

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 71618

Title: Short- (30-90 days) and mid-term (1-3 years) outcomes and prognostic factors of patients with esophageal cancer undergoing surgical treatments

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02534372

Position: Editorial Board

Academic degree: PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Iran

Author's Country/Territory: China

Manuscript submission date: 2021-09-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-16 04:39

Reviewer performed review: 2021-10-02 01:38

Review time: 15 Days and 20 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 Grade E: Do not publish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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

1. Since the study was retrospective, the information of follow-up extracted from documents or some part of it were done by the researchers? If yes, how? 2. Follow-up covered all patients? Or there were some missing ones? If yes, what is the percent of missing and did you record them as the right censor? 3. Why the authors did not calculate diseases free survival? 4. In results, according to multivariate analysis, the creatinine levels was not statistically significant. The P-value was in borderline of 0.05 and in contrast of what authors said, that sounds non-significant.

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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03765445

Position: Editorial Board

Academic degree: FRCS (Gen Surg), MBChB, MCh

Professional title: Assistant Professor, Surgeon

Reviewer's Country/Territory: Singapore

Author's Country/Territory: China

Manuscript submission date: 2021-09-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-03 03:55

Reviewer performed review: 2021-10-03 04:46

Review time: 1 Hour

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
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SPECIFIC COMMENTS TO AUTHORS

From the literature, we do know the prognosis and survival of oesophageal cancer can be predicted by higher histological or TNM stage. There are strong literature evidence that neoadjuvant treatment followed by surgery has better survival outcomes than surgery alone. Similarly, the higher the co-morbidity carries higher perioperative complications which also influences the survival. However, the authors suggested poorly known factors influencing prognosis in various studies but no references indicated. Authors should clarify the definition of midterm outcomes in the title, looking at the study which included data from March 2020, which is fairly short term. The study included different treatment methods including laparoscopic versus open and endoscopic resection. The use of neoadjuvant therapy is low about 17% compared to the international studies. The use of adjuvant therapy is also low. This maybe one of the reasons to explain lower survival outcomes in higher TNM stage patients with resectable oesophageal cancer. What is new about his study that is different compared to other studies?