

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 79070

Title: Principle and progress of radical treatment for locally advanced esophageal squamous cell carcinoma

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03709972

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2022-08-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-02 06:50

Reviewer performed review: 2022-08-06 07:34

Review time: 4 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input 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
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SPECIFIC COMMENTS TO AUTHORS

#1. Radical surgery versus radical radiotherapy for locally advanced esophageal squamous carcinoma >> Suggest to comment on other randomized trials such as J Clin Oncol . 2005 Apr 1;23(10):2310-7 & Radiother Oncol. 2022 Jun 25;174:1-7 #2. The following conditions should be met to enable radical surgery: T0-4aN0-1M0 stage and the distance from the lesion to the esophageal inlet is greater than 5cm [5-7]. >> Please note ref-5 was a study for gastric or gastro-oesophageal junction adenocarcinoma, ref-6 selected clinical stage T1N1 or T2-3N0-1 for neoadjuvant therapy, and ref-7 selected clinical stage T1 to T4, N0/1, M0 squamous cell carcinoma or adenocarcinoma for a nonsurgical approach. Therefore, please provide appropriate reference[s]. #3. R0 resection rate was 87% in the operation group and 68% in the radiotherapy and chemotherapy group ...[11] >> Please clarify why R0 resection rate in the radiotherapy and chemotherapy group ? [or complete response rate in this group in fact?] #4. the NCCN guidelines recommend ... 60-70 Gy for radiotherapy alone (1.8-2.0 Gy per fraction a day). >> The reviewer can't find this statement [60-70 Gy] in NCCN Esophageal and Esophagogastric Junction Cancers 2022v3. Please show me where was the statement. #5. "The criteria for confirming lymph node metastasis of esophageal squamous cell carcinoma on CT images are: the short diameter of cervical and supraclavicular lymph nodes \geq 5mm, and the short diameter of mediastinal and hilar lymph nodes \geq 10mm." >> please provide reference[s]. #6. Five studies on involved field irradiation compared to prophylactic field irradiation suggest comparable efficacy of the involved field versus the preventive field for the cervical and upper thoracic esophageal cancer and for people older than 70 years [28-32]. >> please note ref-32 = Br J

Cancer. 2020 Nov;123(11):1616-1624 stated “Concurrent chemoradiotherapy with elective nodal irradiation ... improved long-term survival in locally advanced ESCC”
#7. ref-15 = J Clin Oncol, 2018, 36(suppl 15),4013—4013 >> suggest to cite the more recent Clin Cancer Res. 2022 May 2;28(9):1792-1799.

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Reviewer's code: 06355430

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2022-08-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-18 13:10

Reviewer performed review: 2022-08-20 15:07

Review time: 2 Days and 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
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input 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
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SPECIFIC COMMENTS TO AUTHORS

This study summarized in detail the treatment principles of locally advanced esophageal squamous cell carcinoma, the selection of radiation therapy dose, the overview of radiation therapy targets and the evidence-based medical evidence for the selection of chemotherapy regimen. This provides an effective basis for the treatment of local esophageal squamous cell carcinoma. For patients with squamous cell carcinoma who have fully responded to radiotherapy and chemotherapy, the increase in surgery may bring the least benefit. At this time, monitoring can be selected and salvage surgery can be performed at the time of progression. However, for patients with squamous cell carcinoma who have surgical indications and are willing to operate, and the tumor is not near the larynx, "neoadjuvant chemoradiotherapy + surgery" is still the first choice. 1) In the abstract, whether the expression "For the radical treatment of esophageal squamous cell carcinoma, the effect of radiotherapy and chemotherapy is equivalent to that of surgery" is inappropriate. 2) Of the 444 eligible patients in the ffcd9102 study, 230 (88.8%) were epidermoid carcinoma and 29 (11.2%) were adenocarcinoma, close to 8:1. 3) FFCD 9102 showed in patients with locally advanced thoracic esophageal cancers, especially epidermoid, who respond to chemoradiation, there is no benefit for the addition of surgery after chemoradiation compared with the continuation of additional chemoradiation. FFCD 9102 phase III trial showed In patients with locally advanced thoracic oesophageal cancer, overall survival did not differ between responders to induction chemoradiation and patients having surgery after clinical failure of chemoradiation. Surgery should therefore be considered in those patients who are still operable. This is the correct expression of the original text, and the author should not

change the concept when describing it. 4)The fourth chapter is missing from the text.
5) In terms of chemotherapy, whether preoperative chemotherapy or perioperative chemotherapy, chemotherapy alone or combined with radiotherapy should be discussed.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Peer-review model: Single blind

Reviewer's code: 03709972

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2022-08-01

Reviewer chosen by: Chen-Chen Gao

Reviewer accepted review: 2022-09-21 00:34

Reviewer performed review: 2022-09-23 07:04

Review time: 2 Days and 6 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

#1. 60-61.2Gy(1.8-2.0 Gy per fraction a day) is mostly used for radiotherapy alone in China [15]. >> Please note ref-15 (J Clin Oncol, 2019,37(20): 1695-1703) used chemoradiotherapy but not radiotherapy alone. #.2 Five studies on involved field irradiation compared to prophylactic field irradiation suggest comparable efficacy of the involved field versus the preventive field for the cervical and upper thoracic esophageal cancer and for people older than 70 years [30-33] >> Please note 30-33 = 4 studies, not 5 studies. Furthermore, suggest to comment on the randomized trial “Br J Cancer. 2020 Nov;123(11):1616-1624” which stated “Concurrent chemoradiotherapy with elective nodal irradiation ... improved long-term survival in locally advanced ESCC