

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6168

Title: Outcomes after stenting for malignant large bowel obstruction without radiologist support

Reviewer code: 02773843

Science editor: Wen, Ling-Ling

Date sent for review: 2013-10-07 19:29

Date reviewed: 2013-10-22 01:08

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In the manuscript "Outcomes after stenting for malignant large bowel obstruction without radiologist support", the authors try to assess outcomes after colonic stenting for obstructing colorectal malignancies performed by an endoscopist without radiologist support. 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. However comprehensive assessment need to be performed before it can be published. Because all cases were from a single surgeon over an eight year period, 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.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6168

Title: Outcomes after stenting for malignant large bowel obstruction without radiologist support

Reviewer code: 00030214

Science editor: Wen, Ling-Ling

Date sent for review: 2013-10-07 19:29

Date reviewed: 2013-11-21 19:38

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Usually colonic stent should be performed as a joint procedure with both an endoscopist and radiologist. But in author's clinic, it could be successfully and safely done by a consultant Surgeon without the help of radiologist. It should be applied to clinical practice so as to reduce the cost for this procedure.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6168

Title: Outcomes after stenting for malignant large bowel obstruction without radiologist support

Reviewer code: 02444953

Science editor: Wen, Ling-Ling

Date sent for review: 2013-10-07 19:29

Date reviewed: 2013-11-27 00:19

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This paper deals with procedural problems during stent insertion with outcomes after stenting for malignant large bowel obstruction. The procedural approach which is evaluated is standard in many others countries of the world and an important issue. 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 were treated with stents in the whole time in all hospitals. These should be compared with the outcome of patients of these study. 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 were palliative treated. This should be discussed. 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)?