

Name of Journal: *World Journal of Gastrointestinal Surgery*

ESPS Manuscript NO: 21155

Manuscript Type: MINIREVIEW

Lymphatic Spreading and Lymphadenectomy for Esophageal Carcinoma

Running title:

Lymphatic Dissection for Esophageal Carcinoma

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Dear Reviewer:

Thank you very much for your attention and the evaluation and comments on our paper NO: 21155. We have revised the manuscript according to your kind advices and detailed suggestions. We sincerely hope this manuscript will be finally acceptable to be published. Thank you very much for all your help and looking forward to hearing from you soon.

Best regards

Thank you for your comments!

Comments 1:

Abstract and Core tip.

Into some places, I include the article “the” or space.

Introduction.

My corrections are highlighted by red or yellow (spaces). Here and below: if the abbreviation “Lymph nodes (LNs)” was used once, it must be used throughout the text.

Two parts of text are highlighted by blue (here and below: “wrong areas” or “must-be-corrected areas”).

“Therefore, the outcome of surgery depends on lymphadenectomy as well as the primary tumor in EC.” - **I think “the primary tumor invasion” is better.**

“The others argue that two-field lymphadenectomy and think that it is enough to dissect all the possible metastatic LNs including recurrent nerve chain...” - **the blue-highlighted part is unnecessary.**

LYMPHADENECTOMY FOR ESOPHAGEAL CARCINOMA

My corrections are highlighted by red or yellow (spaces).

“To understand how the the lymphatic spreading in EC, we need to know the anatomical lymphatic drainage system of the esophagus at first.” - **the blue-highlighted part is unnecessary.**

“For upper thoracic EC, tumor cells usually flow up towards upper mediastinal and cervical nodes, drain primarily both up and down into the cervical, upper mediastinal, periesophageal cervical, and perigastric nodes for

middle [thoracic](#) location. With regard to lower [thoracic](#) EC, the perigastric area is most important^[17,18]."

In this part of the text, highlighting the word "thoracic" is incorrect. I think, you must highlight "upper thoracic", "middle thoracic" and "lower thoracic".

"However, only concerning [of](#) the number regardless of the area of metastatic LNs is not enough. For the same number of positive LNs, the prognosis is different between one and more distribution areas^[41,42]." - **the blue-highlighted word is unnecessary.**

"According to a prospective randomized trial, [they](#) found high neck recurrence rates in patients with esophageal squamous cell cancer, suggesting that it was necessary to add neck dissection^[43]." - **how to explain a word "they"? It was used incorrectly. To be corrected.**

"However, some authors demonstrated that no survival benefit was found in patients undergoing cervical nodal dissection [with](#) comparing esophagectomy with 3-field vs 2-field lymphadenectomy^[49]." - **the blue-highlighted word is unnecessary.**

CONCLUSION

My corrections are highlighted by red or yellow (spaces).

“Based of the **the** lymphatic spreading, it seems that three-field lymphadenectomy...” - **the blue-highlighted word is excessive and must be removed.**

Response to Comments 1:

We have corrected all the spell, grammar and structure mistakes according to your opinions.

Comments 2:

References.

To be corrected (see the blue- and yellow-highlighted areas).

There are two most serious mistakes in References. First, the Journal Titles are written partly in full, partly in abbreviated form. All Titles must be written in abbreviated form!!!

The second and most terrible mistake is the fact that two References are included into Reference List twice!!! (8 and 48, 45 and 46). Correction of this will be extensive because almost all the Reference Numbers in the text must be corrected!!!

Response to Comments 2:

I am sorry about my mistakes and carelessness resulting in your much more work. We have corrected some mistakes in the references, such as PMID, DOI citations and duplications. But DOI citations of some references are still absent because of no response of the website. We will do our best to correct as soon as possible. Please forgive us.

Comments 3:

And last but not least: conclusion should be stricter. Reading a primary version is difficult to understand, when the three-field lymph node dissection is necessary? To be corrected.

Response to Comments 3:

We have supplemented some personal opinions to conclusion. Three-field lymphadenectomy seems not adapt to all the patients. The limited factors on application of three-field lymphadenectomy may be poor physical condition, systemic disease stage, and lower mediastinal including esophagogastric junction carcinoma of esophagus. Current studies did not clearly reveal a conclusion that how to choose the pattern. More strict evidence of clinical trials we demand to further analyse.