The number of patients included by so many different hospitals and departments is very low over this long time. The authors should state the total number of all patients which where treated with stents in the whole time in all hospitals

Patients were only included from one hospital, not different hospital, performed by one consultant, the last author as stated in the article. Other authors who are working in other hospitals are closely interlinked and helped in writing the article. The first author was working in the hospital where stents were carried out for around three years and recently moved out and joined his new hospital. Therefore no need for different hospital comparison

The authors should give follow up information of the patients including mean total survival time The rate of complications is very low, this could mean that the survival time was very low due to the fact that most patients very palliative treated. This should be discussed

Mostly stents were done for palliation and these patients lived afterwards for few weeks and died peacefully at there home or sometimes readmitted and died in hospital. However, patients who had the stents for bridging the surgery, had surgery done in next two three weeks or as planned.

Hence while writing paper we consider this area however dropped the idea as it was not providing any valuable information. Main thrust of the article was that stents without a radiologist support are doable and laparoscopic colorectal unit can be run in a DGH as intended by National institute of Clinical Excellence (NICE) in UK

The type of stents including size and length should be stated in the table. What was the reason to choose different stent types and sizes, where the stent covered or uncovered and what was the application mode (through the scope or over the wire)?

Two sizes of the stents were used 8cm and 10cm, if the length of the tumour was around 3cm then 8cm stents were used to have the 2cm proximal and distal margins. Similarly if the size of the tumour was 5cm then 10cm stent was used to have goo margins on both sides. Stents were through the scope and they were Nitrile stents. Their diameter was 2.4cm and they were uncovered.

Tumour Size	Stent Size	Covered/ Uncovered	Through the scope (TIS)	Stent Diameter
3cm	8cm	Uncovered	YES	2.4cm
5cm	10cm	Uncovered	YES	2.4cm

From the data they collected, technical success was achieved at 94.3% and the clinical success rate was 96.0%. It seems that stenting without the input of a radiologist is practicable. Scientifically the data is of interest and if properly validated and presented it will make a solid contribution.

The Data was collected prospectively by a named colorectal senior staff nurse and senior consultant who performed the procedure has seen the data and endorsed it, therefore it is authentically validated.

The authors should state how many surgeons in DGH had experience of colonic stenting for obstructing colorectal malignancies. What is the lowest success rate of the same surgeon? Is there individual differences of surgeons for colorectal stenting? Because colorectal

stenting only can be done without radiologist support by an adequately trained individual. So an overall assessment should be done to evaluate the outcomes of stenting without a radiologist which may provide benefits in procedure provision and cost.

Only one surgeon who performed these procedures and he was trained in these procedures before embarking to perform them independently. The lowest success rate of the surgeon is around 94.3%