

ANSWERING REVIEWERS



March 26, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 9234-review.doc).

Title: Surgical failure after colonic stenting as a bridge to surgery

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 9234

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

1 Format has been updated

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

EDITOR'S SUGGESTIONS

1) English language editing service

⇒ An English language editing service has reviewed the revised manuscript. We have attached the file containing the English language certificate.

2) The revisions

⇒ We have modified the manuscript based on this review and added the requested data and discussion. These are denoted by sky blue-highlighted text.

3) You should present P value where necessary and must provide relevant data to illustrate how it is obtained, e.g., 6.92 ± 3.86 vs 3.61 ± 1.67 , $P < 0.001$;

⇒ The statistical results of the multivariate analysis were presented according to a standard method (OR, 28.872; 95% CI, 1.939-429.956; $P=0.015$), which fully explains how they were obtained.

4) A decomposable figure is required. It means that the fonts and lines can be edited or moved. The example is attached.

⇒ We have attached a ppt file.

REVIEW 1

In this retrospective study the authors investigated risk factors for surgical failure after colonic stenting as a bridge to surgery, in acute left-sided malignant colonic obstruction. Using multivariate analysis they concluded that the use of multiple self-expanding metal stents is a significant, independent risk factor for surgical failure.

COMMENTS

1. Page 6, last para: "Multiple SEMS was defined as having more than two stents deployed at the first session...". However, in page 10, last para it is written "In five patients who had undergone multiple SEMS, only one patient (1/5, 20%) who received two SEMS in the first session". Please clarify all through the document what is the meaning of "multiple stents". Is it

“at least two” or “more than two” i.e., 3 or 4.

⇒ We have re-stated the inclusion criteria to eliminate this confusion.

2.It is not clear to me how many patients had multiple SEMS. A flow diagram would be helpful for the reader of the manuscript.

⇒ Thank you very much for your comments. The flow diagram shows the inclusion process of the study population. The use of multiple SEMS is one of the potential risk factors, and including this factor alone in the flow diagram is likely to induce bias. The patients who received multiple SEMS are visibly marked in the table, and we hope that this is sufficient to convey the relevant information.

3.In the multivariate analysis the CI is too wide (1.94-429.96) and I wonder whether it is statistically and clinically important. Actually, the use of more than one SEMS most likely reflects a difficult stricture (long and narrow). This should be discussed.

⇒ As described in the Discussion, we recognize the limitations of this study. We agree with the reviewer’s comment and have included the suggestion in the manuscript. The Discussion has been modified, and additional information has been included to improve clarity.

REVIEWER 2

A very interesting paper, an original view of the problem.

The methodology is correct.

1.Nevertheless, it would be interesting to comment more on the conclusions of three recent meta analyses on the published RCTs available to date that have concluded that there is no benefit of stents over emergency surgery. Tan CJ, Dasari BV, Gardiner K. Systematic review and meta-analysis of randomized clinical trials of self-expanding metallic stents as a bridge to surgery versus emergency surgery for malignant left-sided large bowel obstruction. *Br J Surg* 2012; 99: 469–476 Sagar J. Colorectal stents for the management of malignant colonic obstructions. *Cochrane Database Syst Rev* 2011; 11: CD007378 Cirocchi R, Farinella E, Trastulli S et al. Safety and efficacy of endoscopic colonic stenting as a bridge to surgery in the management of intestinal obstruction due to left colon and rectal cancer: a systematic review and meta-analysis. *Surg Oncol* 2013; 22: 14–21 2.

⇒ Thank you very much for your comments. The Discussion has been modified, and additional information has been included to improve clarity.

2.Another issue is the location of the lesions and why was right colonic obstruction excluded from the study.

⇒ We have modified the manuscript accordingly and added the requested data.

REVIEWER 3

This paper is about risk factors for surgical failure in patients who underwent SEMS insertion as a BTS. It is interesting, however, has some limitations.

1.We can expect that clinical failure of SEMS is related to the surgical failure. The author present with good clinical success with low surgical success in multiple SEMS. This is hard to understand because multiple SEMS should be classified to the non-clinical success group.

⇒ The definition of clinical success may vary depending on the study. In most cases, clinical success is defined as symptom improvement after 1-3 days after stent insertion. The use of multiple SEMS may directly indicate that an obstruction was severe but does not imply any clinical failure. This study was aimed at establishing predictive factors for the surgical

outcome among patients with technical success. Knowing that the use of multiple SEMS is a confirmed risk factor would be helpful for clinical decision-making.

2.The plot and text are complicated and I can't easily catch up the focus of this article. Focusing on the risk factors with 60 clinical success patients would enhance the quality of this paper.

⇒ Unlike most studies on stenting, which focus on technical and clinical success and survival, this study was aimed at identifying any factors that affect surgical outcomes, which is the fundamental purpose of SEMS as a BTS. The plot and text may seem complicated because the study considers surgical outcome as a significant variable, but in fact, surgical outcome is important to the fundamental purpose of SEMS.

⇒ Patients with technical failure are mostly managed by emergency operations, but the surgical outcomes in patients with technically successful stenting are still unknown to clinicians. We attempted to establish the predictive factors of these outcomes. The use of multiple SEMS, which is confirmed as a risk factor in this study, would be helpful for clinicians to determine the next treatment modality in patients whose symptom improvement is not satisfactory after stenting. Consideration of the surgical outcomes in 60 patients with clinical success would require another study.

3 References and typesetting were corrected

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

Sincerely yours,



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