Peer Review File

Article information: https://dx.doi.org/10.21037/aoe-21-29

Reviewer A:

Comment 1: Thank you for submitting this manuscript. It is a review of esophageal stent placement in clinical practice. Overall, I find that most paragraphs are concise and current literature is missing.

Reply 1: Thank you for your review. Yes, the review is concise as we are limited in total words. However, at the request of a various points from reviewers we have expanded or added additional sections. We have re-reviewed the references and updated them.

Comment 2: The paragraph on malignant dysphagia (p 5-7). I am missing the current recommendations on placing an esophageal stent. To my knowledge a palliative stent is generally placed if radiotherapy is no option. References 14 and 15 are outdated studies and the current literature (e.g. ESGE guideline 2016) has dealt with these questions.

Reply 2: We have reviewed the even more recently published ESGE Update from 2021 on this topic and added them to the manuscript (Reference 9). While original references 14 and 15 (now 17 and 18) are a little older, these were some of the first studies to highlight the need to prioritize nutrition and not wait for radiotherapy to take effect. Generally, it is found that from the time of referral for radiotherapy until a patient starts and they then have relief of symptoms can be up to 30 days or longer. This point highlights the role of esophageal stents and allows near instant ability to intake adequate nutrition. We agree entirely with the ESGE guidelines that stents are not a bridge to surgery, but we are trying to highlight the nuanced situation and balance nutrition, treatment, and patient quality of life. We have attempted to cover these points (lines 145-197).

Comment 3: Techniques for stent placement: the through-the-scope technique is missing.

Reply 3: This was an oversight on behalf of the authors. You, along with 2 other reviewers pointed this out and it has been addressed thoroughly in the section of “Techniques for Stent Placement” with its own section (lines 340- 356).

Comment 4: Perforation of the esophagus. A lot of studies on epidemiology could be referenced. I could not find any. I could not find any reports on data/references on efficacy of stent placement for esophageal perforation. And what about esophageal anastomotic leakage? This is also an important topic.

Reply 4: There is an entire section in the original manuscript titled “Perforation of the Esophagus” starting on line 219. However, the reviewer is correct that we could expand this topic and therefore we have expanded it. In addition, overall incidence of “esophageal perforation” regardless of etiology is added with an incidence range from the literature of between 3-6 cases per million people per year is now in the manuscript with corresponding references 25-28.

As for anastomotic leakage, we agree this is a very important topic. This was covered as a separate sub-section under the “Specific Situations” (lines 200-217).

Comment 5: Furthermore, there are numerous spelling errors. For example, in the first sentence of the conclusion a word is missing after "significantly".

Reply 5: We have re-checked the entire document utilizing an American English language dictionary that comes preinstalled with Microsoft Word. There are no misspellings. If the reviewer finds any, please pass them along and we will be glad to correct. The reviewer is also correct and there was a missing word in the conclusion. Both they and Reviewer D caught it. This word “expanded” has been added.

Reviewer B:

Comment 1: Esophageal stenting for cervical esophagus and esophagogastric junction should be described.

Reply 1: I apologize, but I am unclear of part of the comment. Stenting of the esophagogastric junction is handled in the same way as stenting the thoracic esophagus. We would be glad to expand or address any specific point. As for the point about stenting of the cervical esophagus we have addressed this in the “Techniques for Stent Placement” (lines 302-307).

Comment 2: Also, gastroesophageal reflux after stenting and anti-reflux stent would be quite important in the clinical practice.

Reply 2: We agree with the reviewer about the issue of reflux after esophageal stenting needing to be addressed. I am sure as the reviewer is aware, the data about anti-reflux stents is significantly lacking for the reason they are marketed. However, they are widely available and putting this data forward is important to allow physicians to make informed, evidence-based decisions. Thus, we have added an entire sub-section on this topic with the most up to date literature (lines 460-479).

Reviewer C:

Comment 1: This is a well written review of the indications and complications of different esophageal stents.

Reply 1: Thank you for the kind words.

Comment 2: The review would be enhanced with the addition of some information about the newer through the scope (TTS) stents.

Reply 2: This was an oversight on behalf of the authors. Two other reviewers also pointed this out and it has been addressed thoroughly in an additional sub-section of "Techniques for Stent Placement" (lines 340- 356).

Comment 3: The authors should also consider adding more information about techniques to prevent stent migration - clips, suturing, and bridling.

Reply 3: Thank you. We have added and expanded the points about techniques to prevent stent migration and added it into the section about complications (lines 417-424).

Comment 4: Lastly, it would be helpful to discuss the special properties of Nitinol (strength, flexibility, etc.) that currently make it the preferred material for self-expanding metal stents.

Reply 4: Thank you for the idea. In fact, in one of the original drafts we had a small section on this exact topic but removed it feeling that we were writing to an audience with significant knowledge about esophageal stents. We have added it back at your request in the first paragraph of the "Introduction" (lines 72-81).

Reviewer D:

Comment 1: See attached article edited by the reviewer.

Reply 1: Nearly all edits were incorporated into the revision of the manuscript. One of the few places where we disagree is in the use of EUS (lines 184-192). While nearly all patients get an EUS as part of standard staging, the results of the paper from Ripley et al are intriguing and may decrease the already low rate of esophageal perforation during EUS. While we don't advocate for not performing EUS, we would like to have the readers consider all the literature and not make getting an EUS a "knee jerk reaction". In the side-by-side technique you make a comment about the new TTS stents. Other reviewers (Reviewer A and C) both mentioned this point and it has been added to the manuscript (lines 340- 356). Also, Reviewer B also brought up the "antireflux stents" issue and this has also been added (lines 460-479).