

Dear Editor,

Dear Reviewers ,

Many thanks for Your Suggestions, that allowed to improve the quality of our manuscript.

We worked hardly, trying to follow Your suggestions.

Reviewer #1

- 1- We added 2 tables regarding the use of SEMS in diverticular disease and in IBD; all the authors decided together to avoid tables about its use in other settings, due to the paucity and the marked heterogeneity of available data; unfortunately we did not find any original quality picture regarding the use of SEMS in non malignant disease of the lower gastrointestinal tract
- 2- We highlighted in the manuscript text, as well as in the conclusions, that stent placement for instance post anastomosis stent is worthwhile while IBD and diverticulitis only when more of a fibrotic rather than a mixed fibrotic/edematous stricture may be helpful
- 3- We modified the sentences about endometriosis in both the text and the conclusions, highlighting that Endometriosis is likely an inappropriate indication as laparoscopy with ablation is often successful and hormonal therapy as well

Reviewer #2

- We clearly describe the types of SEMS referred from all the studies, as the incidence of complications, as suggested by the reviewer #2, may vary from different SEMSs.
- In benign post-surgical anastomotic strictures, in the conclusion section, we state that “the placement of SEMS leads to clinical success in around half of the patients and seems a reasonable choice in refractory AS. In this field, the use of BD stents is promising”

Many thanks again for Your attention,

Sincerely

Emanuele Sinagra