October 10, 2022

Jin-Lei Wang
Editor-in-Chief
World Journal of Clinical Oncology

Dear Editor,

We are grateful for the feedback of the Reviewers that has helped us to improve the quality of the manuscript. We have carefully provided point-by-point responses to all concerns and comments and have modified the manuscript (in track changes) accordingly.

Reviewer #1:
Scientific Quality: Grade B (Very good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Minor revision
Specific Comments to Authors:
-For the patients mentioned in this article who received chemotherapy first after the placement of palliative SEMS, the article mentioned that most patients had a short course of disease. After the placement of palliative SEMS, they only received chemotherapy and eventually died of colon cancer. In fact, in clinical practice, for some patients in this area, such as patients with obstructive colon cancer with liver metastasis, neoadjuvant chemotherapy is used before surgery to achieve tumor depression, and then secondary surgery is performed. This aspect of treatment can also reflect the oncologic safety of colonic stenting as a bridge to surgery in the treatment of malignant colonic obstruction patients, and I hope to supplement the relevant literature in this regard.

Response to Reviewer #1:

We would like to thank Reviewer#1 for the valuable comments. We are delighted to receive such constructive feedback and did our best to address all your concerns. Please find below our point-by-point responses.

-For the patients mentioned in this article who received chemotherapy first after the placement of palliative SEMS, the article mentioned that most patients had a short course of disease. After the placement of palliative SEMS, they only received chemotherapy and eventually died of colon cancer. In fact, in clinical practice, for some patients in this area, such as patients with obstructive colon cancer with liver metastasis, neoadjuvant chemotherapy is used before surgery to achieve tumor depression, and then secondary surgery is performed. This aspect of treatment can also reflect the oncologic safety of colonic stenting as a bridge to surgery in the treatment of malignant colonic obstruction patients, and I hope to supplement the relevant literature in this regard.

We agree with Reviewer#1. We have deleted the sentence "*Moreover, most patients do not require any re-intervention after palliative SEMS insertion until death*" on Page 5 because it reflects only palliative patients with a short course of disease. We have also added a

subsection on chemotherapy "Chemotherapy in patients with colonic stents" that included both "Neoadjuvant chemotherapy in locally advanced colon cancer" and "Chemotherapy in patients with incurable stage IV colon cancer" (Pages 11-13, Lines 315-366).

Reviewer #2:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Major revision
Specific Comments to Authors: Interesting and timely review.
-The paper is well written. I would recommend to involve in the paper a statistician and to perform adequate meta analyses for the randomized prospective trials adding Forrest schema.

-In addition I suggest to add in the references few of the papers by Lamazza A. She reintroduced into clinical practice SEMS as bridge to surgery after the European Society of Endoscopy did not recommend the use of SEMS in acute colorectal obstruction on the basis of the results of an initial trial, abandoned for the poor results probably related with not adequate initial expertise.

-In a subchapter I would like to suggest, if I am allowed to do so, to underline the importance of radio-chemotherapy after SEMS placement and before definitive colorectal resection and the advantages related with SEMS placement in this clinical setting.

Response to Reviewer #2:

We would like to thank Reviewer#2 for these important comments. We are delighted to receive such constructive feedback and did our best to address all your concerns. Please find below our point-by-point responses.

-The paper is well written. I would recommend to involve in the paper a statistician and to perform adequate meta analyses for the randomized prospective trials adding Forrest schema.

We agree with Reviewer#2. We have asked our statistician to conduct the Forrest plots of the stoma rate, morbidity rate, mortality rate, and recurrence rate. We have added four figures in the revised manuscript (Figure 3, 4, 5, 7) as well as the relevant results (Page 7, Lines 190-196 and Page 11 Lines 301-303).

-In addition I suggest to add in the references few of the papers by Lamazza A. She reintroduced into clinical practice SEMS as bridge to surgery after the European Society of Endoscopy did not recommend the use of SEMS in acute colorectal obstruction on the basis of the results of an initial trial, abandoned for the poor results probably related with not adequate initial expertise.

We thank the reviewer for the valuable suggestion. We have cited a very important study by Lamazza A (Reference No. 93, Page 13, Line 374). We cited this study in the following text: "*In 2014, the ESGE guidelines did not recommend using SEMS insertion as BTS based on studies with*

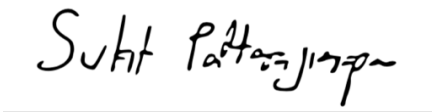
***low success rates and high complication rates[20]. However, many comparative studies and one RCT published thereafter[13-19, 93] reported impressive short- and long-term oncologic outcomes. As such, the updated ESGE guidelines released in 2020 consider SEMS placement as BTS a valid treatment option in patients with LMCO*.”**
We believe that this study, with excellent results, impacted the change in the ESGE guideline.

-In a subchapter I would like to suggest, if I am allowed to do so, to underline the importance of radio-chemotherapy after SEMS placement and before definitive colorectal resection and the advantages related with SEMS placement in this clinical setting.

We thank the reviewer for the pertinent suggestion. We have added a subsection on chemotherapy: “Chemotherapy in patients with colonic stents” that included both “Neoadjuvant chemotherapy in locally advanced colon cancer” and “Chemotherapy in patients with incurable stage IV colon cancer” (Pages 11-13, Lines 315-366).

We hope that the revised version of the manuscript is now suitable for publication in the *World Journal of Clinical Oncology*. Thank you for your suggestions and review.

Sincerely yours,



Sukit Pattarajierapan, M.D.
Surgical Endoscopy Colorectal division
Department of Surgery, Chulalongkorn University
1873 Rama IV Road, Pathumwan, Pathumwan, Bangkok 10330, Thailand
Tel.: +66 2 256 4400
Fax.: +66 2 256 4194
Email: Sukit.p@chulahospital.org