



PEER-REVIEW REPORT

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Manuscript NO: 80628

Title: Endoscopic luminal stenting: Current applications and future perspectives

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06386229

Position: Peer Reviewer

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Reviewer's Country/Territory: The Netherlands

Author's Country/Territory: Greece

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements	Conflicts-of-Interest: [] Yes [Y] No
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SPECIFIC COMMENTS TO AUTHORS

General I have read this work with interest. This is an exciting and fastly moving field, so it seems appropriate and educational to present clinicians with the latest developments in this field. Especially the section on Future Developments is of interest in this regard. I have two major comments and a list of minor/textual comments. In general, I believe it would be beneficial to have a (near)native English speaker review the manuscript, as there are multiple places where incorrect transition words are used. (1)

The division of section 4 (Common complications of stent placement) and section 5 (Common applications) is not sensical to me. The general reader will be interested in common applications and their complication rate per area of interest. So simply merging the complications of section 4 into their corresponding counterpart in section 5 would result in a more intuitive structure of the manuscript. Also it is not entirely clear if the complications mentioned in section 4 refer to stenting for malignant strictures only, or a broader application list. (2) I would strongly suggest to add an illustration of some common gastro-intestinal stents, so that the reader can understand the geometric design of these stents.

Minor comments Abstract "in ELS with regard to accessories, techniques, and applications". Suggest to add "stent design". Keywords is "benign obstruction" common terminology? A tumor can be benign in its growth, but if it obstructs a passage I think the terminology "benign obstruction" is confusing. Core tip

"gastrointestinal tract. However, due to". Suggest to rephrase "However" by "Furthermore". "and expanding the research basis ...". A copy of the abstract's final sentence, I would advocate to remove it here. Introduction "increase the use of intraluminal stents", suggest to insert "gastro-intestinal" before "intraluminal".

"hollow devices designed to prevent constriction ...", I believe "rigid tubular meshes



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designed to treat and prevent constriction ...” would be a more accurate description.

Methods For reproducibility, please specify in which case and “AND” and in which case an “OR” Boolean was used. “we accurately evaluated”, remove “accurately”.

Types of stents “using different materials and models”, suggest to rephrase to “using different materials and strut shape”. “for the recanalization and repair of leaky lesions”, also for constricted lesions right? “self-expandable metallic stents”, please add an image to familiarize the reader with the stent geometry. Similar for the introduction of plastic tube/stent in the text. “including advanced esophageal cancer”, please be more specific i.e. “including esophageal constrictions (or leakage?) associated with advanced esophageal cancers. “to maintain a previously constricted”, suggest to rephrase to “to restore and maintain patency of a constricted lesion”. “There is currently no one perfect stent design, despite the wide variety ...”, would the authors expect there to ever be a single perfect stent design for the wide variety of tissue shape and mechanical characteristics in the GI tract? I would not. “nitinol wire ... super-elastic characteristics”, rephrase with “hyper-elastic characteristics”.

Introduction of PCEMS and FCSEMS. Please add a figure to illustrate the typical extent of coverage for these devices. “migration still happened in a substantial proportion of patients using this stent”. What was the incidence of migration for this stent? “improved stent migration rates”, what is the current typical incidence of migration? “In contrast to polyurethane, polyethylene ...”, I don’t understand the reference to polyurethane. In the previous two sentences, stents of “polyvinyl plastic” were referred to. “Traditionally, these catheters”, presumably this should read “these stents”. “Semirigid plastic tubes”, are all plastic stents previously mentioned of this tube type? (i.e. one material and completely covered). If so, please start this paragraph by introducing these stents as semirigid plastic tubes. “Self-expanding plastic stents are an alternative to SEMS”. The previous sentences were detailing all plastic stents. I don’t



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understand the comparison to (metallic) SEMS in this sentence. Common complications of stent placement “around 20% and may be related to patients”, I would suggest to rephrase to “is around 20%, which can be subdivided into 5.3% technical failures... and 14.6% clinical complications “Late complications include technical ...”, again I find the division into technical issues and patient-related issues somewhat artificial and strangely phrased. I would suggest to limit technical success as a successful stent deployment, clinical success as the (continued) salvage of patient symptoms, and lump complications such as stent occlusion and dysphagia all together.

“pressure necrosis”, suggest to change to “pressure-induced necrosis” “On the other hand, metal stent”, this clause further advocates in favor of plastic stents. “Moreover, metal stent” is appropriate therefore. “complications of gastroduodenal stents and morbidity is among 12-44%”, do the authors refer to the same outcome set with complications and morbidity? If so, it is a bit confusing to use the two in the same sentence as such. “delayed complications”, rephrase to “long-term complications” “translocation of stent, obstruction ,perforation, ...”, please provide estimated incidence of these complications (if reported). “Stenosis of a gastrojejunal or gastroduodenal anastomosis”, would “restenosis” be more appropriate here? “a full left bowel obstruction”, perhaps the authors mean “a full left colon obstruction”? “operator’s expertise level”, should read “inexperienced operator” “Consistent symptoms reported by patients with colonic SEMS”, what do the authors want to convey with ‘consistent’? That such symptoms are insignificant and require no further medical attention when not progressive? Please rephrase/clarify in the text. “and prolonged colonic distension and air-fluid levels”, the air-fluid level finding is unclear to me. Prolonged, heightened? Please clarify. “far away from the tumor, or even when the open they leave a gap”, this sentence itself has an omitted letter or a gap. General: please add CT-images of these important stent complications, such as an non-conforming SEMS and an



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incompletely expanded 'hourglass-shaped' SEMS, to the review. This helps engage readers and helps familiarize clinical readers with these important complications. "are more likely to relocate", change to "migrate". "Perforation [...] that needs immediate surgical attention", followed by "Typically, there are no complications associated with guidewire perforation". This is confusing, so perforation does not always lead to clinical symptoms and can be conservatively treated if caused by a wire. Please rephrase both sentences. N.B. a guidewire perforation is a complication in itself, so it is somewhat contradictory to state that there is no complication associated with it. IBD "several complication about stent placement", change to "associated with stent placement". "To remove the stent within 4 to 6 weeks", stent removal is a novelty at this point in the review. It should be introduced in the section where the stent types and techniques are explained. "and as a result, it is seen as an occurrence rather than a problem", rephrase to "it is typically not considered a problem" Bariatrics This section should start with briefly mentioning what stents are used for in bariatric cases. "stent could potentially become impacted at the small bowel anastomosis", change to "stent could potentially get stuck ...". Current applications "applied even to patients with benign conditions", change to "applied for patients with non-oncologic pathologies". Current application esophagus "In the same time, ...", change to "At the same time". Next, a list consisting exclusively of advantages is given. Why, then, is stenting useful for (part of) these cases? "Other studies have shown different results regarding the complication rate", specify the complication rates reported by the studies so the reader gets a good grasp of the current estimates of the risks involved. "ESGE recommends", abbreviation for the Society has not been introduced yet. Provide the full name. Esophageal compression "compared to intraluminal pathologies", rephrase as "compared to their application for intraluminal pathologies". Benign strictures "very low diameter", change to "very small diameter". What is considered a very small



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diameter, please add. Anastomotic leaks “Majority of research suggest ... continuation[61].”, (1) change suggest to suggests. (2) Only one reference is given which does not appear to be a meta-analysis. If this is indeed not the case, do not refer to this as the “majority of research”. “ensure great outcomes, despite the fact”. Change “despite” to “although the loading kit”. “Leak closure rates ... 60 to 100%, with healing rates exceeding 90%”. It is unclear to me what the difference between leak closure and leak healing rate is. Please explain. “They also help to the general condition”, please explain in what other way than treating dysphagia the stent aids the patient’s condition. Otherwise remove this vague statement. “These stents carry the same risk of complications and improve QoL equally to traditional SEMs”, provide a reference for this statement. Biodegradable stents This is a section of interest as biodegradable stents seem to have attractive properties for gastro-intestinal applications, i.e. their temporary and self-removing property. What are then the “unacceptable rates of adverse events and complications with BDS”? Are these AEs similar to SEMs, or are BDS troubled by adverse events of another nature? Continuing, how do BDS with “innovative materials” aim to resolve these issues? Clarification in these areas is crucial for this section of the review. Malignant gastroduodenal strictures “This procedure is characterized by effectiveness”, presumably “high effectiveness”. “On the other hand, AGA proposes that ...”, this is not in contradiction with the previous sentences. “Moreover, AGA ... “ appears more sensible here. Large intestine strictures and obstruction “Stents can be tolerated well for 6 to 12 months”, what typically happens after this timeperiod? Biliary “progressive dilatation of strictures by using [] in patients”, a key word seems to be missing here. “significant drawback of the technique is the requirement of multiple ERCP treatments”, although well-known, please introduce the ERCP abbreviation once. “unrecoverable CBD stones have been handled with 7 and 10 Fr straight and double pigtail stents”, here also a graphical



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illustration of the stent types would be useful. “is the placement of a 7 Fr or 10 Fr stent”, is it common in the biliary area to use the French unit system for marking stent size? Choosing a mm-scale seems more common and appropriate. “Plastic stents used often have large diameter 8.5 to 10 Fr and they can be left in place approximately for three months with high efficiency. Metal stent are preferred for patients with longer life expectancy, because they are bigger than plastic stents.” Again is the Fr-scale most appropriate here? Rephrase “because they are bigger” to “they are available in larger lengths/diameter” (whichever is appropriate) “They have longer duration”, this statement is vague, please rephrase. “The most frequent ERCP consequence”, “complication” seems more appropriate here. “Meta-analysis has examined the incidence of pancreatitis following ERCP Preventive pancreatic stent”, what were the found incidences by this analysis? I cannot find it in this paragraph. “ileocolic anastomotic stricture previously treated with EBD”, please introduce EBD here. “most popular bariatric procedures”, suggest to change to “most performed bariatric procedures”. “Refractory anastomotic strictures that are chronic could undergo endoscopic dilatations”, suggest to rephrase with “balloon dilatations? Future perspectives The “LAMS” abbreviation is unclear to me and used only once. Better to remove? “SEMSs have larger lumens than plastic stents”, suggest to add “Clinically approved SEMSs have ...”. However, studies’ results are not encouraging”, please provide the reference(s). Tables Tables 5 and 6 do not contain much additional information on top of the previous anatomically-based tables and I would suggest to remove them, to create room for instance for some figures/illustrations of stent morphology.



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Reviewer's code: 05750374

Position: Peer Reviewer

Academic degree: PharmD, PhD

Professional title: Full Professor, Professor, Senior Scientist

Reviewer's Country/Territory: India

Author's Country/Territory: Greece

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous



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statements	Conflicts-of-Interest: [] Yes [Y] No
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SPECIFIC COMMENTS TO AUTHORS

This review article on Endoscopic luminal stenting is very interesting. Early complications and late complications of different types of stents were described. I would appreciate your extensive work. This work is technically sound. Authors have reached definite outcomes. The title reflects the main focus of the manuscript. The abstract summarizes and reflects the work described in the manuscript. A core tip is given which justifies the need for this work. The manuscript describes the background, present status, and significance of the work. The manuscript summarizes the research trends adequately and appropriately, highlighting the key points concisely, clearly, and logically. This work has been tailored with available literature. The manuscript cites appropriately the latest, important and authoritative references in the introduction and discussion sections. The manuscript is well, concisely, and coherently organized and presented and the style, language, and grammar are accurate and appropriate. The authors prepared the manuscript according to the appropriate research methods and reporting. I appreciate your work which would be greatly useful in the management of malignant obstruction along the gastrointestinal tract.