in the manuscript's title page (please see sample wording in attachment). A copy of signed statement should be provided to the BPG in PDF format, which are necessary for final acceptance, Thank you!

#### Reply:

We have added tis statement in the manuscript and we have provided a copy of signed statement

#### Comment 4:

Please write the abstract about 200 words. Thank you! Abstracts for review articles should be unstructured. The abstract must be informative rather than indicative. Emphasize the new and important aspects of the study.

#### Reply:

The abstract was created as requested.

Comment 5:

Please write a summary of less than 100 words to outline the most innovative and important arguments and core contents in your paper to attract readers.

Reply:

We have added the core tip.

Comment 6:

Please add PubMed citation numbers and DOI citation to the reference list and list all authors.

Reply:

We have added Pub Med citation numbers and DOI citation as requested.

Comment 7:

Please revise the language of your manuscript. For manuscripts submitted by Non-Native Speakers of English, the authors are required to provide a language editing certificate which will serve to verify that the language of the manuscript has reached grade A.

Reply:

We asked to Boldface Editors (an international editorial service) to revise our manuscript. Please find attached the certificate letter.

Boldface Editors is an International Editorial Service established in 1987 to assist non-English speaking research scientists prepare their manuscripts for publication consideration in high-impact biomedical journals worldwide.

## REVIEWER'S COMMENT

### Reviewed by 00041410:

Although several reports published on role and timing of endoscopy in the treatment of acute biliary pancreatitis, there are still some controversial in this subject. I hope that this editorial may give some new informations.

### Reply:

We thank the reviewer for this comment.

### Reviewed by 00047067:

The skepticism about the timing of ERCP and the role of EUS and MRCP in acute biliary pancreatitis are well presented. The article is considered an editorial but the review to which is referred is not analyzed as expected in an editorial. The term early ERCP or EUS should be explained.

### Reply:

We thank the reviewer for this comment and we have edited the manuscript to make it clearer (See page 3 and 5)

In this editorial we've tried to consider and to clarify the role of endoscopy in diagnosing and managing ABP. For many years, ERCP with endoscopic sphincterotomy (ES) has been considered the best preoperative diagnostic tool for examination of the bile duct in patients with acute pancreatitis, and in many centers is still considered as the first choice in this setting. Therefore, after considering the data from the recent literature, we wanted to address the role of a less invasive endoscopic approach underlining the feasibility and accuracy of EUS as a diagnostic tool in evaluating patients presenting with ABP.

Moreover we wanted to describe the usefulness of the two step approach in this condition showing the possibility of performing EUS guided ERCP in the same endoscopy session with the same sedation.