

Response Letter to the Editor and Reviewers

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Title: Lumen-Apposing Metal Stents for Benign Gastrointestinal Tract Strictures: An International Multicenter Experience

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Dear Esteemed Members of the F6Publishing Peer Review Process,

Thank you for your efforts to review our manuscript. We highly value your feedback, and we hope our revised manuscript is an improved version that has appropriately incorporated your recommendations.

In this response letter, we have listed the important points you have brought up and discussed how these points were addressed in the revision.

1. Comment #1 from Reviewer: The description of the indication for LAMS placement was equivocal. Despite of the almost etiologies of the stenosis were originated from benign diseases, why had authors chosen the LAMS placement, not the curative surgery. If these choices have depended on the difficulties of the surgery or the comorbidities of the subjects, the readers of this paper want to know the information about it. And authors should be described in the part of Discussion why and when we choose LAMS placement rather than surgery.

Author Response to Comment #1: We agree that our manuscript would be improved with including our rationale behind choosing LAMS placement as opposed to surgery. The morbidity and mortality rates associated with surgery have been reported as significant. These risks are compounded by the fact that our subset of patients are likely to be advanced age and poor nutritional status. Thus, we advise that endoscopic methods are further explored prior to considering surgical intervention. In our study, we found

that LAMS can potentially serve as an appropriate endoscopic therapy for benign strictures that are short enough for placement of a stent that is 10-30 mm in saddle length.

As you will see in our manuscript, we primarily addressed this topic in the Discussion section. We hope this provides a framework of thought of approaching the treatment of benign short strictures. Furthermore, we hope that this study informs readers of a novel approach to treating strictures refractory to standard therapies.

2. Comment #2 from Reviewer: Some rows of Table 3 were out of alignment.

Author Response to Comment #2: Thank you for making us aware of this, and we apologize for any inconvenience this may have caused in interpreting our data. The misalignment was corrected, and all tables were re-evaluated for accuracy and alignment.

3. Comment #3 from Reviewer: I think it would be better to give the data about symptom severity and relieving degree of the symptom in patients treated with LAMS.

Author Response to Comment #3: We agree with the reviewer's comment in that a potential improvement to this study would be to measure the severity of symptoms (i.e. dysphagia, nausea, etc.). Measuring pre- and post-LAMS symptom severity on the scale symptom severity scores would allow us to better understand the degree in which symptoms related to stricture have improved with the stent. This data would add clinical value to the evaluation of LAMS. As a result, we decided to report this in our Discussion as an aspect of the study that could have been improved and should be incorporate into future investigation.

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Signature:_____

Date: July 12th 2017

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