



*The University of Oklahoma
Health Sciences Center
Department of Internal Medicine
Section of Digestive Diseases and Nutrition*

25 September 2015

Juan Manuel Herrerias Gutierrez, MD, PhD and Atsushi Imagawa, PhD,
Editors-in-Chief, World Journal of Gastrointestinal Endoscopy

Re: Manuscript Number 21771

Dear Dr. Herrerias Gutierrez, Dr. Imagawa,

Below please find point-by point responses to the Editor and Reviewer 2's comments. Our responses are in italic and in red within the text of the revised manuscript. We believe that all concerns have been addressed.

Reviewers' comments:

Reviewer 36517:

The part of result is just a little poor. I suggest that authors need add data in the result. I think they should add the events of stant placement.

We are unsure about the reviewer's concerns. However, please refer to tables 3 and 4 as well as responses to reviewer 3026970 below for details on stent placement.

Reviewer 3026970:

Both self-expanding esophageal metal stents (SEMS) and self-expanding esophageal plastic stents (SEPS) are considered useful for treatment of malignant or benign esophageal conditions. However, few comparative studies between stent types have been reported. The study compared the safety, efficacy, clinical outcomes, placement ease and cost between SEMS and SEPS for benign or malignant esophageal disorders and found SEPS is cheaper. This may be helpful for clinical doctors in choosing stent types. However, several questions regarding the manuscript should be addressed.

1. The authors should provide the cost of each kind of stent, because we do not know whether the saved cost is due to the decreased cost of stent or decreased cost of other in-hospital costs.

We understand the reviewer's concerns. All stents used in the present investigation were from Boston Scientific, Marlborough, MA. The SEMS used was WallFlex fully covered with an institutional cost of \$2650 and patient insurance cost of \$4500. The SEPS used was Polyflex with an institutional cost of \$2395 and patient insurance cost of \$4090. No other variation was seen in in-hospital costs between the 2 groups. This has been added to the patients and methods paragraph as follows: All stents used in the present investigation were from Boston

Scientific, Marlborough, MA. The SEMS used was WallFlex fully covered with an institutional cost of \$2650 and patient insurance cost of \$4500. The SEPS used was Polyflex with an institutional cost of \$2395 and patient insurance cost of \$4090.

2. The authors should provide more detailed information of the stent used, such as company, stent length, time of the stent retained in the body. And is there any difference between the two groups in these parameters?

We understand the reviewer's concerns. Stents were retained in the patients until the last known date of follow-up or death. Please see the response to item 1 above for further details.

3. It would be better the authors provide a series of image to illustrate the procedure.

We understand the reviewer's concerns. Unfortunately, Drs. McGaw, Alkaddour and Munoz are no longer affiliated with the University of Florida College of Medicine-Jacksonville which limits our ability to provide images illustrating the procedures used in the investigation.

4. We noticed that several patients received endoscopic dilation before stent insertion, how many patients received dilation and is there any difference between the SEPS or SEMS?

We understand the reviewer's concerns. A total of 3 patients had dilation prior to stent placement, all had SEPS placed. This has been added to the stent placement, outcome and cost section of results as follows: Dilation was more frequent in the SEPS group compared to SEMS. In addition, a line indicating dilatation frequency between groups was added to table 4.

5. How many patients need replacement of the stents, was there any patient need more than two interventions?

We understand the reviewer's concerns. A total of 6 patients needed stent replacement, only those with stent migration. No patient needed more than 2 interventions.

6. In Results "patient characteristics", what do you mean by "5 patients had other or undetermined histology", could you please give a more detailed description? Why do you consider they were malignant if the histologic results were undetermined?

We understand the reviewer's confusion and concerns regarding the 5 patients with other or undetermined histology. Those 5 patients had features of both adenocarcinoma and squamous cell carcinoma on biopsy and were characterized as malignant with mixed features upon repeat review. This has been corrected in the patient characteristics section of the results as follows: Of the 35 patients with malignant esophageal disease, 14 patients had squamous cell carcinoma, 16 patients had adenocarcinoma and 5 patients had mixed malignant histology.

Thank you again for continued consideration of our manuscript in the World Journal of Gastrointestinal Endoscopy.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kenneth J. Vega', with a stylized flourish at the end.

Kenneth J. Vega, M.D., FACP, AGAF
Professor of Medicine
Director of Research
Division of Digestive Diseases and Nutrition
COL (ret), NMARNG
kenneth-vega@ouhsc.edu