

Format for ANSWERING REVIEWERS

June 5, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 10567-review.doc).

Title: Endoscopic stenting for recurrence-related colorectal anastomotic site obstruction: preliminary experience

Author: Jung Ho Kim, Jong Joon Lee, Jae Hee Cho, Kyoung Oh Kim, Jun-Won Chung, Yoon Jae Kim, Kwang An Kwon, Dong Kyun Park, Ju Hyun Kim

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 10567

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.

REVIEW

This article is an interesting report of recurrent cancer casistic in colonic anastomoses. The authors say they inserted a second uncovered stent in two patients with neoplastic anastomotic re-obstruction.

Two questions: 1) why they didn't position a covered stent? 2) Why they didn't practice radical surgery?

The authors yet don't mention some recent articles about self-expandable metal stents in the treatment of benign anastomotic stricture after rectal resection for cancer (Am J Surg 2014, Endoscopy 2013) and about self-expandable metallic stents in patients with stage IV obstructing colorectal cancer (World J Surg 2012).

⇒ Thank you very much for your comments. We have modified the manuscript based on the review and added the requested data and discussion.

[The patients included in our study had undergone endoscopic stenting because of poor general condition and/or advanced cancer stage and/or refusal of major palliative surgery. However, there was no clear consensus for the treatment with colonic stents in patients with anastomotic

site obstructions due to cancer recurrence. Therefore, the endoscopy specialists chose the self-expanding metal stents (SEMS) type (covered vs. uncovered) on an individual basis. Most of the patients received an uncovered SEMS to minimize stent migration. However, the re-obstruction rate in patients with uncovered SEMS was reportedly higher than in patients with covered SEMS. In a recent report, the use of a covered SEMS for benign colonic strictures was shown to be effective and safe, despite a high incidence of stent migration. Unfortunately, the report was mainly focused on treatment outcomes of benign colonic stricture. In the present study, the main purpose was to provide long-term palliation to patients with anastomotic obstructions due to cancer recurrence following colorectal surgery.]

⇒ Several references were updated or added, and the Discussion has been modified and additional information.

3 References and typesetting were corrected

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

Sincerely yours,

Ju Hyun Kim

Ju Hyun Kim, MD, PhD,

Department of Internal Medicine
Gachon University Gil Medical Center
21 Namdong-daero 774 beon-gil, Namdong-gu,
Incheon 405-760, Korea.
E-mail: jhkim@gilhospital.com