

Metastatic pattern in esophageal and gastric cancer: influenced by site and histology

*Dear Editor and reviewer, thank you very much for your extensive reviewing and helpful suggestions, we have adjusted the article accordingly. Below you will find the list of your questions and (in Italics) our response. We would be very pleased if you consider our revised version for publication.*

**Reviewer #1**

**Scientific Quality:** Grade A (Excellent)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Accept (High priority)

**Specific Comments to Authors:** The authors have written a contemporary autopsy series of patients diagnosed with squamous cell or adenocarcinoma of the stomach or esophagus. This is a valuable contribution to the literature and is supportive of prior similar reports. The observation of some divergent and similar patterns of metastatic spread is informative. The authors comment on common presence of peritoneal disease in esophageal adenocarcinoma and they comment about the role of staging laparoscopy in early stage disease patients. 1. Prospective studies have addressed this issue need to be cited by the authors, and one series from the U.S. indicated a relatively low rate of positive findings for routine laparoscopic staging in esophageal adenocarcinoma patients, questioning the role of this procedure routinely in these patients. Specific comments are outline below: Abstract: 2. The authors should indicate that only patients with a diagnosis of metastatic disease were included in this series. This report then reflects only patients with metastatic disease from the outset and does not evaluate patients with locoregional disease who underwent local therapies.

*Our response:*

*We thank the reviewer for the comments on our review.*

*1. We have now cited two overview studies including these prospective studies discussing the role of staging laparoscopy in early stage disease patients in the secondlast paragraph of the discussion (Yoon et al, Mehta et al). This is added to the discussion section: "Few clinical studies do show the added value of a diagnostic laparoscopy for occult metastatic disease in distal esophageal and GEJ adenocarcinoma patients, whilst other studies report a relatively low rate of positive findings for routine laparoscopy in these patients. Further clinical studies are warranted to investigate if a pre-treatment diagnostic laparoscopy could also be of value for these patients. (Yoon et al, Mehta et al)."*

*2. We agree with the reviewer that the inclusion criteria were not clearly stated in the abstract this study. This has been adjusted in the revised version of the manuscript: "A nationwide retrospective autopsy study of 3876 patients with adenocarcinoma (AC) or squamous cell carcinoma (SCC) of the esophagus or stomach between 1990 and 2017 was performed. Only patient with metastases were included for analysis."*

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**Science Editor:** 5 Issues raised: (1) I found no “Author contribution” section. Please provide the author contributions; (2) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; (3) I found the authors did not add the PMID and DOI in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; (4) I found the authors did not write the “article highlight” section. Please write the “article highlights” section at the end of the main text; (5) the author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author’s name, with no spaces; and (6) The authors need to provide Biostatistics Review Certificate, the Copyright License Agreement signed by all authors, original Institutional Review Board Approval Form, and the informed consent. 6 Re-Review: Not required. 7 Recommendation: Conditionally accepted.

*Our response:*

*We thank the editor for the comments on our review.*

- (1) We have added a “author contribution” section.*
- (2) We have adjusted the original figures and added the original figure documents*
- (3) We have provided the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references.*
- (4) We have written and added the “article highlights” section at the end of the main text.*
- (5) We have adjusted the references according to the style instructions of the journal.*
- (6) We have added the additional documents: Biostatistics Review Certificate, the Copyright License Agreement signed by all authors, original Institutional Review Board Approval Form, and the informed consent.*
- (7) We thank the editor for the excellent recommendation and hope that the document fulfills all instructions.*