

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 65429

Title: Oesophageal adenocarcinoma: In the era of extended lymphadenectomy, is the value of neoadjuvant therapy being attenuated?

Reviewer's code: 03262127

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Surgeon

Reviewer's Country/Territory: Russia

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Manuscript submission date: 2021-03-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-19 19:51

Reviewer performed review: 2021-06-27 10:29

Review time: 7 Days and 14 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

randomized control trials (Abstract) - controlled is right. references in Abstract are not acceptable. Please remove it. Multiple randomized control trials (RCTs) have found neoadjuvant regimens to increase long-term survival compared to surgery alone.(2,3) However, a meta-analysis of eleven randomized controlled trials did not demonstrate a survival benefit when comparing NACT plus surgery versus surgery alone.(1) (Introduction) - reference numbers in the main text start with 2, not 1. This is a direct consequence of erroneous quotation in the abstract. To be corrected. A three-incisional McKeown procedure with an additional left cervical incision was infrequently used for tumours in the mid third of the oesophagus (Surgical management) - "in the upper and middle thirds..." is better - judging by the data in the table, you have had cancers of the upper third of the esophagus. Comparison by NACT, Overall survival outcomes (NACT), Disease-free survival outcomes (NACT) - these three subheadings had to be improved. As possible better versions, I propose "Comparison of groups (NACT and surgery alone)", "Overall survival outcomes (NACT and surgery alone)" and "Disease-free survival outcomes (NACT and surgery alone)". Tumour location was similar between NACT and surgery groups amongst upper, middle, and lower parts of the oesophagus as well as the gastro-oesophageal junction (GOJ) (Page 8) - "as well as the EGJ" is right, because earlier in the text, namely this abbreviation was proposed. two-field lymphadenectomy, neoadjuvant chemotherapy (NACT) plus surgery (Page 12) - the abbreviation NACT can be used directly, because it was explained earlier. Resectability may also have been effected by NACT (Page 12) - affected is better. This may reflect improved surgical and lymphadenectomy techniques contributing to improving survival outcomes (Page 15) - "improved surgical techniques including lymphadenectomy..." seems to be better. adenocarcinoma of the oesophagus and



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cardio-oesophageal junction (Conclusion) - "oesophagus and EGJ" is better, because it is logical to use once proposed abbreviation. SCC - I think, this abbreviation was not explained in full. In the discussion section, the authors quite often mention articles analyzing squamous cell carcinoma of the esophagus or mixed groups (squamous cell carcinoma and adenocarcinoma). For this work with pure material of adenocarcinoma, such references may be regarded as not entirely correct. Although, on the other hand, I do not recommend on removing these references, as they are still important to reflect the general trends in esophageal oncology. The Reference List should be written in strict accordance with the Instructions for Authors. So, it will be extensively corrected (with Journal Title abbreviations as in PubMed, and adding PMID and DOI to each reference).