

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Endoscopy*

**Manuscript NO:** 82891

**Title:** Outcomes of Colon Self -expandable Metal Stents for Malignant versus Benign indications at a tertiary care center and review of Literature

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05755618

**Position:** Peer Reviewer

**Academic degree:** FACP, MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-12-29

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-01-05 01:58

**Reviewer performed review:** 2023-01-05 03:12

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

In this article, the authors retrospectively analyzed the endoscopic placement of a self-expandable metal stent (SEMS) uses both malignancies and benign stricture of the colon. The study's outcome is typical; as previously reported, however they found perforation and stent migration there was no significant difference between the two groups when satisfying complications. In conclusion, they stated that SEMS should be considered in benign stricture in the colon. It is an exciting aspect of the article. However, there is some minor concern about this article. 1. Please verify the skill of the endoscopist performing the procedure. 2. The authors could explain what kinds of endoscopies are used. 3. As aforementioned, the methods are short, and the authors should reconsider the contents including sedation use.

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**Reviewer's code:** 05038454

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-12-29

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-01-14 10:16

**Reviewer performed review:** 2023-01-14 10:44

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

In the present study, the authors described the safety and efficacy of SEMS for malignant and benign colorectal stricture, and found that SEMS is safe and effective. SEMS for malignant colon stricture is well established, however its application for benign stricture is less reported. The authors provide exciting result of SEMS for benign colon stricture. I have several minor comments. 1. For the 8 patients with benign strictures, was surgical or other endoscopic methods attempted before SEMS? Or what's the condition of SEMS for benign colon strictures? For example, diverticular disease associated strictures may be managed by surgical resection, while anastomotic stricture by endoscopic dilation, etc. 2. For the 8 benign strictures, the information in the "Abstract" and "Results" are inconsistent, please check. In Abstract, "The benign strictures included post-surgical anastomotic narrowing's (n= 2), extrinsic fibroid compression (n=1) and diverticular disease structuring (n=5)."; while in Results, "Of the eight benign indications, four were for diverticular disease associated strictures, two stents were placed for fistula closure, one was for extrinsic fibroid compression, one stent was placed for ischemic stricture. " 3. In Figure 1, please provide the colonic image of the tumor before

SEMS insertion. 4. It would be better the authors provided figures of SEMS for diverticula disease structuring.