

Dear Editor

We thank you for your consideration on our submission and precise comments for revision. We carefully reviewed medical records of all participants and performed additional analysis for long term outcomes. Below we addressed the comments of reviewers in orange color and made a point-to point response to the all issues raised in the review's report, whereas our answer are given in blue color.

In particular, we demonstrated long term outcomes such survival time, oncological treatment after stent and surgery after clinical success, as in Table 6. We also corrected some errors in manuscript, added recent references and wrote the "article highlights" section.

These additional results demonstrate the significantly improved implications in this study.

We believe that these modifications have strengthened the manuscript and hope the revised manuscript is suitable for publication as an Original Research Article in " World Journal of Gastrointestinal Oncology ".

Thank you for your consideration of our work.

Very sincerely yours

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Reviewer #1:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: This is an interesting study about endoscopic treatment with colonic stents for colonic obstruction from extracolonic compression. The manuscript is well written and to the point. However, I think the authors should add some analysis to their results, regarding the long term outcomes of the patients included in the study. There is an ongoing debate about the role of endoscopic stent insertion in patient overall survival and malignant disease advancement (see Sabbagh et al 2013 Ann Surg and Amelung et al Br J Surg 2019). The authors should check whether patients treated with colonic stents were able to complete their oncological treatment without surgical intervention and what was the long term rate of ostomies in this cohort. Overall, I thank the authors for an interesting read and congratulate them on their work.

The reviewer was correct. There is a debate about long-term outcomes of SEMS insertion in colonic obstruction by colorectal cancer or extracolonic malignancy. But our study has limitation to evaluate long-term outcomes of SEMS insertion because there was no control group such as surgical group. To do our best, as reviewer's suggestion, we reviewed all medical records for evaluating long term outcomes and factors for long-term outcomes (survival time after stent, oncological treatment after stent without surgery and surgery after clinical success) were analyzed. These results demonstrated in manuscript (Abstract : RESULTS (page 2, line 21-22), CONCLUSION (page 2, line 25), Core tip (page 3), Main text : RESULT : page 7, line 5-14, DISCUSSION : page 8, line 20 ~ page 26) and Table 6. In result, median survival time after stent was 4.7 months and 40.4% were able to receive their

oncological treatment without surgery. 26.3% was eventually needed surgery (ostomies) after stent insertion.

(1) Science Editor: 1 Scientific quality: The manuscript describes a retrospective study of the colorectal obstruction. The topic is within the scope of the WJGO. (1) Classification: Grade A; (2) Summary of the Peer-Review Report: This is an interesting study about endoscopic treatment with colonic stents for colonic obstruction from extracolonic compression. The manuscript is well written and to the point. However, the reviewer thinks the authors should add some analysis to their results, regarding the long-term outcomes of the patients included in the study. The authors should check whether patients treated with colonic stents were able to complete their oncological treatment without surgical intervention. The questions raised by the reviewers should be answered;

We have answered after comments of Reviewer #1.

and (3) Format: There are 5 tables. A total of 19 references are cited, without references published in the last 3 years. The authors need to update the references. There are no self-citations.

We have referred to recent studies and updated the references. We also demonstrated result of recent study in manuscript. (DISCUSSION, page 8, line 1-3)

2 Language evaluation: Classification: Grade A. A language editing certificate issued by Editage was provided. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, the Institutional Review Board Approval Form, and the informed consent. No academic misconduct was found in the CrossCheck detection and Bing search. 4

Supplementary comments: This is an unsolicited manuscript. The study is without financial

support. The topic has not previously been published in the WJGO. The corresponding author has published 1 article in the BPG. 5 Issues raised: I found the authors did not write the “article highlight” section. Please write the “article highlights” section at the end of the main text.

We wrote “ARTICLE HIGHLIGHTS” section at the end of the main text. (page 9, line 12- page 10)

6 Re-Review: Required. 7 Recommendation: Conditionally accepted.

(2) Editorial Office Director: I have checked the comments written by the science editor.

(3) Company Editor-in-Chief: I have reviewed the Peer-Review Report, the full text of the manuscript and the relevant ethics documents, all of which have met the basic publishing requirements, and the manuscript is conditionally accepted with major revisions. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report and the Criteria for Manuscript Revision by Authors.

Finally, we corrected some errors in manuscript (Table 3 Success group (n=44) -> (n=57), Technical failure group (n=5) -> (n=7)). There were no errors and changes in data.

We also corrected misspells and verified the special words or letters and italicized. (P, n, et al, vs)