

Answering Reviewers

Dear Reviewers,

Thank you very much for taking the time to review this paper. Below is the authors' reply to the questions raised by the reviewers. All changes in the revised paper are underlined

Reviewer 01429143:

Comment: This is a well written review, with correct methodology and clear presentation of the results. The limitations (few studies and sample size) are explained. My only concern is about the evaluation of the efficacy on symptoms resolution following the stenting; the authors reported a score system for the evaluation of dysphagia, but this is presumably an extrapolation of different definitions adapted in different studies. This issue should be better clarified and explained.

Authors' reply: Thank you for your comment. All the 6 papers included in this meta-analysis have used the same 5-scale dysphagia scoring system, in line with the CIRSE guideline (1). This scoring system is widely accepted by interventional radiologist as well as gastroenterologist. Therefore the results were easily compared with no extrapolation of different definitions required. We have briefly clarified this in the method section of the paper.

Reviewer 00504462:

Dear Sir, I want to congratulate you for your review. It is worth publishing. However, it would be interesting to know how you decided to use your dysphagia score classification and how you adapt it to the score classification used in the cited work. Also, I want to know how you can conclude that this stent can "combine the merits of both plain covered and uncovered metal oesophageal stent design" when that was not the purpose of your manuscript. Otherwise I hope to hear from you soon, in order to publish it. Thank you for sending it to us Sincerely

Authors' reply: Thank you for your comment.

1. Again, : Thank you for your comment. All the 6 papers included in this meta-analysis have used the same 5-scale dysphagia scoring system, in line with the CIRSE guideline (1). This scoring system is widely accepted by interventional radiologist as well as gastroenterologist. Therefore the results were easily compared with no extrapolation of different definitions required. We have briefly clarified this in the method section of the paper.
2. Our comment/conclusion on the design of the double-layered covered nitinol stent is the authors opinion based on comparison of the outcome of this meta-analysis with the historic data available in literature. The double-layered stent have low migration rate, comparable to that of uncovered stent (as explained in the discussion section), while maintaining the lower rate of re-obstruction due to tissue

ingrowth/overgrowth seen in plain covered stents. We therefore believe that the double-layered covered nitinol stent combines the merits of both plain covered and uncovered metal esophageal stent designs. We have made minor changes to the conclusion section of this paper to clarify the above points.

(1) Sabharwal T, Morales JP, Irani FG, Adam A (2005) Quality improvement guidelines for placement of esophageal stents. Cardiovasc Intervent Radiol 28:284–288