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Manuscript Type: Review

Treatment of gastric outlet obstruction that results from unresectable gastric cancer: Current evidence

Miyazaki Y *et al.* Current treatments for gastric outlet obstruction

Reviewer(s)' Comments to Author:

Reviewer: No. 02927665

Comments to the Author

1. It should be a structure abstract, no like a background.

Response: The authors do understand the Reviewer's attention. Original structure of abstract seemed to be like a background. As the Reviewer indicated, we changed the structure abstract.

ORIGINAL: abstract

,,, For patients with unresectable metastatic cancer and limited survival, adequate symptom relief is necessary to increase quality of life. Two treatment

procedures for malignant GOO are currently available. The traditional and undoubted treatment is gastrojejunostomy (GJ) with laparotomy; the other is endoscopic stenting (ES), which is considered the less invasive treatment. GJ is associated with a reliable outcome and persistent symptom relief, though it carries a high risk of morbidity. In contrast, ES provides rapid improvement of oral intake, but re-obstruction occurs due to stent migration and tumor growth. Although many past reports have clarified the benefits and drawbacks of each procedure, whether GJ or ES should be used in patients with GOO, especially those with gastric cancer, has not been determined. In this review focusing on gastric cancer-induced GOO, we outline the current status of GOO treatment and provide an updated review that includes laparoscopic GJ.

REVISED:

,,, Two kinds of procedures for malignant GOO, gastrojejunostomy (GJ) with laparotomy or laparoscopic approach and endoscopic stenting (ES), are currently available. Although many past reports have clarified the benefits and drawbacks of each procedure, whether GJ or ES should be used in patients with GOO due to gastric cancer, who could have a longer life expectancy than other malignancies, has not been determined. In this review focusing on gastric cancer-induced GOO, we picked up the two systematic reviews and a meta-analysis comparing GJ and ES, and outlined the current status of GOO treatment and provide an updated review that includes laparoscopic GJ.

Various data from a total of 13 studies in one review and 6 studies in another one were estimated. Although the main results of the present review revealed that both GJ and ES were very effective treatments in patients with GOO due to

gastric cancer, current evidences lead one to speculate that GJ may be the preferable procedure due to good performance status and long prognosis of gastric cancer patients.

2. The "INTRODUCTION" should be simplified. Some content have been showed in "MALIGNANT GASTRIC OUTLET OBSTRUCTION DUE TO GASTRIC CANCER" and "TREATMENTS FOR GASTRIC OUTLET OBSTRUCTION" sections.

Response: The authors do understand what the Reviewer's pointed out. In the revised manuscript, we rewrote the introduction to be simple.

ORIGINAL: Introduction

Original introduction was consisted of five paragraphs which were diffusive and repeated contents in other sections.

REVISED:

Revised introduction is consisted of three paragraphs, which contents are simple and enough to introduce our aim of this report.

Reviewer(s)' Comments to Author:

Reviewer: No. 01429208

Major comment

1. Is this article a simple review or review with meta-analysis? In the Study selection, author described how they obtained articles for review. However, they didn't sufficiently analyze and review about obtained articles.

Response: The authors do understand the Reviewer's care and attention. Our article was a simple review, not review with meta-analysis. In the revised manuscript, we described the reason why we have chosen the obtained articles more concretely.

ORIGINAL: STUDY STRATEGY section

Data source and search strategy

Literature searches of the electronic PubMed and Embase databases were performed, limited to English language, human-related, and clinical trial-related articles, to identify objective articles from January 2010 to December 2014.

Study selection

We included review articles, studies reporting randomized and controlled trials or experimental studies, and case studies. Articles were first screened and

picked up based on the titles. The full text was obtained for a total of 45 articles.

REVISED: STUDY STRATEGY section

Data source and search strategy

Since much more literatures with regard to ES including novel devices have been reported rather than 10 years ago, especially in recent five years, outcome of GJ should be compared to that of recent ES. Therefore, literature searches of the electronic PubMed and Embase databases were performed, which were limited to articles published from January 2010 to December 2014, English language, human-related, and clinical trial-related articles to identify objective articles from January 2010 to December 2014.

2. The content of “Malignant gastric outlet obstruction due to gastric cancer” is overlapped with “Introduction”.

Response: The authors do understand what the Reviewer’s pointed out. In the revised manuscript, we rewrote the introduction which was not overlapped with the content of “Malignant gastric outlet obstruction due to gastric cancer”. Similar to Reviewer’s indication, another reviewer pointed out this concern.

ORIGINAL: Introduction

Original introduction was consisted of five paragraphs which were diffusive and repeated contents in other sections.

REVISED:

Revised introduction is consisted of three paragraphs, which contents are simple and enough to introduce our aim of this report.

3. I couldn't get author's point in this article. Author need to choose appropriate subtitle.

Response: The authors do understand the Reviewer's comment. To make the reviewers and readers understand our points in this article, we added the subtitle in our report.

ORIGINAL: subtitle

None

REVISED: subtitle

Current evidences

Reviewer(s)' Comments to Author:

Reviewer: No. 02551508

No comments to authors existed.