

ANSWERING REVIEWERS



July 3, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 11461-Manuscript-R1.doc).

Title: Clinical Features, Outcomes and Treatment-related Pneumonitis in Elderly Patients with Esophageal Carcinoma

Author: Jian He, Zhao-Chong Zeng, Shi-Ming Shi, Ping Yang

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 11461

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

Reviewer 1

In this paper by Zeng ZC et al have evaluated the clinical features and prognosis of elderly patients with esophageal cancer and have compared the effects of radiotherapy and rates of treatment-related pneumonitis (TRP) between elderly and non-elderly patients. Their results suggest that the esophagus carcinoma in elderly patients were relatively less aggressive compared with that in non-elderly patients. Therefore a proper radiation dose could improve therapeutic effects of radiotherapy and decrease the incidence of TRP in elderly patients.

Question 1: The data of the study are poorly discussed and needs more references.

Answer 1: Thanks for the comment from the reviewer 1. We have carefully analyzed the data again and interpreted them to be concise and to the point. We reconstructed the discussion and also added two new references.

Question 2: The statements such “ lower degrees of malignancy”, “ high degree of tumor differentiation” are confusing and should be more definitive such as “ well differentiated tumor”.

Answer 2: Thanks for the suggestion from reviewer 1. The statement “high degree of tumor differentiation” has also been changed to “poorly differentiated tumor” (Page 4).

Question 3: In table 1 histology should be corrected as ‘ Tumor type’.

Answer 3: The “histology” has been replaced by “Tumor type” in both Table 1 and Table 2.

Question 4: Although the analysis of tumor type between two groups is statistically significant this did not discussed in the paper. "

Answer 4: We added the discussion on this result. “The analysis of tumor type showed a significant difference between these two groups. Although the number of adenocarcinoma in the non-elderly group is more than that in the elderly group, squamous cell carcinoma was still the major type in the two groups.” (Page 12-13)

Question 5: The study group is consisted from patients with adenocarcinoma and SCC. Therefore the statement “carcinoma” should be used instead of cancer.

Answer 5: We fully agree with the reviewer 1. We corrected this inappropriate statement which was involved in our study.

Reviewer 2

Question 1: This work is interesting. However, it has some major inconsistencies to be corrected. For example, in the conclusion of the abstract say "The esophagus cancer in elderly patients were relatively less malignant compared with that in non-elderly patients. A proper radiation dose could improve therapeutic effects of radiotherapy and decrease the incidence of TRP in elderly patients", however in the final conclusion of work they say that "This study suggested that there were no statistically significant differences in prognosis between elderly and non-elderly patients with esophageal cancer". And after say that "Consequently, for older patients, active measures should be taken..." Why? if there was no difference. On page 9, second paragraph, it is necessary to clarify whether "15% or 2% of the patients developed level III radioactive esophagitis".

Answer 1: Thanks for the general positive comment and careful review from the reviewer 2. As we discussed in the revised paper, “the incidence of lymph nodes metastasis at the time of initial diagnosis in the elderly group was lower than that in the control group. In addition, the grade of tumor was relatively lower and tumor growth was relatively slower in elderly compared with non-elderly patients with esophageal carcinoma. However, the elderly patients didn’t show a significantly higher survival rate. This result might just be explained by the age. The elderly patients were physically weaker and suffered from more chronic diseases, which affected the prognoses of elderly patients with esophageal carcinoma. Therefore, in the elderly group, favorable and unfavorable factors offset each other, and make no benefit for long-term survival.” (Page 12). The elderly patient tends to choose radiotherapy rather than surgery, so what we really mean is greater attention should be paid to decreasing the incidence of TRP in the radiotherapy, and IMRT should be selected if possible. To avoid misunderstanding, we removed some sentences and modified the conclusion.

We are very sorry that we made some mistakes in the first version manuscript. We didn’t analyze the radioactive esophagitis in this study. In the revised version, we corrected the data interpretation and statement. The result section was reconstructed in the revise manuscript (Page 9-11).

Question 2 On page 10, first paragraph, is not clear, first say that the 105 patients who died, was of cancer and then say that one died of TRP and other of severe pneumonitis.

Answer 2: Thanks for the careful review from the reviewer 2. This is a slip of a pen. We carefully reviewed all the original data and corrected the statement. “In the elderly group, two patients survived. One hundred and twenty seven patients died, 115 of whom died of esophageal carcinoma, the other died of other diseases. Among these 12 patients, three patients died of myocardial infarction, one died of renal failure, four died of respiratory function failure caused by chronic bronchitis and four died of cerebrovascular accidents.” “In the non-elderly group, two patients survived. One hundred and five patients died, 103 of whom died of esophageal carcinoma, the other 2 patients died of TRP and severe pneumonia caused by chemotherapy, respectively.” (Page 10)

Question 3: In discussion, page 12, last paragraph, it is not necessary to put the values of the results, as they found in the section and in the tables.

Answer 3: We fully agree with the reviewer 2. These values are removed in the revised manuscript.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

Jian He, MD, PhD