

ESPS Peer-review Report**Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 10803**Title:** Colorectal stenting: An advanced approach to malignant colorectal obstruction**Reviewer code:** 00039350**Science editor:** Ya-Juan Ma**Date sent for review:** 2014-04-20 16:08**Date reviewed:** 2014-04-23 10:51

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 checked="" 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 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

This is a comprehensive and well written review on stenting. However, I recommend that more weight be given to the European multicenter studies by van Hooft and colleagues (2011, 2008) and Pirlet (2011) in the discussion. Several factors could have contributed to the disappointing performance of the stent group in these studies but it is premature to speculate that lack of endoscopist experience is the dominant reason. I think it's fair to say that the van Hooft et al. studies are very different from the positive studies in several respects, including that they were very rigorously performed RCTs involving numerous centers, that they were performed in Europe rather than Asia (with possible biological differences), and that each center enrolled a very small number of patients. Perhaps it is reasonable to conclude that these studies raise serious concerns about the results of stenting outside of the experienced centers that have published positive results, and that even if we account for a possible reporting bias of single center nonrandomized studies it's still difficult to explain the tremendous difference in outcomes. It's important for future studies to examine the reasons for these discrepancies to see if it's possible to improve stenting outcomes to the levels seen in the centers with the best results. In institutions with positive stent experience, stenting should be the procedure of choice as a bridge to surgery and for palliation, but where such experience is lacking advocates of surgery have a fairly strong case based on the RCTs.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10803

Title: Colorectal stenting: An advanced approach to malignant colorectal obstruction

Reviewer code: 00003649

Science editor: Ya-Juan Ma

Date sent for review: 2014-04-20 16:08

Date reviewed: 2014-04-29 17:13

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 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 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

In this study, Dr. Hong SP and colleagues reviewed clinical outcomes of self-expanding metal stents (SEMS) use compared to surgery, including complications. This is well written and comprehensive review about the clinical efficacy of SEMS placement in patients with malignant colorectal obstruction. There are several minor points they should be improved before publication. 1. Table 2 was not mentioned in the main text. Table 2 should be mentioned in the proper site of the manuscript. 2. Two figures were not mentioned in the main text. 3. Regarding sentence in page 5 'Pooled analysis showed that stoma creation was significantly lower in the SEMS group (0-30%) than in the surgery group (11-25%): what is the evidence of statistical significance? Please provide the P value or reference. 4. Although 'SEMS, bridge to surgery' is a key concept of the paper, the term 'bridge to surgery' was described too redundantly (~10 times across the paper). If possible, I would recommend reducing the usage of this term. 5. There is huge information in this paper. So, although the authors provided two summary tables, it would be helpful for the readers if the authors can provide more summary tables especially for 'Secondary colorectal obstruction due to extracolonic tumor' and 'Palliative aim' sections. 6. There are several grammatical checkpoints as follows; - In page 2: 'emergent surgical decompression results in a high mortality of 15-20% and morbidity of 45-50%, compared to elective surgery's mortality rate of 0.9-6%: high -> higher - In page 4: single centers -> single center - In page 5: 'Early two RCTs compared the clinical efficacies of SEMS and of colostomy and showed favorable outcomes for SEMS' -> Early two RCTs compared the clinical efficacies of SEMS and of colostomy showed favorable outcomes for SEMS etc