

Review of the Manuscript 20150427090426

Title.

I recommend the Authors to use the term “total esophagogastrectomy” instead “total esophagectomy and total gastrectomy”. The former is more common in literature and shorter. Respectively, abbreviation will be TEG or TEGE instead TETG.

Marco Ceroni: I agree and correction was done.

Key words.

- 1) **esophago-gastrectomy** is a bad version. Hyphen must be removed.
- 2) **esophagogastric junction tumor** – this Keyword is unnecessary. **Marco Ceroni: I agree and correction was done.**

Abstract. 1) See above.

2) Phrase **“because of the previous it”** is unnecessary and can be removed. **Marco Ceroni: I agree and correction was done.**

3) **“Determine”** is a bad word; “to determine” or “determining” is better. **Marco Ceroni: I agree and correction was done.**

4) **“Kaplan Meier”** should be written as **Kaplan-Meier**. **Marco Ceroni: I agree and correction was done.**

5) **Esophagogastric-junction** should be written without hyphen. **Marco Ceroni: I agree and correction was done.**

6) **71,4%** - the sentence should not begin with a number. **Marco Ceroni: I agree and correction was done.**

7) **Most frequently observed type of complications were the respiratory ones.** The better version is “The respiratory complications were the most frequently observed”. **Marco Ceroni: I agree and correction was done.**

7) Non-curative surgery specific survival at 5 years of follow-up was 32,8%; for patients with curative surgery it was 39,5% at 5 years. I think, the two parts of a sentence will be changed because curative surgeries were most frequent than the palliative surgeries. **Marco Ceroni: I agree and correction was done.**

8) TETG – see above. **Marco Ceroni: I agree and correction was done.**

Methods.

“post surgery” – the term “postoperative” is better. **Marco Ceroni: I agree and correction was done.**

TETG – see above. **Marco Ceroni: I agree and correction was done.**

Preoperative evaluation.

“upper endoscopy” – is a bad term. “Upper digestive endoscopy” is better. **Marco Ceroni: I agree and correction was done.**

“Preoperative evaluation of patients included motor and respiratory physiotherapy and colon preparation”. In this sentence, you wrote about preoperative treatment and colon preparation but not about evaluation itself. To be corrected. **Marco Ceroni: I agree and correction was done.**

Surgical technique-steps **Marco Ceroni: I agree and correction was done.**

The subtitle is poor. “Surgical technique: steps” is better.

- 1)
- 2) “2 cms” is wrong. “2 cm” is better.
- 3) “Distal” is a wrong word (Resection step #6). I think you remove not distal but nearly totally mobilized esophagus. To be corrected.
- 4) TETG – see above.
- 5) “Manually perform” – “manual performance” is better.
- 6) “coloduodenal anastomosis” – “coloduodenal” is better.
- 7) Finally, I recommend the authors to describe the coloduodenal anastomosis in more detail. On a Figure, this location of the anastomosis is very similar to colojejunal anastomosis created close to the Treitz’s ligament.

Results.

- 1) The abbreviation “TETG D2” will be explained in the text; TEG D2 or TEGE D2 (see above) is better.
- 2) 10,7 to 26 days: I do not understand 10,7 postoperative days!!! Here, a whole number will be presented.
- 3) 27 to 49 lymph nodes: maybe 27 to 49???
- 4) Twelve (57,1%) of the patients were staged as IIC 12; 4 (19%) were staged as IV; 3 (14,2%) were staged as IIB; 1 (4,7%) was staged IIIA; and 1 (4,7%) was staged IIB.

I think the ranging in this sentence is not good looking. You will list the cancer stages “from smaller to bigger” but not patients “from bigger to smaller”.

Discussion. Marco Ceroni: I agree and correction was done.

- 1) “In 1996 Dr. Siewert made...” - “In 1996, Siewert et al.” is more appropriate.
- 2) esophagus-gastrectomy is a substandard term.
- 3) “a esophageal” is wrong, “an esophageal” is right.
- 4) “undergoing to resection” is wrong. To be corrected.
- 5) “japanese” should be capitalized.
- 6) “being the most observed type of complication the respiratory ones (40%)” – I think this sentence part is not enough good.
- 7) “Similar to our serie” – “series” is better.

Conclusion. Marco Ceroni: I agree and correction was done.

- 1) experimented centers – is a bad term. “Large centers” or “specialized centers” is better.

Figures and Legends. Marco Ceroni: I agree and correction was done.

- 1) TETG – see above.
- 2) “especimen” is a Spanish word! “Specimen” is an English one.
- 3) “surgical resectability” in Fig. 7 legend is wrong. “Residual tumor” is better.
- 4) “the TNM 2010” in Fig 8 is a jargon. An official term must be presented.

Tables.

- 1) The terms denoting anastomoses must be stricter (esophagocolonic, colocolonic and coloduodenal).
- 2) Abbreviations (CVC, AC x FA) must be explained.

References.

To be corrected (see the **Marco Ceroni: I agree and correction was done.** highlighted areas):

2- Blot W, Devesa Ss, Kneller R, Fraumeni J: Rising incidence of adenocarcinoma of the esophagus and gastric cardia. JAMA 1991; 265: 1287-1289.

3- Pera M, Cameron A, Trastek V: Increasing incidence of adenocarcinoma of the esophagus and esophagogastric junction. Gastroenterology 1993;104:510-513.

10- Edge SB, Byrd DR, Compton CC, et al., editors. AJCC Cancer Staging Manual. 7th ed. New York, NY: Springer; 2010. Esophagus and esophagogastric junction; pp. 103–11.

However, despite these weaknesses (that are correctable) the paper is interesting and innovating and deserves publication in WJG after careful editing. Because the authors are not native English speakers, I recommend them to use Proofreading Agency service.