July 29, 2015

Dear Editor:

Please find enclosed the edited manuscript in Word format (file name: 18979-Revised manuscript.doc).

The manuscript has been revised according to the suggestions of reviewers:

1 The document has been updated in the doc format.

2 The following revisions have been made according to the suggestions of the reviewers:

#1 The reviewer mentioned the risk of misleading the audience. We did not intend to mislead the audience into limiting preoperative biliary drainage (PBD) even for cases in which PBD could be necessary. We should also discuss the importance of safe and effective drainage in the chapter WHAT IS THE OPTIMAL PREOPERATIVE BILIARY DRAINAGE METHOD WITH MINIMAL COMPLICATIONS? According to the reviewer's suggestion, we added the summary of the results of our study to show the safety and effectiveness of PBD.

#2 The reviewer recommended to refer to inside stent. We added a discussion on inside stents.

We revised other minor typographical errors in the reference list.

We hope that our revised manuscript is suitable for publication in the World Journal of Hepatology.

Thank you for considering our manuscript.

Sincerely yours,

Harutoshi Sugiyama

Reviewer's comment

Harutoshi Sugiyama et al. have reviewed the current progress in preoperative biliary drainage (PBD) for malignant biliary obstruction. In the manuscript, the authors are mentioning that PBD would not be beneficial to the patients having distal obstruction in the view of improving the postoperative condition in cases of PBD eventually followed by surgical procedures, although it is annotated that several exceptions exist such as the cases of acute cholangitis and severe obstruction with very high bilirubin level. Overall the text seems like well written. However it has still raised the following questions. #1 It is understandable that PBD is not a beneficial procedure for asymptomatic patients who await operative biliary drainage to achieve complete cure. However, this situation might not be the cases of symptomatic patients having acute cholangitis and/or severe obstructive jaundice, or in the patients suffering from substantial obstructive jaundice in the preoperative period. In such a point of view, I am afraid that the manuscript may mislead the audience into limiting PBD even for the cases in which PBD could be necessary. It could be useful to discuss about whether PBD could be performed safely and effectively in the above symptomatic patients. #2 In the manuscript, infectious morbidity is thought to be one of the most important complications of the preoperative PBD. Various procedures using plastic and metallic stents have been performed, and furthermore endoscopic biliary stenting and endoscopic nasobiliary drainage (ENBD) have become also more established. The authors need to say whether the procedure, in which stents were completely immerged in bile duct without one end seen in duodenum that is called an inside stent, prevents ascending colonization though the papilla. These are minor but there are typos in the text. "obstructivejaundice" in reference 2 in "REFERENCES should be replaced by two words separated by a space. In addition, References 12 and 27, 16 and 40 are totally redundant. With addressing the above comments, the manuscript will be a more comprehensive article to all the audience, and then it will be worth being published in the World Journal of Gastroenterology.