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## PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 75000

**Title:** Recent advances in multidisciplinary therapy for adenocarcinoma of the esophagus and esophagogastric junction

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03552525

**Position:** Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-01-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-17 09:24

Reviewer performed review: 2022-01-17 09:51

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	[ ] Accept (High priority)       [ ] Accept (General priority)         [ Y] Minor revision       [ ] Major revision       [ ] Rejection
Re-review	[]Yes [Y]No



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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

#### SPECIFIC COMMENTS TO AUTHORS

This article is very interesting, and well written. However, this article did not include radical chemoradiotherapy. Could you add new section?



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**Title:** Recent advances in multidisciplinary therapy for adenocarcinoma of the esophagus and esophagogastric junction

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05845322

**Position:** Peer Reviewer

Academic degree: MD, PhD

Professional title: Chief Doctor, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-01-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-17 06:47

Reviewer performed review: 2022-01-24 08:11

**Review time:** 7 Days and 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	[ ] Accept (High priority)[ ] Accept (General priority)[ Y] Minor revision[ ] Major revision[ ] Rejection
Re-review	[Y]Yes []No



# Baishideng **Publishing**

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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

#### SPECIFIC COMMENTS TO AUTHORS

Comments to the author I am grateful for the opportunity to review this interesting manuscript entitled: "Recent advances in multidisciplinary therapy for esophageal adenocarcinoma and adenocarcinoma of esophagogastric junction". This minireview is very interesting because almost of major previous reports were reviewed and it was well organized for each therapeutic method. However, there are several problems which should be revised or reconsidered in your manuscript. Problem list was summarized as below. Comments The paragraphs of "Surgery remains the mainstay of treatment" and "Chemotherapy and radiotherapy are significant perioperative treatment" are too long to understand well. These should be subdivided to several subtitles. Title "Esophageal adenocarcinoma and adenocarcinoma of esophagogastric junction" should be changed to "adenocarcinoma of the esophagus and esophagogastric junction" Page 3, Line 9 "Type II is also known as real carcinoma according to previous reports. of the cardia." Was this sentence mentioned about Type III? Page 5, Line 9-10 Subclassification of superficial esophageal cancer was only defined in Japanese Classification (Esophagus 2017). If you adopt it, you should use it accurately;  $m1 \rightarrow EP$ , m2 $\rightarrow$ LPM, m3 $\rightarrow$ MM. Page 5, Line 16 You should clear the definition of "L0 V0". Page 11, Line 19 The number of patients who encountered toxicity had better to be shown as percentage. Page 11, Line 20 You had better to clear a criteria for toxicity.