

**Dear Dr. Wang,**

Thank you very much for allowing us to submit a revised manuscript titled “Stenting as A Bridge to Surgery in Obstructing Colon Cancer: Long-term Recurrence Pattern and Competing Risk of Mortality” to *World Journal of Gastrointestinal Endoscopy*. We appreciate the time and effort you and the reviewers have dedicated to providing valuable feedback on our manuscript. We are grateful to the reviewers for their insightful comments on our paper. We have been able to incorporate changes to reflect suggestions provided by the reviewers.

Here is a point-by-point response to the reviewers’ comments.

**Reviewer #1**

**SPECIFIC COMMENTS TO AUTHORS**

This manuscript retrospectively analyzed the data of the past 10 years, and the results showed that patients with colon cancer intestinal obstruction treated with stents were prone to recurrence and metastasis, and had a poor survival prognosis. The data is complete and the discussion is reasonable. This study has a positive guiding role in the comprehensive diagnosis and treatment of colon cancer patients with intestinal obstruction. In Figure 1, the text is too small to see clearly.

**Response:** Thank you very much for pointing this out. We have increased the font size of Figure 1, and uploaded the original figures with a higher resolution.

**Reviewer #2**

**SPECIFIC COMMENTS TO AUTHORS**

This retrospective study has some clinical implications. This study evaluated the recurrence patterns, survival outcomes, and colorectal cancer (CRC)-specific death in patients undergoing SBTS for OCC, and found that the peritoneum was the most common metastatic site among patients undergoing SBTS. Why not do a controlled study with emergency surgery, which is more instructive for the clinical choice of surgeons. If so, it is a great study.

**Response:** Thank you very much for your comments. Patients undergoing emergency surgery are an important group that warrants future evaluation. Data from our institution comprise those that underwent upfront resection of the primary tumour in the emergency setting, and those that underwent only stoma creation for the unresectable primary tumour. We would like to conduct controlled studies in the future to compare the short- and long-term oncological outcomes of all groups.