

Kosumi K et al. Manuscript ID: 79707

## Reply to the Reviewers

Thank you so much for your interest in our manuscript entitled “Self-expanding metal stent placement and pathological alterations among obstructive colorectal cancer cases”. To aid in the re-review of this manuscript, we have included a point-by-point response to each comment. The reviewers’ comments are italicised and placed in square brackets. In addition, within the revised manuscript, we have used underlined red text to highlight changes in response to the reviewers’ comments. Please note that numbers of pages, tables, figures, and references refer to those in the revised manuscript unless otherwise indicated.

We appreciate the suggestions and comments by the reviewers. As a consequence of the valuable suggestions, we believe that our manuscript has been improved.

### *[Comments from the reviewers:]*

#### *[-Reviewer #1]*

*[SEMS placement might be associated with severe venous invasion in colorectal cancer tissue. It makes sense. A larger sample size is recommended for further study.]*

We appreciate the reviewer’s interest in our study. We also appreciate the reviewer’s comments and suggestions. As the reviewer suggested, future studies are needed to confirm our findings and examine the association of SEMS placement with pathological features and long-term survival of patients with obstructive colorectal cancer.

#### *[-Reviewer #2]*

*[In this manuscript the authors reported that SEMS placement in patients with obstructive colorectal cancer was significantly associated with venous invasion. The results is interesting. This article may be the starting point for other prospective works by other research groups to confirm this results. Although the article presents important limits, well described by the authors, the manuscript can be considered for publication after revision. One question: how much time has elapsed between stent placement and surgery; even if the number of cases is limited, did the authors note a correlation between venous invasion and the waiting time for surgery? ]*

We appreciate the reviewer’s interest in our study. We also appreciate the reviewer’s comments and suggestions. The reviewer has raised an important point, and we appreciate the reviewers’ suggestion. First, the time between stent placement and surgery was  $18.2 \pm 21.7$  days (mean  $\pm$  standard deviation) (**Table 1**). Second, as the reviewer suggested, we have investigated the association

between venous invasion and the waiting time for surgery among SEMS group. However, the waiting time for surgery did not have any association with venous invasion. For the outcome category of venous invasion, the univariable odds ratio was 0.86 (95% confidence interval, 0.46–1.14;  $P = 0.32$ ) for waiting period (for 1-week increment).

In response to the reviewer's comments, we have revised the Results section as follows:

“Among SEMS group, the waiting period for surgery did not have any association with venous invasion. For the outcome category of venous invasion, the univariable odds ratio was 0.86 (95% confidence interval, 0.46–1.14;  $P = 0.32$ ) for waiting period (for 1-week increment).”

(Results, page 12)