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To the editors of the
World Journal of Gastroenterology

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Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: ESPS Manuscript 2849-Review.doc).

Title: SEMS versus cSEMS in duodenal and small bowel obstruction: high risk of migration in the covered stent group

Authors: Oliver Waidmann, Jörg Trojan, Mireen Friedrich-Rust, Christoph Sarrazin, Wolf Otto Bechstein, Frank Ulrich, Stefan Zeuzem, and Jörg Gerhard Albert

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 2849

We would like to thank you, the board of editors and the reviewers for critical reviewing our manuscript entitled „SEMS versus cSEMS in duodenal and small bowel obstruction: high risk of migration in the covered stent group“. We appreciate the constructive suggestions, which allowed us to markedly improve the quality of our manuscript. The manuscript was amended according to the reviewers' comments.

The changes in the revised manuscript are underlined. The point-by-point reply to the specific comments of the individual reviewers is attached below.

We believe that the language of our manuscript has reached Grade A. Therefore, the authors choose the manuscript not be edited by an English language editing company.

We hope that we have addressed the comments convincingly and that you will consider the manuscript eligible for publication in the World Journal of Gastroenterology.

Sincerely yours,

Oliver Waidmann and Jörg Gerhard Albert

on behalf of all authors

Datum 刪除的內容: 19.04.2013

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DIN EN ISO 9001 2000
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Point-by point reply:

Comments of reviewer 1:

Dear Editor, There are a lot of published in the literatures. This study has not different contribution to literature. For that reason this study is not worth to published at your journal. King regards.

The authors agree with the reviewer, that SEMs have been evaluated in several indications for mainly tumor associated stenosis of the gastrointestinal tract. Furthermore, SEMs placement in the duodenum has been evaluated for treatment of tumor related obstruction in several case series. However, to our knowledge there is no study published comparing covered SEMs (cSEMs) and uncovered SEMs (SEMs) in the duodenum or small bowel concerning specific complications. We present the first study comparing these two SEMs entities and we therefore consider our current work new and innovative and definitely worth to be published.

Comments of reviewer 2:

Authors conducted the comparison about the clinical success and complications between self-expanding metal stents (SEMs) and covered SEMs (cSEMs) in duodenal and small bowel obstruction. They found that cSEMs is accompanied with a high rate of migration in comparison to SEMs although the rate of stent overgrowth or the duration until migration was similar between the two stent types. I think that this is a valuable study which suggests a weakness of cSEMs in duodenal and small bowel obstruction. However, this study has some minor problems regarding methodology or interpretation of results.

Please consider the following points. 1. Author should describe about endoscopists who performed endoscopic procedure. Were the placements of SEMs or cSEMs performed by experienced endoscopists?

At the endoscopic unit of the Goethe University Hospital Frankfurt more than 120 SEMs insertions are performed every year. Two investigators who are very experienced in interventional endoscopy and in SEMs placement with an experience of over 5 years in endoscopic SEMs insertion in the gastrointestinal tract performed or supervised all treatments that were included into the study.

2. Authors had better show the obstructive symptoms of patients in Table 1 (Patients' characteristics).

As described in the "patients and methods"-section all patients in whom SEMs insertion was performed suffered from obstruction of the duodenum or small bowel. Characteristic symptoms of obstruction were nausea, vomiting, bloating, and abdominal pain. All patients included into this study were symptomatic and were admitted to the hospital because of their obstructive symptoms; at least for some time all patients were suffering from postprandial vomiting. No patient was treated for non-symptomatic stenosis. This is a retrospective, clinical study and therefore, dysphagia scores (e.g. Mellow and Pinkas) are difficult to be established in retrospect.

3. Authors had better the procedure time of each SEMs or cSEMs in Table 2. Was the procedure time similar between SEMs and cSEMs?

The procedure time was equal in SEMS (median 60 min, range 40-121 min) vs. cSEMS (median 60 min, range 31-160 min) placement (P = 0.867). The indicated times were included in Table 2.

Comments of reviewer 3:

It's an interesting and well-written article. It's needed a deeper explanation of relation between location of cancer and migration rates in cSEMS group. Short follow-up in relation with a high mortality rate. Minor grammatical revision is needed. A clearer redaction of factors that could contribute on migration is recommended.

The authors included comparison of SEMS vs. cSEMS concerning the duodenal location in the results section. If the complication rate for migration was compared between SEMS and cSEMS, there was still a highly significant difference. However, as only SEMS and no cSEMS were administered in the jejunum no further analysis is possible for the jejunal localization. As the procedural time did not differ between cohorts and the responsible endoscopists were the same, the composition of the indicated stents was most likely the cause for differences in migration rates.

Comments of reviewer 4:

This study was compared the complications and effectivity of SEMS versus CSEMS. It is nice observational case study. However, It is retrospective. Therefore it is not easy to compare these outcomes objectively.

1-Authors mentioned that covered stent migration rate was higher. This is expected outcome for covered stent. Also, this may be related the localization of tumors. Did they analyze the correlation of location and migration?

As mentioned above only for the duodenal location a thorough analysis concerning location of obstruction and migration was possible. The analysis was introduced in the results section.

2-Ingrowths rate was also similar in two groups. This may be related to the short survival.

The authors totally agree with the reviewer, that in patients with longer survival times cSEMS might be superior concerning ingrowth rates. This fact was introduced in the discussion part.

3-It is not clear that how many patients had biliary stents in two groups. Biliary obstruction was not observed in two groups. This is a retrospective study. Authors, probably prefer the biliary stent who needs. They should discuss these results in discussion.

The authors included the number of patients with concomitant biliary drainage in table 1. The results were discussed in the discussion section. The authors prefer SEMS for palliative stent placement in the duodenum.