

RESPONSE TO REVIEWERS

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: This is a well-documented real-life data report, gauging the use of multiple therapy lines for metastatic esophagogastric cancer (therefore, outside of clinical trials published data). The Authors took advantage on the fact that in British Columbia there is a Cancer Provincial Database providing records for six cancer centres. The study is interesting, even it shows some limitations as in its retrospective nature and in the limited time span and subsequent number of examined records. Nevertheless, in 245 patients there was a high level of treatment attrition, with 50% receiving just one line of therapy, whereas improved survival seems associated with increased lines of therapy. The Authors should be congratulated for pointing out that steep attrition rates claim for more efficacious early-line treatment options; nevertheless I would suggest a minor review, opting for a less lengthy background discussion, but with a deeper focus on the real cause-effect events which are at the base of such phenomenon and a brief reappraisal of cancer therapy attrition in different geographical and socio-economical conditions.

Response: Thank you for your comments. We have revised the background to incorporate both esophagogastric cancer in a more succinct manner (2 paragraph long background). Given the focus of this manuscript on systemic therapy, we have kept the focus on therapeutic options, rather than delve deeper into risk factors, and geographical and socio-economic conditions. We hope this still meets with your approval.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The authors of this manuscript try to characterize real-world treatment attrition rates between lines of therapy for patients with advanced esophagogastric cancer. The authors argued that improved survival was associated with better baseline ECOG and increased lines of therapy. Although the conception and data of the present paper could be of some interest, the design and results are sometimes not quite clear, and there are some issues should be addressed.

1. The title of this manuscript is about esophagogastric cancer, but the background only introduced gastric cancer.

Response: Thank you for your feedback. We have better defined esophagogastric cancer, and ensured that the background includes both sites.

2. Advanced EGC should be defined in the manuscript.

Response: Thank you for your comment. We have explicitly defined advanced EGC in the Materials and Methods section as either esophageal, gastroesophageal junction, or gastric cancer.

3. It is well known that radiotherapy plays an important role in unresectable locally advanced EGC. Why was it not mentioned in the treatment details?

Response: Thank you for your feedback. In this manuscript, we focused on systemic therapy, and data regarding radiotherapy for palliative intent was not explicitly collected. We have included a comment regarding this in the Materials and Methods section.

4. Why did “gender” appear in Table 1? Please correct it.

Response: Thank you for your comment. We have corrected this typo.

5. Where was the relevant data about Fourth-line chemotherapy backbone in Table 2? Please provide the information.

Response: Thank you for your feedback. We have added this data about fourth-line chemotherapy in Table 2.