

Dear editors and reviewers,

Thank you all for your instructive comments and insights. We greatly appreciated your efforts and opportunity for the revision of our manuscript (ID: 18422), previously entitled as “ Three-dimensional (3D) versus two-dimensional (2D) video Assisted thoracoscopic esophagectomy for patients with esophageal cancer: A single-center study of short-term surgical outcomes ” (now changed into “ Three-dimensional versus two-dimensional video assisted thoracoscopic esophagectomy for patients with esophageal cancer ”). The manuscript has been substantially revised in two aspects based on your comments, including language readability and format conversion. Every change has been highlighted in the new submission. We hope that the revision will meet with approval. Here we attached a detailed reply letter to the academic editors and reviewers.

To academic editors,

We greatly appreciate your great efforts and constructive comments on this manuscript. The manuscript has been substantially revised in two aspects based on your comments, including language readability and format conversion. Every change has been highlighted in the new submission. Here is a detailed reply to your comments.

1. **Response to comment:** When you send back, please provide the format of doc, not the format of PDF. Thank you

Response: The revised format is word document.

2. **Response to comment:** Please provide language a certificate letter from a professional English language editing company (Classification of the manuscript language quality evaluation is B).

Response: Language certificate has been provided in the attachment.

3. **Response to comment:** The title must be informative, specific, and brief (Title should be no more than 10~12 words/60 bytes. Please revise it). Words should be chosen carefully for retrieval purposes. All nonfunctional words should be deleted, such as ‘the’, ‘studies on’, ‘observations of’, and ‘roles of’, etc.

Response: The title has been changed into “three-dimensional versus two-dimensional video assisted thoracoscopic esophagectomy for patients with esophageal cancer”.

4. **Response to comment:** A short running title of less than 6 words should be provided

Response: A short running title, 3D VATE for esophageal cancer, has been provided.

5. **Response to comment:** Postcode?

Response: Postcodes for each institution have been given, 200080 for Shanghai General Hospital and 510120 for Guangzhou Medical University.

6. Response to comment: Ethics approval:

Informed consent:

Conflict-of-interest:

Response: Ethics approval: The study was approved by the Clinical Ethics Committee of Shanghai General Hospital, School of Medicine, Shanghai Jiaotong University (Approval number: 2014KY114).

Informed consent: Prior written informed consent has been obtained from all patients.

Conflict-of-interest: No conflict of interest was declared.

7. Response to comment: An informative, structured abstract of no less than 246 words should accompany each original article. The Abstract will be structured into the following sections and adhering to the word count thresholds indicated in parentheses:

AIM (no more than 20 words): The purpose of the study should be stated clearly and with no or minimal background information, following the format of: “To investigate/study/determine...”

METHODS (no less than 80 words): You should present the materials and methods used for all of the data presented in the proceeding Results section of the abstract.

RESULTS (no less than 120 words): You should present P values where appropriate. You must provide relevant data to illustrate how the statistical values were obtained, e.g. 6.92 ± 3.86 vs 3.61 ± 1.67 , $P < 0.001$.

CONCLUSION (no more than 26 words): You should present your findings and implications that are within the scope of the data you have presented in the preceding Results section. The conclusion should be written in the present tense.

Response: The Abstract has been re-structured accordingly.

8. Response to comment: Please list 5 – 10 keywords for each paper, which reflect the content

of the study and are selected mainly from the Index Medicus. Each keyword is to be separated by a semicolon.

Response: Key words are re-listed as “three-dimensional video-assisted thoracoscopic esophagectomy (3D-VATE); two-dimensional video-assisted thoracoscopic esophagectomy (2D-VATE); esophageal cancer; surgical outcomes”.

9. **Response to comment:** Please write a summary of no more than 100 words to present the core content of your manuscript, highlighting the most innovative and important findings and/or arguments. The purpose of the Core Tip is to attract readers’ interest for reading the full version of your article and increasing the impact of your article in your field of study.

Response: Core tip

Minimally invasive esophagectomy (MIE) has been the predominant option for esophageal cancers. However, conventional 2D -VATE is limited in its operating fields and disturbed eye-hand coordination, which may hamper necessary lymph nodes dissection and increase chances of surgical-related trauma. The introduction of 3D-VATE with 24-fold magnified view is designed to overcome such disadvantages. However, the benefits of 3D-VATE over 2D-VATE have not been fully studied in terms of surgical outcomes. This work, to our knowledge, is for the first time to report the definitive advantages of 3D-VATE in short-term outcomes.

10. **Response to comment:** Please read the core tip then provide the audio core tip:

Acceptable file formats: .mp3, .wav, or .aiff

Maximum file size: 10 MB

To achieve the best quality, don’t allow to have the noise.

Response: Audio core tip has been prepared and uploaded.

11. **Response to comment:** Please put the reference numbers in square brackets in superscript at the end of citation content or after the cited author’s name.

Please check across the text.

Response: Yes, we have revised it.

12. **Response to comment:** All figures, tables and legends should not be in the main text. They should be put at the end of this paper.

Response: All figures, tables and legends have been put at the end of the paper.

13. **Response to comment:** COMMENTS

Background

To concisely and accurately summarize the related background of the article and to enable the readers to gain some basic knowledge relevant to the article, thus helping them better understand the significance of the article.

Research frontiers

To briefly introduce the hotspots or important areas in the research field related to the article.

Innovations and breakthroughs

To summarize and emphasize the differences, particularly the advances, achievements, innovations and breakthroughs, from the other related or similar articles so as to allow the readers to catch up the major points of the article.

Applications

To summarize the actual application values, the implications for further application and modification, or the perspectives of future application of the article.

Terminology

To concisely and accurately describe, define or explain the specific, unique terms that are not familiar to majority of the readers, but are essential for the readers to understand the article.

Peer- review

To provide the comments from peer reviewers that most represent the characteristics, values and significance of the article, and allow the readers to have an objective point of view toward the article.

Response:

Background

The optimal surgical approach for esophageal cancer remains controversial. Three-dimensional video-assisted thoracoscopic esophagectomy (3D-VATE) are believed to offer unique advantages when compared to conventional 2D thoracoscopic techniques. However, the benefits of 3D-VATE over 2D-VATE have not been fully studied.

Research frontiers

The 3D-VATE is a minimally invasive technique with less surgical stress and faster recovery compared to open approach. It offers a 24-fold three dimensional imaging, which facilitates the restoring the actual depth perception to surgeons and improvement of surgical performance.

Innovations and breakthroughs

The use of 3D-VATE for esophageal carcinomas was associated with an accelerated recovery, the preservation of pulmonary function, reduced surgical stress and more extensive lymphadenectomy. In conclusion, 3D-VATE could be a more advantageous technique over 2D-VATE.

Applications

The cost-efficiency of 3D-VATE allows the wide use in esophagectomies, especially in developing countries such as China. Since the majority of esophageal cancer patients come from rural areas with relatively low social-economic conditions, the 3D-VATE could be a more viable alternative for these individuals.

Terminology

The three-dimensional video-assisted thoracoscopic esophagectomy (3D-VATE) is a minimally invasive technique that uses three-dimensional video, which offers a 24-fold three dimensional imaging that helps to restore the actual depth perception to surgeons.

14. Response to comment: No less than 30.

Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Please revise throughout. The author should provide the first page of the paper without PMID and DOI.

PMID (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed>)

DOI (<http://www.crossref.org/SimpleTextQuery/>)

Response: References and typesetting were corrected.

Reviewer #1:

Response to comment: Congratulations for the quality of the work-liberatocaboclo@gmail.com (reviewer)

Response: Thank you for your kind recommendation.

Reviewer #2:

Response to comment: Dear Editor, Authors Thank you for sending the manuscript "Three-dimensional (3D) versus two-dimensional (2 D) video Assisted thoracoscopic esophagectomy for patients with esophageal cancer: A single-center study of short-term surgical outcomes " for revision. - It is a novel idea - The paper is well written, well designed - Minor language mistakes. Thanks

Response: The manuscript has been substantially revised in two aspects, including language readability and format conversion.

Reviewer #3:

Response to comment: Good study, but what I can say that it will be better to send this article to a surgical journal.

Response: I am sorry that i do not think so. First, the aim of this study is to define the benefits of three-dimensional video assisted thoracoscopic esophagectomy (3D-VATE) over 2D-VATE for esophageal cancer, which does not conflict with the aim in promoting the development of gastroenterology of the World Journal of Gastroenterology. Second, the World Journal of Gastroenterology mainly publishes original papers of basic research and clinical studies. Many clinical studies, similar to our study, have been published in World Journal of Gastroenterology.