

Dear Prof. Ze-Mao Gong, the scientific editor.

Thank you for your kind review and advice for our manuscript entitled “Clinical impact of surveillance for head and neck cancer in patients with esophageal squamous cell carcinoma” to *World Journal of Gastroenterology*.

We have carefully read the letter and reply for all comments of editor and reviewer. Please note the following point by point for reviewers’ comment and revised manuscript.

Sincerely yours.

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Response to comments of reviewer

Reviewed by 01803192

This study investigated the clinical usefulness of surveillance of head and neck cancer in patients with esophageal squamous cell carcinoma. Although the study is retrospectively performed, the results are well analyzed and clearly presented. I found the following minor points to be corrected. Spell miss P5, L10: “A” image-enhanced endoscopic technology system P7, L4: the HN region was not intensively “observed” P10, L10-11: in patients of group B than in patients of group B

[I have revised all detected minor error in revised version.](#)

Reviewed by 03442452

This is a good study and deserve to be published. Few points should be classified by the authors:

1. I am not quite understand why the authors compare Group A with Group B. They are only participants recruited in different time points, do they have any other difference? What is the grouping reason.

We have introduced intensive surveillance program for head and neck region for all esophageal cancer patients at the beginning of 2006, and we routinely examine the head and neck region with NBI before treatment for esophageal cancer and every follow up examination after that. Therefore, we comparatively evaluate the events related to metachronous advanced head and neck cancer between the groups without any surveillance and with routine observation for head and neck region with NBI.

2. Is there any false positive and false negative patients? If yes, please report the sensitivity and specificity of NBI and discuss how to avoid these cases.

In this study, all detected HNSCC were endoscopically diagnosed and histologically proven lesions, therefore we do not have any data of false positive and negative patients and lesions.