



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 85347

Title: Perioperative immunotherapy for esophageal squamous cell carcinoma: Now and future

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00077340

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-04-30 03:43

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Review time: 7 Days and 9 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 Grade E: Do not publish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
Creativity or innovation 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 creativity or innovation



Scientific significance of the conclusion in 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 scientific significance
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
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

General Comments: In this manuscript, the author discusses the general treatment of esophageal cancer, followed by a specific discussion of immunotherapy. The article provides an overview of perioperative chemotherapy using immune checkpoint inhibitors, including the drugs used in immunotherapy, their mechanisms of action, and clinical trials conducted thus far. Reading this article can help readers understand the current state of perioperative immune checkpoint inhibitor therapy for esophageal cancer, which is useful. If the article were to provide more detailed information, readers would benefit even further. Specific recommendations for revision-a) major: 1. In the introduction, the article notes that preoperative chemoradiotherapy (CRT) + surgery is the standard treatment in many countries. However, there are numerous clinical trials being conducted for preoperative chemotherapy + surgery, including the use of immune checkpoint inhibitors (ICI). The author is recommended to explain the reason for this. Furthermore, it is recommended to also discuss the issues associated with preoperative CRT. For example, late complications may have a negative impact on survival rates. By providing additional details on these issues, readers can gain a better understanding of



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the limitations and potential drawbacks of preoperative CRT, which may help to justify the need for alternative treatments like preoperative chemotherapy + surgery with ICI.

2. In the last part of the introduction, the article discusses preoperative chemotherapy with ICI for other cancers. It would be desirable to provide information on the effectiveness, surgical outcomes, and long-term outcomes in other cancers where preoperative chemotherapy with ICI has been used.

3. Although trAEs are explained in the main text, it is strongly recommended to further discuss the impact of trAEs that occur during preoperative treatment on surgery, based on previous reports and the author's own thoughts. For example, this may include the occurrence of trAEs that make surgery impossible, the extension of the time until surgery due to trAEs, and the impact of trAEs on surgical complications.

4. At the end of the ISSUES section, there is a statement that long-term results are awaited. I would like to know the author's thoughts on the expected long-term outcomes for esophageal cancer based on the effects seen in other cancer treatments.

Specific recommendations for revision-b) minor:

1. I suggest providing more detailed information on the long-term outcomes, such as survival rates, while introducing CheckMate 577 as one of the most impactful clinical trials for checkpoint inhibitors in adjuvant chemotherapy for esophageal cancer.

2. The last sentence of the Introduction states that "an overview of the role of ICIs in this field, according to the stage of disease, alongside a discussion of the promising biomarkers and future perspectives." However, there is no mention of treatment according to disease stage in the main text. The article should be revised to include this information or additional details should be added to the main text.

I hope these comments will be helpful.



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Reviewer's code: 03259528

Position: Editorial Board

Academic degree: CCST, FRCS (Gen Surg), MBBS

Professional title: Professor

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: China

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Reviewer chosen by: Geng-Long Liu

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Reviewer performed review: 2023-06-27 08:12

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I would like to congratulate all authors, for making efforts to take up this important subject, probing the current developments in the management of oesophageal squamous cell carcinoma. This review article addresses nicely the current developments of immunotherapy in managing oesophageal SCC. The article requires a lot of language polishing, and attending to grammatical errors would urge authors to utilise a standard review article template, rewrite the text with an introduction, purpose, objectives, and methodology, ending with a conclusion: Ring future and implications.



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Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input 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

Summary of the manuscript. The manuscript really well summarized perioperative immunotherapy in patients with esophageal squamous cell carcinoma. As a reviewer there are some minor comments. 1. Page 4. Introduction. Concerning KEYNOTE-181 (ref. 28), the authors may state that Grade 3-5 adverse events less occurred in patients with pembrolizumab than in those with chemotherapy. In addition, the authors may also describe about adverse events in other studies (ref. 29 - 36). 2. Page 6. Neoadjuvant immunotherapy vs. conversion chemotherapy. Were there any conversion cases with immunotherapy in the cited reports?