

Dear Editor and Reviewers:

Thank you very much for reviewing our manuscript and offering valuable advice. We have addressed your comment and provide our point-by-point response below.

Comments:

1. In methods, authors state that " The inclusion criteria for colonic SEMS placement were as follows: patients presenting with acute colonic obstruction and radiological features (as observed by computed tomography) consistent with a carcinoma." As the results, technical success rate was 100%. Were there any cases with the other treatment such as decompression tube or trans-nasal tube? And was there no case with impossibility of contrast imaging of the oral bowel or with failure of guidewire insertion for bulky tumor and complete obstruction?

Response:

Thank you for your comments. At our center, we do not perform the treatment with decompression tube for acute colonic malignant obstructions. Luckily, there was no case with technical failure such as impossibility of guidewire insertion so far.

2. This study includes cases of SEMS insertion for BTS and palliative purposes together. Do the authors have results according to the each purpose?

Response:

Thank you for your comment. As per your suggestion, we add the result of success rates and adverse events for each purpose as below.

(Page 12, line 18) We add this sentence regarding the result of success rates for each purpose.

The clinical success rate for BTS and PAL in Group W were 100% (19/19) and 77.8% (14/18), while 96.9% (31/32) and 95.2 % (20/21) in Group N, respectively.

(Page 13, line 2) We add the case numbers of adverse events for each purpose.

Early adverse events in Group W included abdominal pain (3/37, 8.1%, BTS 2/PAL 1), poor expansion (1/37, 2.7%, PAL 1), and fever (1/37, 2.7%, BTS 1), and late adverse events included stent-related perforations (4/36, 11.1%, PAL 4) and stent occlusion (1/36, 2.8%, PAL 1). On the contrary, the only early adverse event in Group N was perforation (2/53, 3.8%, BTS 1/PAL 1) caused by obstructive colitis, which was defined as “proximal ulceration related to unresolved colonic obstruction,” and late adverse events included stent occlusion (2/51, 3.9%, PAL 2).