

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 81406

**Title:** Skeletal muscle mass and quality before preoperative chemotherapy influence postoperative long-term outcomes in esophageal squamous cell carcinoma patients

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03270441

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2022-11-11

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-12-10 08:55

**Reviewer performed review:** 2022-12-14 08:11

**Review time:** 3 Days and 23 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 Grade E: Do not publish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

<b>Peer-reviewer statements</b>	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**

It is an interesting paper. Some improvements should be made: 1. In the first sentence of the last paragraph of the "Introduction", the author emphasized that the "male" patients with esophageal cancer were enrolled, while the actual enrollment was 121 males and 11 females. I prefer to know why such large percent male patients were recruited. 2. Since this study mainly focused on male patients, can it be extended to the whole esophageal cancer population? 3. Paragraph 5, 6, and 7 of the Discussion section has little to do with this clinical study, so it is recommended to delete or significantly reduce it. 4. Through a retrospective study of a relatively small sample, the authors draw a conclusion that was too positive.

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**Reviewer's code:** 03093768

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor, Chief Doctor, Doctor, Surgeon, Surgical Oncologist

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2022-11-11

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2023-01-06 01:53

**Reviewer performed review:** 2023-01-14 09:36

**Review time:** 8 Days and 7 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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty

<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

The authors investigate how preoperative body type influenced the prognosis of patients with esophageal squamous cell carcinoma who underwent neoadjuvant chemotherapy (NAC) and surgery. And they concluded that Skeletal muscle mass and muscle quality before NAC in esophageal squamous cell carcinoma are significant prognostic factors of the OS. I agree with the conclusion, as nutrition statue is an important factor involved with the recovery of those ESCC, especially the cases underwent operation. Some issues should be responded positively: 1. The title “Influence of skeletal muscle mass and quality on long-term outcomes following radical resection after preoperative chemotherapy in esophageal cancer patients” seems to mismatch the conclusion “Skeletal muscle mass and muscle quality before NAC in esophageal squamous cell carcinoma are significant prognostic factors of the OS.” Does the title should be “Influence of skeletal muscle mass and quality on long-term outcomes following radical

resection after preoperative chemotherapy in esophageal squamous cell cancer patients”? Should the conclusion be “Skeletal muscle mass and muscle quality before NAC in esophageal squamous cell carcinoma are significant prognostic factors of the OS in ESCC after surgery”? 2. This is a study that focuses on long-term follow-up results. The follow-up time and follow-up rate should be noted. 3. It was told that “The present study included Japanese males with squamous cell carcinoma of the esophagus who underwent preoperative chemotherapy and subtotal esophagectomy with three-field lymph node dissection as the standard therapy.” (Page 4) But the data showed in table 1, we could see male/female:120/11. What is wrong? 4. Are there any cases of conversion to thoracotomy or laparotomy during operation? 5. The relationship between immunological cytokines and sarcopenia was discussed, but these cytokines were not found to be tested in the manuscript. if the tests were not done, the discussion of this section could not be helpful for the conclusion. 6. The evaluation method of muscle quality has not been clearly quoted. The article has explained that there have been corresponding calculation and evaluation methods before. 7. How long will the patient obtain clinical data before neoadjuvant chemotherapy? It should be clarified. 8. Because the surgical quality of esophageal cancer is related to the surgical volume of the main knife. Are all the surgeons in this study performed by the same senior surgeon? 9. IF the patient was post-gastrectomy, the method of digestive tract reconstruction should be explained. 10. Whether there are other serious complications (combined with other malignant tumors, diabetes, COPD, etc.) in the patient's basic data should be clarified and compared.

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**Peer-review model:** Single blind

**Reviewer's code:** 03648128

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Doctor, Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2022-11-11

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2023-01-05 10:43

**Reviewer performed review:** 2023-01-14 13:18

**Review time:** 9 Days and 2 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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<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
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

This case-control study aims to reveal the prognostic role skeletal muscle mass and muscle quality before NAC followed by subtotal esophagectomy act in esophageal squamous cell carcinoma. Despite there exists multidisciplinary treatment for esophageal squamous cell carcinoma, the prognosis of which remains poor. Preoperative sarcopenia has been identified as a prognostic factor recently. However, this study still has some problems. 1. The order of the introduction part should be rearranged to be more fluent and logical. 2. Clinicopathological factors should be classified according to the Union for International Cancer Control (UICC) tumor-node-metastasis (TNM) classification of malignant tumors, 8th edition, but the study was according to the TNM classifications (7th edition) of UICC. 3. The topic of this study is to explore the long-term efficacy, but the follow-up time (range: 3.9-100.3 mo) of patients is not enough. 4. The radiological examinations are performed every 6 mo, and it is recommended to be performed once every 3 mo. Please describe the specific follow-up items. 5. In the discussion part, the writer stated that some cytokines promote the reduction of skeletal muscle in cancer status, and proposed that there is a malignant cycle of decreased



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skeletal muscle mass in a cancer-bearing state, however the evidence is inadequate and lack of logical rigor. 6. The limitations and deficiencies of this study should be mentioned. 7. The writing needs to be polished.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's code:** 03093768

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor, Chief Doctor, Doctor, Surgeon, Surgical Oncologist

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2022-11-11

**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2023-02-10 12:41

**Reviewer performed review:** 2023-02-11 10:42

**Review time:** 22 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<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

<b>Peer-reviewer statements</b>	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

Although the authors have responded to the previous comments, there is still a question to be answered by the authors. In the last sentence of the introduction, the authors said that "We examined the effect on long-term prognosis of changes in muscle mass and quality before preoperative chemotherapy." So, it told us the CT data should be obtained before the pre-operational chemotherapy. Therefore, the peer-reviewer suggested that the authors to clarify the timepoint of CT data. In response 7, the authors said that "Unfortunately, clinical data prior to preoperational chemotherapy are not observed. For this reason, the analysis in this study is based on clinical data before surgery." This response told us the data obtained was not consistent with the need of the analysis purpose in the manuscript. Were the data misused? A positive response is needed.