

May 26, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2829-review.doc).

Title: Self-expandable metallic stent placement followed by laparoscopy treating acute malignant colorectal obstruction

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The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

Reviewer 1

(1) Insertion of self-expandable metallic stent and followed by laparoscopic colectomy of colon cancer, especially left side colon is a accept treatment. In this point, this manuscript seemed to be not innovative.

Answer: This is a great question. SEMS followed by laparoscopy is an accepted treatment. Therefore, our study doesn't aim to introduce this treatment. We just want to address some issues in previous studies. After literature review, we realize that no study aimed to address problems, such as whether preoperative SEMS will influence subsequent laparoscopic procedure and long term survival of this treatment. Then the study was designed and finished.

(2) The major drawback of this study is unmatched patient groups, and the large disparity of patient number in each groups.

Answer: Thank you for your great question. Indeed, this is a great drawback of our study. However, we are subject to our existing patients' data and studying method. If we randomly enroll our patients, greater bias may occur. So we have tried our best to reduce the bias in the study.

(3) The author(s) may consider add control group in figure 1. The figure legend for fig 1 needs more word to explanation.

Answer: According to the criticism, Figure 1 and its legend have been changed.

Reviewer 2

(1) Please provide the number of patients who are alive at this writing in three groups.

Answer: According to the criticism, the data has been added at page 10 line 20.

(2) Please provide the details of recurrence and treatment.

Answer: According to the criticism, the data has been added in Table 3.

(3) Check the data of Site of obstruction in Table 1.

Answer: It is our negligence. The wrong data of site of obstruction has been corrected.

Reviewer 3

(1) Please (discussion section) describe better the composition materials of both stents used (Boston Scientific, MicroTech) and compare it with other self-expanding stents used for example in urologic surgery (Allium stent Leonardo C et al. Allium stent for treatment of ureteral stenosis: first experience and preliminary results. *The urologist* 2012;2:1-15.)

Answer: Thank you for your great suggestion. However, I could not find this paper on PubMed. When I input key word "Allium stent" and "ureteral stenosis", I just could find the paper "Moskovitz B, Halachmi S, Nativ O. A new self-expanding, large-caliber ureteral stent: results of a multicenter experience. *J Endourol.* 2012, 26(11):1523-7" and I read it carefully. The main difference between our manuscript and this paper is the aim of study. In our study, we mainly discussed stent-laparoscopy approach but not just SEMS placement. What we studied was not involved the patency period, complications and subsequent different treatments of SEMS placement. Actually, we will report these parameters in another study, which would talk about using SEMS placement as palliative treatment. Meanwhile, in our study, for the short interval between SEMS and surgery, no complication was observed. Therefore, we mainly talked about postoperative complications. I'm sorry for that we could not discuss in our manuscript.

Reviewer 4

(1) Obviously heterogeneity among these groups cannot be excluded.

Answer: This is a great question. The heterogeneity was caused by our limited patients' data and studying method. We confess and point it out clearly in the end of the discussion part.

(2) It would have worked better if only two groups of patients are compared. i.e. patients with SEMS then laparoscopy versus laparoscopic excision without stent. This comparison will answer the questions of validity of preoperative SEMS, survival rate, blood loss, oncologic characteristics and outcomes and length of time of resection.

Answer: Thank you for the great suggestion. In fact, we have performed comparison according to what the reviewer described.

(3) The study being retrospective and no independent assessor for the outcome, would carry great bias in different issues including selection and exclusion of patients and outcome assessment.

Answer: This is a great question. Indeed, our data were very objective. In our study, the data of stent-laparoscopy group and stent-open group were consecutively collected. Therefore, they don't need selection and exclusion procedure. We also selected the patients of control group consecutively, which were from the same surgery team. In the last edition of the manuscript, our patients should be enrolled consecutively, not randomly. Sorry for the clerical error and we have corrected it in page 6 line 15. Furthermore, we collected our patients without informing their clinicopathologic features, which would keep our selection objective.

(4) Standardisation: If we want to assess an outcome we should standardise the tools that produced such outcomes. Different use of type of stents and different endoscopists: it would be more helpful if single type of stent or endoscopist.

Answer: Thank you for your good suggestion. At the beginning of the study, we designed to stratify our data according to the type of stents and operators. However, we gave up for the limited patient number of our study. Similarly, for the economic reason, Boston stents were seldom chosen. If we stratify our data, enrolled patients would be less and the bias may be greater.

(5) Several statements included and it's not correct such as (introduction): Patients with left-sided colorectal cancer (CRC) always present acute colorectal obstructions (ACO) as their initial symptom. Patients with left sided colorectal cancer can present as bleeding per rectum, left sided pain, change in bowel habit, acute abdomen as perforation, etc. Obstruction is only one of presentation and not always the case as authors said.

Answer: Thank you for your good suggestion. We fully agree with your opinion. Our description was too one-sided and the correction has been made in page 5 line 2.

(6) Many repetition of value of minimal access approach.

Answer: According to the criticism, we have made our manuscript more concise.

(7) The paper is very long and needs to be concise to the message that authors try to convey.

Answer: According to the criticism, we have tried our best to make our manuscript more concise.

(8) Language: grammer errors need to be addressed

Answer: According to the criticism, grammar errors in our study have been corrected.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,
Jiamin Zhou