

Dear Editor,

Thank you for giving us the opportunity to submit a revised draft of our manuscript titled “Endoscopic Luminal Stenting: Current Applications and Future Perspectives” to World Journal of Gastrointestinal Endoscopy. We appreciate the time and effort that you and the reviewers have dedicated to providing your valuable feedback on our manuscript. We are grateful to the reviewers for their insightful comments on our paper. We have been able to incorporate changes to reflect most of the suggestions provided by the reviewers.

MAJOR REVISION

- 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.
 - We agree with this and have incorporated native-speaker’s suggestion throughout the manuscript.
- 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.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- 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.
 - We agree with this and have incorporated your suggestion throughout the manuscript.

Minor comments

- **Abstract** “in ELS with regard to accessories, techniques, and applications”. Suggest to add “stent design”.
 - We agree with this and have incorporated your suggestion throughout the manuscript.

- **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”.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
 - “hollow devices designed to prevent constriction ...”, I believe “rigid tubular meshes designed to treat and prevent constriction ...” would be a more accurate description.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- **Methods**
 - For reproducibility, please specify in which case and “AND” and in which case an “OR” Boolean was used. “we accurately evaluated”, remove “accurately”.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- **Types of stents**
 - “using different materials and models”, suggest to rephrase to “using different materials and strut shape”.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
 - “for the recanalization and repair of leaky lesions”, also for constricted lesions right?
 - We agree with this and have incorporated your suggestion throughout the manuscript.
 - “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.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
 - “including advanced esophageal cancer”, please be more specific i.e. “including esophageal constrictions (or leakage?) associated with advanced esophageal cancers.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
 - “to maintain a previously constricted”, suggest to rephrase to “to restore and maintain patency of a constricted lesion”.

- We agree with this and have incorporated your suggestion throughout the manuscript.
 - “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.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
 - “nitinol wire ... super-elastic characteristics”, rephrase with “hyper-elastic characteristics”.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- **Introduction of PCEMS and FCSEMS. Please add a figure to illustrate the typical extent of coverage for these devices.**
 - We agree with this and have incorporated your suggestion throughout the manuscript.
 - “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?
 - We agree with this and have incorporated your suggestion throughout the manuscript.
 - “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.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
 - “Traditionally, these catheters”, presumably this should read “these stents”.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
 - “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.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
 - “Self-expanding plastic stents are an alternative to SEMS”. The previous sentences were detailing all plastic stents. I don’t understand the comparison to (metallic) SEMS in this sentence.
 - We agree with this and have incorporated your suggestion throughout the manuscript.

- 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
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “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.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “pressure necrosis”, suggest to change to “pressure-induced necrosis”
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “On the other hand, metal stent”, this clause further advocates in favor of plastic stents. “Moreover, metal stent” is appropriate therefore.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “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.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “delayed complications”, rephrase to “long-term complications”
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “translocation of stent, obstruction ,perforation, ...”, please provide estimated incidence of these complications (if reported).
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “Stenosis of a gastrojejunal or gastroduodenal anastomosis”, would “restenosis” be more appropriate here?
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “a full left bowel obstruction”, perhaps the authors mean “a full left colon obstruction”?
 - We agree with this and have incorporated your suggestion throughout the manuscript.

- “operator’s expertise level”, should read “inexperienced operator”
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “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
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “and prolonged colonic distension and air-fluid levels”, the air-fluid level finding is unclear to me. Prolonged, heightened? Please clarify.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “far away from the tumor, or even when the open they leave a gap”, this sentence itself has an omitted letter or a gap.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- **General:** please add CT-images of these important stent complications, such as a non-conforming SEMS and an incompletely expanded ‘hourglass-shaped’ SEMS, to the review. This helps engage readers and helps familiarize clinical readers with these important complications.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “are more likely to relocate”, change to “migrate”.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “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.
 - We agree with this and have incorporated your suggestion throughout the manuscript.

- 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”

- We agree with this and have incorporated your suggestion throughout the manuscript.

- **Bariatrics**

- This section should start with briefly mentioning what stents are used for in bariatric cases.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “stent could potentially become impacted at the small bowel anastomosis”, change to “stent could potentially get stuck ...”.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- Current applications “applied even to patients with benign conditions”, change to “applied for patients with non-oncologic pathologies”.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- Current application esophagus “In the same time, ...”, change to “At the same time”.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- Next, a list consisting exclusively of advantages is given. Why, then, is stenting useful for (part of) these cases?
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “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.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “ESGE recommends”, abbreviation for the Society has not been introduced yet. Provide the full name.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- Esophageal compression “compared to intraluminal pathologies”, rephrase as “compared to their application for intraluminal pathologies”.
 - We agree with this and have incorporated your suggestion throughout the manuscript.

- Benign strictures “very low diameter”, change to “very small diameter”. What is considered a very small diameter, please add.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- 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”.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “ensure great outcomes, despite the fact”. Change “despite” to “although the loading kit”.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “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.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “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.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “These stents carry the same risk of complications and improve QoL equally to traditional SEMS”, provide a reference for this statement.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- 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.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- 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 sensical here.

- We agree with this and have incorporated your suggestion throughout the manuscript.
- Large intestine strictures and obstruction "Stents can be tolerated well for 6 to 12 months", what typically happens after this timeperiod?
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- 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.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- "unrecoverable CBD stones have been handled with 7 and 10 Fr straight and double pigtail stents", here also a graphical illustration of the stent types would be useful.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- "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
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- "because they are bigger" to "they are available in larger lengths/diameter" (whichever is appropriate)
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- "They have longer duration", this statement is vague, please rephrase.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- "The most frequent ERCP consequence", "complication" seems more appropriate here.
 - We agree with this and have incorporated your suggestion throughout the manuscript.

- “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.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “ileocolic anastomotic stricture previously treated with EBD”, please introduce EBD here.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “most popular bariatric procedures”, suggest to change to “most performed bariatric procedures”.
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- “Refractory anastomotic strictures that are chronic could undergo endoscopic dilatations”, suggest to rephrase with “balloon dilatations”?
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- Future perspectives
 - The “LAMS” abbreviation is unclear to me and used only once. Better to remove?
 - We agree with this and have incorporated your suggestion throughout the manuscript.
 - “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).
 - We agree with this and have incorporated your suggestion throughout the manuscript.
- 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.
 - We agree with this and have incorporated your suggestion throughout the manuscript.