

RESPONSE TO REVIEWERS

Igor Braga Ribeiro and colleagues provide present evidence of the indication, technique, outcomes, benefits, and risks of some treatments, such as Emergency Surgery and self-expanding metal stents, in acute malignant colonic obstruction through the analysis of previously published studies and current guidelines. They concluded that until more long-term oncological studies are available, stenting cannot be established as the gold standard of treatment and stenting may be an alternative for patients with incurable obstructive tumors in acute abdomen, with the advantage of early hospital discharge and the potential for improved quality of life with avoidance of a permanent stoma.

Thank you for your comments.

The study is of interest to address a clinical issue and this article is well organized. However, language editing is required throughout the manuscript. The following is a short list of typo but is not limited by the list:

Thank you for your corrections. It was really helpful and improved our manuscript. The senior author (who is a native speaker and the director of Endoscopy at Brigham and Women's Hospital – Harvard Medical School) reviewed our manuscript after your comments and made some corrections, improving our review.

1. In the sentence ' We thank Dr. Rodrigo Castañó for figure 1 and for PhD. Bruno da Costa Martins for figures 2,4,6,7,8 assigned to this manuscript', 'for PhD. Bruno da Costa Martins ' is better to be changed into ' PhD. Bruno da Costa Martins '. (Page 2)

Thank you for your correction. We made this correction.

2. In the section 'Core tip', authors need to explain ' these measures ' in detail. (Page 3)

Thank you for your suggestion. We made this correction.

3. In the sentence ' The initial studies had encouraging results since the use of the stent could remove the patient from a surgical emergency, improve their performance status, reducing not only morbidity and mortality', 'not only morbidity and mortality' is better to be changed into ' not only morbidity but mortality'. (Page 4)

Thank you for your suggestion. We made this correction.

4. 'In the past, Emergency Surgery (ES) has been the primary treatment for acute abdomen obstructive (AAO)', AAO does not appear the first time and does not need the full name again. (Page 4)

Thank you for your suggestion. We made this correction.

5. 'advance gastric cancer ' should be ' advanced gastric cancer '. (Page 6)

Thank you for your suggestion. We made this correction.

6. What is ' CCR ', the authors have to write the full name. Or is it just a wrong spelling of ' CRC '? (Page 7)

Thanks for your correction. It was a wrong spelling. We made this correction. Thank you.

7. In the sentence ' there still is a roll for stents in palliation', should 'roll' be 'role'? (Page 8)

Thanks for your correction. It was spelled incorrectly. We made this correction. Thank you.

8. These two sentences ' Occur in approximately 10% in the use as bridge for surgery and 1% in palliative patients, usually one week after insertion' and ' Occurs due to tumor ingrowth at the proximal or distal margins of the stent or through the cells of the stent when using uncovered stents ' lack subjects. (Page 13)

Thank you for your suggestion. We made the requested corrections as you can see below:

- **Occurs in approximately 10% when used as a bridge to surgery and in 1% of palliative patients, usually one week after insertion.**
- **Occurs in approximately 11.1% of palliative patients. This occurs due to tumor overgrowth at the proximal or distal margins of the stent or through tumor in growth through the cells of the stent**

9. 'Emergency surgery' should be replaced by its abbreviation 'ES'. (Page 10,14,15)

Thank you for your suggestion. We made this correction.

10. ' A recent systematic review and meta-analysis performed by Ribeiro et al 2018' should be changed into ' A recent systematic review and meta-analysis performed by Ribeiro et al in 2018'. (Page 15)

Thank you for your suggestion. We made this correction.

11. Clinical success was 84% in the SEMS group and 96% in the 30-day adverse events rates were 36.5% in the stent group and 24% in the surgery group, without statistical significance.' This sentence need to be reorganized. (Page 15)

Thank you for your suggestion. We made the requested corrections as you can see

below:

- Clinical success was 84% in the SEMS group and 96% in the ES group.
- 30-day adverse event rates were 36.5% in the stent group and 24% in the ES group.

Dear reviewer, we hope that we have answered all your questions and hope that your new analysis is positive. We look forward to your response and are available for any further questions.