

## ANSWERING REVIEWERS



December 20, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 6190-review.doc).

**Title:** The role of stenting in the palliation of gastroesophageal junction cancer: a brief review

**Author:** Theodoros E Pavlidis; Efstathios T Pavlidis

**Name of Journal:** *World Journal of Gastrointestinal Surgery*

**ESPS Manuscript NO:** 6190

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

A Format has been updated

B Revision has been made according to the suggestions of the reviewer

1. It has already been done. The entire paragraph has been changed clarifying further the meaning by adding new text according to his remarks (page 4, line 12-28)

*" In a recent meta-analysis on published reports including 1,027 patients in 16 randomized controlled trials, it has been concluded that endoscopic placement of self-expanding stents is the most widely used method for the management of dysphagia in comparison to other alternative methods of loco-regional modalities i.e. radiation, laser thermal or photodynamic therapy. Albeit its high cost, it is a simple and effective method (with minimal invasiveness and discomfort) to ameliorate dysphagia, in the vast majority of patients which have a mean survival no more than six months; in addition, its superiority is mainly associated with the fact that, unlike what is commonly observed in alternative methods, there is no need for re-interventions. However, in patients with one year survival, a loco-regional palliation seems better despite the need for further re-intervention; furthermore, their higher life expectancy is possibly associated with the application of loco-regional treatment [4]. According to the aforementioned meta-analysis the choice of conventional self-expanding stents versus modern anti-reflex stents has been found equally effective in relieving reflux, since there was no difference between them. As regard to the outcome, there are minimal differences among the various types of stents [4]."*

2. A careful checking and correction of errors has been done.

Typesetting was corrected.

English editing has been done by a doctor native speaker of English. Thus, the quality of language has

been improved. I guarantee myself for this linguistic revision.

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Surgery*.

Sincerely yours,

Dr Theodoros E Pavlidis

Professor of Surgery

Medical School, Aristotle University of Thessaloniki,

2<sup>nd</sup> Surgical Propedeutical Department, Hippocraton Hospital

e-mail: pavlidth@auth.gr

A handwritten signature in dark ink, appearing to read 'Theodoros E. Pavlidis', with a stylized, sweeping flourish at the end.