

Reviewer #1:

Recommendation: Accept.

Scientific Quality: Grade A (Excellent).

Language Quality: Grade A (Priority publishing).

Comments:

"The authors compared the efficacy and safety of plastic stent (PS) versus self-expanding metal stent (SEMS) placement using the systematic review and meta-analysis and showed that SEMS presents a higher duration of patency, lower reintervention rate, and lower dysfunction rate when compared to the use of PS. I think this paper is well written and very useful.

1. The author described pancreatic cancer and bile duct cancer were caused of malignant distal biliary obstruction. Is it necessary to separate the analysis according to the type of cancer?

2. The authors stated "In five included RCTs the main factors for choosing between PS and SEMS were tumors larger than 30 mm and the presence of hepatic metastasis. According to these studies, theses factors may significantly reduce the patient's survival, favoring the deployment of PS, because of its lower inicial cost". I recognized that PS were shorter survival than SEMS. But the authors described "with regard to mean survival analysis, there was no difference between SEMS vs PS placement." I was confused the conclusion. Why was the survival no diference between SEMS vs PS placement?"

ANSWER:

First, we would like to thank the reviewer for the time in reading our article, evaluating it, and for made in the commentary.

Regarding the questions asked:

1. In the "MATERIAL SUPPLEMENTARY- Supplementary Table 1 - Etiological profiles for the cause of biliary obstruction", we show the etiological profile of each RCT. However, in the analysis of the results, the RCT does not divide the outcomes assessed by etiological profile, analyzing each outcome only by the type of stent used (plastic stent vs metal stent). We understand this analysis suggested by the reviewer

and we think it would be of great relevance for the study, however, it is not feasible according to data present in each RCT.

2. We believe that there was confusion in this analysis. In the analysis of mean survival, there was no statistical difference between the two types of stents (PS and SEMS) [MD = 0.63 (95% CI, -18.07,19.33); $I^2 = 59\%$; $p = 0.95$]. This is observed on page 11, in the item Results- Mean Survival.

In Discussion, on page 13, we explain that due to MDBO leads to late symptoms and diagnosis, the reduction in survival is predominantly due to this, and not to the type of stent used. However, some factors make choosing between the two types of the stent. The presence of tumors larger than 30 mm and liver metastasis are factors that significantly reduce the patient's survival. Thus, taking into account the lower cost of PS, it should be used, since the shorter duration of patency will not interfere with the patient's quality of life. For those patients who have a life expectancy longer than 120 to 180 days, the use of SEMS is indicated, due to the longer duration of patency and lower reintervention rate, since it would reduce the need for numerous procedures, resulting in a better quality of life.

We made changes to the text to clarify this confusion.

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. Thanks for your comment.

Reviewer #2:

Recommendation: Minor revision.

Scientific Quality: Grade C (Good).

Language Quality: Grade B (Minor language polishing).

Comments:

“Early and late post-ERCP complications should be discussed.”

ANSWER:

We would like to thank the reviewer for taking the time to read our manuscript and thanking him for his suggestion. Reviewers like you make a difference in our scientific environment.

We modified our systematic review and meta-analysis as suggested. We added a paragraph on early and late post-ERCP complications in the topic discussions, on page 14: "Regarding complications, there was no statistical difference between SEMS and PS. This may be explained by the fact that endoscopic retrograde cholangiopancreatography (ERCP) is a therapeutic procedure that can present complications regardless of the type of stent used. The main complications reported in the studies were pancreatitis, infections (cholangitis, cholecystitis, or liver abscess), perforation, and bleeding. In most cases, the complications are diagnosed and treated early, however, sometimes, they may appear later (7 to 10 days after the procedure), as in the case of infections or bleeding. In our study, it was not possible to carry out an analysis by type of complication, since the RCT did not make this division."

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

Science Editor: 1 Scientific quality: The manuscript describes a Meta-Analysis of the endoscopic drainage for malignant distal biliary obstruction. The topic is within the scope of the WJGO. (1) Classification: Grade A and Grade C; (2) Summary of the Peer-Review Report: This manuscript is well written. Early and late post-ERCP complications should be discussed. The questions raised by the reviewers should be answered; (3) Format: There are 3 tables and 8 figures; (4) References: A total of 36 references are cited, including 6 references published in the last 3 years; (5) Self-cited references: There are 8 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations (i.e. those that are most closely related to the topic of the manuscript)

and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated; and (6) References recommendations (kindly remind): The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade A and Grade B. The manuscript is reviewed by a native English speaker. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate and the PRISMA 2009 Checklist. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJGO. 5 Issues raised: (1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; (2) Please ensure the PubMed identification numbers and DOI citation numbers are present in the reference list and all authors of each referenced paper are listed for it. Please revise throughout. The PMID is required, and NOT the PMCID; the PMID number can be found at <https://pubmed.ncbi.nlm.nih.gov>. (The information should begin with "PMID: ") The DOI number can be found at <http://www.crossref.org/SimpleTextQuery/>. (The information should begin with "DOI: 10.**"). 6 Recommendation: Conditional acceptance.

ANSWER:

Dear Science editor,

We made the adjustments to the references as requested. Thanks.