RESPONSE LETTER

Many thanks for reviewing my Revised Manuscript. I have made the requested corrections to the spelling and grammatical errors as noted by Reviewer 03262127. I have also provided this letter to respond directly to the comments provided by Reviewers 00503563 and 00036517. These responses have also been included in the Revised Manuscript.

Reviewer ID 00503563

Comment 1

"According to Table 2, three patients had mediastinal nodes with PET-CT negative and EUS-FNA positive. How do the authors discuss about this result?"

Response to Comment 1

Perhaps unexpectedly, we found three cases that had PET-CT negative but EUS-FNA positive nodes. All of these cases had adenocarcinoma; two were junctional and one case had oesophageal adenocarcinoma. Interestingly, we found that one of these cases displayed conventional EUS appearances of malignancy despite negative PET-CT appearances.

Comment 2

"In the present study, patients with adenocarcinoma and squamous cell carcinoma were enrolled. How about the relationship between pathological type and the discordant rate related with PET-CT and EUS-FNA?"

Response to Comment 2

Upon analysis of our findings specifically in the context of histological subtype, we found that the concordance rate between PET-CT and EUS-FNA was 71.7% in those with oesophageal squamous cell carcinoma compared to 61.3% in those with

adenocarcinoma. A recent paper which evaluated the extent of FDG uptake by malignant lymph nodes in the context of lung cancer found no significant difference on the basis of histological subtype (Which included adenocarcinoma and squamous cell carcinoma). We could not find any similar study which addresses this issue in the context of upper GI cancer. This is an area that requires further study.

Comment 3

"How about the relationship between EUS-FNA and the analysis of PET-CT based on the maximum standardised uptake (SUVmax)?"

Response to Comment 3

The interpretation of mediastinal nodal involvement and designation of patients as either PET-CT positive or negative was a subjective judgement based on the radiological report rather than the maximum standardised uptake valves (SUVmax,), which was only available in a minority of these reports. We agree that such data would be useful for future studies. We accept that the absence of SUVmax values is a weakness of our study.

Reviewer ID 00036517

Comment 1

"Major points Authors compared the lymph node involvement between EUS-FNA and PET-CT. But these methods are indirect ways. I suggest that authors need to compare these method with surgical findings. Th conclusion is not leaded from the results."

Response to Comment 1

We accept that PET-CT and EUS-FNA are indirect ways of assessing for malignant involvement of mediastinal lymph nodes in the setting of upper GI cancer and that

the most certain way to do this is by surgical resection. Unfortunately however, only a minority of our cases proceeded to surgical resection whereas they all had PET-CT followed by targeted mediastinal node sampling by EUS-FNA. The lack of surgical findings is a weakness of our study but it is reflective of our experience within our tertiary referral centre.