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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 37499

**Title:** Prognostic relevance of postoperative AJCC/UICC TNM staging in the era of neoadjuvant treatment of adenocarcinoma of the gastroesophageal junction

**Reviewer's code:** 03033812

**Reviewer's country:** Brazil

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2018-01-22

**Date reviewed:** 2018-01-25

**Review time:** 2 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

This German group shows the results for the treatment of pericardial adenocarcinoma based on postoperative staging after neoadjuvant therapy. The topic is interesting and important; however the manuscript needs a great deal of rewriting in order to have significant results. The manuscript in the current form is no more than the description of the results of a pool of operated patients. Overall survival and comparison between adjuvant or surgery only are examples. The idea based on the title should be to focus on the adjuvant group only and assess better the fate of patients based on tumor response and consequent staging change. Do not exclude in hospital deaths since an intention to treat design is better.



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**Manuscript NO:** 37499

**Title:** Prognostic relevance of postoperative AJCC/UICC TNM staging in the era of neoadjuvant treatment of adenocarcinoma of the gastroesophageal junction

**Reviewer's code:** 01221925

**Reviewer's country:** Greece

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2018-02-02

**Date reviewed:** 2018-02-12

**Review time:** 10 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

This is a very interesting paper on the important topic of management of adenoCa of the esophagogastric junction. Could the authors please respond to the following questions/comments: a) How do the authors explain the fact that the location of the tumor, according to the classification, did not impact survival? There was the argument that the location implied different "disease types"; is that not the case anymore? b) The authors show that tumor downstaging makes no difference as opposed to LN downstaging. How do they explain this?



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**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 37499

**Title:** Prognostic relevance of postoperative AJCC/UICC TNM staging in the era of neoadjuvant treatment of adenocarcinoma of the gastroesophageal junction

**Reviewer's code:** 00001114

**Reviewer's country:** Japan

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2018-02-02

**Date reviewed:** 2018-02-13

**Review time:** 11 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

**COMMENTS TO AUTHORS**

Comments to the Author: Thank you for giving me the opportunity to review the manuscript: "Prognostic relevance of postoperative AJCC/UICC TNM staging in the era of neoadjuvant treatment of adenocarcinoma of the gastroesophageal junction" by Dr. Michael Thomaschewski et al. I enjoyed this original article and I feel this paper is useful to predict the prognosis of patients with AEG after neoadjuvant chemotherapy. However, I feel there are some points that are not scientific because the authors described the significance about changes in N-stage although p-value is over 0.05. I have the following comments and questions - 1. Please clarify the criteria to enroll in this study. The authors described that they selected eligible patients and excluded patients with preoperative tumor stages that preclude neoadjuvant treatment. However, I feel this criterion is not specific because neoadjuvant treatment indication depends on each



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hospital. 2. About surgical procedures, I would recommend that the authors described the detail of lymphoidectomy. 3. How many patients were followed up by telephone but not visit? Because I feel this affects the study quality. 4. The authors should insert tables or figures in the middle of the main text. 5. In "Result" section, the authors described that patients who underwent neoadjuvant treatment were slightly younger than their not-treated counterparts (58 versus 64 years;  $p=0.043$ ). However, this  $p$ -value is less than 0.05 as the authors described a  $p$ -value of  $p<0.050$  was considered significant. So I sure this difference is significant. Please revised it. The other results were also applied. 6. Please show breakdown of cTNM Stage in both group and ypTNM Stage in neoadjuvant Tx. 7. The authors described nodal downstaging after neoadjuvant tx resulted in significantly improved long-term survival. However,  $p$ -value was 0.053 that was over 0.05. I think this is not significant. 8. I am interested in how about the long-term survival of unchanged or upstaged patients. I think it is clinically more important. Similarly, when stage change for the worse after neoadjuvant chemotherapy, his or her prognosis depends on yp TNM stage or worse. 9. Limitation in discussion section is redundant in particular about restrospective study. Please shorten them 10. I was wondering if the duration of neoadjuvant chemotherapy affected this result. Please show the duration of neoadjuvant chemotherapy and discuss about it. In other words, I was wondering if we have to continue the chemotherapy until achieving the maximum response, in particular, nodal downstaging.