

We wish to express our appreciation to the editor and reviewers for their insightful comments, which have helped us significantly improve the paper.

**Response to Editor:**

**Comment 1:** All files must be signed by the corresponding author and provided in a PDF format.

**Response:** As requested, we have now included the following forms signed from the corresponding author: Institutional Review Board Statement, Informed Consent Statement and Conflict of Interest Statement.

**Comment 2:** Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Please revise throughout. The author should provide the first page of the paper without PMID and DOI.

PMID (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed>) DOI (<http://www.crossref.org/SimpleTextQuery/>) (Please begin with DOI: 10.\*\*)

For those references that have not been indexed by PubMed, a printed copy of the first page of the full reference should be submitted.

**Response:** Thank you for your comment. As requested, we have added in PMID and DOI citations for all papers.

**RESPONSE TO REVIEWER 00033377:**

**Major comments**

**Comment 1:** *Although stricture length was clearly mentioned in the included table, there is no description of stricture diameter.*

**Response:** First, let us thank the Reviewer for providing such a close and thorough review of our paper.

As you are aware, stricture length was measured under fluoroscopic guidance and has been provided in the original manuscript. However, measurement of the stricture diameter was not performed, given that complete obstruction was only confirmed by an inability to endoscopically visualize the proximal lumen, in all cases. Therefore, the difficulty in determining the stricture diameter meant that such information has not been presented in our manuscript. Nonetheless, we acknowledge that such an insufficiency is a limitation of our paper; however, we believe that the content provided within has sufficient value for publication, irrespective of missing data with respect to stricture diameter.

**Comment 2:** *Procedure time range from 46-132 minutes, however level of expertise of endoscopist was not clarified.*

**Response:** We wish to thank the Reviewer for this pertinent comment.

In accordance with such suggestions, we have inserted the following sentence in the revised manuscript:

Page 6, lines 4-6:

*All 3 cases were performed by a single expert endoscopist with experience in over 20*

*cases of colon stenting.*

**Comment 3:** *Information in table 2 is clearly mentioned in text, repletion in a table format does not add to the reader.*

**Response:** We thank the Reviewer for this pertinent comment.

In accordance with such suggestions, we have removed Table 2 from the revised manuscript.

#### **Minor comments**

**Comment 4:** *Page 3 line 11: did the authors mean “limited” instead of limiting*

**Response:** We thank the Reviewer for identifying this oversight.

In accordance with such comments, the following change from ‘limiting’ to ‘limited’ has been made. Please note that in further editing this section has changed slightly in the revised manuscript.

Page 5, line 10:

Original: *A deep small bowel enteroscopy is limiting, and three endoscopy systems are now available:*

↓

Revised: *Deep small bowel enteroscopy is limited; therefore, it is necessary to deliver such stents using endoscopy.*

**Comment 5:** *Page 3 line 37: what is meant by “long tube”?*

**Response:** We thank the Reviewer for this pertinent comment.

In this case, we had used the term “long tube” to mean “ileus tube”; however, for clarity we have changed this terminology in the revised manuscript, as shown below.

Page 6, line 11:

Original: *Although her symptoms improved after insertion of a long tube, they recurred following commencement of oral intake.*

↓

Revised: *Although her symptoms improved after insertion of an ileus tube, they recurred following commencement of oral intake.*

Page 7, line 16:

Original: *She was initially treated with long tube insertion for the obstruction...*

↓

Revised: *She was initially treated with ileus tube insertion for the obstruction...*

**Comment 6:** *Page 4 line 30: “requested for”*

**Response:** We thank the Reviewer for this pertinent comment.

Unfortunately, we were not entirely sure what your meaning was here; we can only assume that you are referring to the ‘requested for’ under ‘Patient 3’ (page 7, line 16)? If so, we have corrected this mistake, as below:

Page 7, line 17:

Original: *She was initially treated with ileus tube insertion for the obstruction (due to*

recurrence), but requested for palliative SEMS placement.

↓

Revised: *She was initially treated with ileus tube insertion for the obstruction (due to recurrence), but requested palliative SEMS placement.*

**Comment 7:** *Page 4 line 32: did the author mean “through trans anal approach” instead of “for trans anal approach”*

**Response:** We thank the Reviewer for identifying this oversight.

In accordance with such suggestions, we have corrected this mistake in the revised manuscript, as below.

Page 7, line 19:

Original: *The endoscope and overtube were advanced to the stricture for trans-anal approach.*

↓

Revised: *The endoscope and overtube were advanced to the stricture via the trans-anal approach.*

**RESPONSE TO REVIEWER 00030205:**

We wish to express our appreciation to the Reviewer for their positive comments regarding the manuscript, and are grateful regarding their recommendations for acceptance.

**RESPONSE TO REVIEWER 00036328:**

We wish to express our appreciation to the Reviewer for their insightful comments, which have helped us significantly improve the manuscript.

**Comment 1:** *Table 3 should be omitted with data to be included in table 1.*

**Response:** We thank the Reviewer for this pertinent comment.

In accordance with suggestions made by Reviewers 00036328 and 00033377, we have removed Table 2.