

Format for ANSWERING REVIEWERS

September 23, 2015



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 20755-Review.doc).

Title: Long-term outcomes after stenting as a “bridge to surgery” for the management of acute obstruction secondary to colorectal cancer

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Name of Journal: *World Journal of Gastrointestinal Oncology*

ESPS Manuscript NO: 20755

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

We have modified the last paragraph of discussion to improve clarity in the recommendations. We have included reference 23 as was suggested by the reviewer and we have too included reference 32. Both references suggest similar indications for SEMS and for emergence surgery in this setting. Unfortunately, there is not enough evidence to support a more strong recommendation.

Pag13...It seems cautious, as it has been suggested by others [23,32],to consider emergency surgery and assume a higher initial complication rate in young patients without relevant co-morbidities avoiding the risk of local recurrence and stenting, accepting the risk of local recurrence but with a lesser perioperative complications rate, in old patients (> 70 years) with high surgical risk (ASA III/IV).

We have modified text in page 8 (lymph node retrieval and an adjuvant chemotherapy) to fit the text and the findings of table 2.

Lymph node retrieval: Significant differences in lymph node retrieval were only reported in two trials. Both of them showed a higher retrieval after SEMS placement. So, we write:

Pag 9... Tung and Sabbagh reported a significant higher lymph node retrieval in the surgical specimen of patients electively operated after initial bridge to surgery stenting, reaching statistical significance in some published papers.Significant differences were not reached in other reports (Table 2)...

Adjuvant chemotherapy: Though significant differences in rates of adjuvant chemotherapy administration have not

been found, there is a tendency of higher rates after SEMS placement (7 of 10 studies) than after emergency surgery. Only in one trial, rates of adjuvant chemotherapy administration were higher after emergency surgery. So, we write:

Pag 9...Another potential benefit could be the percentage of patients receiving adjuvant chemotherapy. A non-statistically significant higher percentage of patients received adjuvant chemotherapy after SEMS placement in seven of ten studies (Table 2)...

In the paragraph “Benefits of self – expandable metal stents”, we have included information about the relationship between type of stents (covered and uncovered stents) and risk of perforation and, the timing of surgery after stent placement.

Pag 7 ...Uncovered SEMS has lesser tendency to migrate than covered SEMS but showed higher tumor ingrowth rates. Globally, both types are equally effective and safe. Surgery might be performed 5 to 10 days after stent placement[23].

In our mind, there is not relation between type of stents and long-term oncologic outcome in this type of patients.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Oncology*

Sincerely yours,

Javier Suárez