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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9234

Title: Surgical failure after colonic stenting as a bridge to surgery

Reviewer code: 00039581

Science editor: Gou, Su-Xin

Date sent for review: 2014-02-08 10:07

Date reviewed: 2014-02-09 14:12

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 checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input checked="" 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 is about risk factors for surgical failure in patients who underwent SEMS insertion as a BTS. It is interesting, however, has some limitations. 1. We can expect that clinical failure of SEMS is related to the surgical failure. The author present with good clinical success with low surgical success in multiple SEMS. This is hard to understand because multiple SEMS should be classified to the non-clinical success group. 2. The plot and text are complicated and I can't easily catch up the focus of this article. Focusing on the risk factors with 60 clinical success patients would enhance the quality of this paper.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9234

Title: Surgical failure after colonic stenting as a bridge to surgery

Reviewer code: 00180958

Science editor: Gou, Su-Xin

Date sent for review: 2014-02-08 10:07

Date reviewed: 2014-02-10 19:36

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input 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)		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

A very interesting paper, an original view of the problem. The methodology is correct. 1. Nevertheless, it would be interesting to comment more on the conclusions of three recent meta analyses on the published RCTs available to date that have concluded that there is no benefit of stents over emergency surgery. Tan CJ, Dasari BV, Gardiner K. Systematic review and meta-analysis of randomized clinical trials of self-expanding metallic stents as a bridge to surgery versus emergency surgery for malignant left-sided large bowel obstruction. Br J Surg 2012; 99: 469-476 Sagar J. Colorectal stents for the management of malignant colonic obstructions. Cochrane Database Syst Rev 2011; 11: CD007378 Cirocchi R, Farinella E, Trastulli S et al. Safety and efficacy of endoscopic colonic stenting as a bridge to surgery in the management of intestinal obstruction due to left colon and rectal cancer: a systematic review and meta-analysis. Surg Oncol 2013; 22: 14-21 2. Another issue is the location of the lesions and why was right colonic obstruction excluded from the study.

ESPS Peer-review Report**Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 9234**Title:** Surgical failure after colonic stenting as a bridge to surgery**Reviewer code:** 00009415**Science editor:** Gou, Su-Xin**Date sent for review:** 2014-02-08 10:07**Date reviewed:** 2014-02-19 01:52

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 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 checked="" 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 this retrospective study the authors investigated risk factors for surgical failure after colonic stenting as a bridge to surgery, in acute left-sided malignant colonic obstruction. Using multivariate analysis they concluded that the use of multiple self-expanding metal stents is a significant, independent risk factor for surgical failure. COMMENTS 1. Page 6, last para: "Multiple SEMS was defined as having more than two stents deployed at the first session...". However in page 10, last para it is written "In five patients who had undergone multiple SEMS, only one patient (1/5, 20%) who received two SEMS in the first session". Please clarify all through the document what is the meaning of "multiple stents". Is it "at least two" or "more than two" i.e., 3 or 4. 2. It is not clear to me how many patients had multiple SEMS. A flow diagram would be helpful for the reader of the manuscript. 3. In the multivariate analysis the CI is too wide (1.94-429.96) and I wonder whether it is statistically and clinically important. Actually, the use of more than one SEMS probably reflects a difficult stricture (long and narrow). This should be discussed.