arrived at the same conclusions as Baluyut et al., only much earlier; patients with PSC treated endoscopically benefit from our treatment schema. Our data were subjected to statistical analyses and reached significance for two biochemical indices, serum transaminase and alkaline phosphatase, supporting our conclusion and the more optimistic statement that endoscopic therapy could prolong the lives of patients with PSC and could postpone liver transplantation.

Our study also included patients treated with different modalities, varying from balloon dilation of dominant strictures to insertion of endoprostheses by using the largest caliber stent that could be placed. A cohort of our patients received a trial of drug therapy: ursodeoxycholic acid taken orally. We reviewed our and other investigators' experience by using modalities that included the unique technique of long-term infusion of antibiotics, corticosteroids, and saline solution delivered through a nasobiliary tube, a novel treatment modality that has not been reported subsequently.

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### Response:

We thank Dr. Siegel for his interest in our study. The emphasis of our study was to assess the effect of endoscopic therapy on the long-term survival of PSC patients with dominant strictures. We therefore listed only a limited number of references pertaining to the technical aspects of ERCP. The reviewers who reviewed our manuscript for the journal obviously concurred with this approach.

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