

Answering reviewers

Reviewer's code: 02575643

Reviewer's country: Italy

Science editor: Ya-Juan Ma

Date sent for review: 2016-11-13 13:23

Date reviewed: 2016-11-13 22:53

COMMENTS TO AUTHORS

Interesting paper which deserves publication. Several points to be made:

-The study should be registered in one of the major research registry. According to the declaration of Helsinki 1964, all prospective studies in human beings should be registered.

Answer: This study was reviewed and approved by the Ethics Committee of the Cancer Hospital affiliated with Fudan University. As the study started 8 years ago, at that time, we did not registered our clinical trial in website, please understand.

-There are few English grammar mistakes. The Authors should check the paper more carefully, asking the help of a native English speaking expert.

Answer: The article was edited by AJE and got the editorial certificate.

-It is important in these types of studies to have some quantification of the quality of life, using already standardized questionnaires.

Answer: Sorry, since the study started 8 years ago, we did not use standardized questionnaires. But for the patients who had finished the treatment and had a good tumor control, 90% of them lived a normal life.

-In this type of studies it is important also to monitor white and red blood cell counts. I am sure the Authors have done so. Can they report these data?

Answer: The data was added in the article. Among the alive patients, only 2 patients had grade 1 Hematological toxicity.

-They used a 4 weeks schema, using a large and then a restricted radiation field. Are there special reasons why they choose this schema?. It is quite cumbersome for the patients to undergo such a long schema. Is it not possible

to have a shorter schema, using a more restricted irradiation field with higher acceleration Radiation?

Answer: We choose this schema based on our past experience. The 4 weeks schema helped reduce acute toxicities and much people could finish the 4-cycle treatment. As a higher radiation dose may cause much more severe acute toxicities, the conventional radiotherapy was recommended.

-Is it not possible that some of Stage II, initially considered not resectable, after chemio-radiotherapy could be resected radically?

Answer: It is possible, but after the chemoradiotherapy, most people could have a clinical complete recovery.

-What the Authors mean for Stage II not resectable locally?

Answer: It means some patients had cervical esophageal cancer or could not tolerate surgery.

-How many patients had a stent for dysphagia and what was the effect of chemotherapy and radiotherapy on the stent? Any possible perforation?

Answer: In these 76 patients, none of them had a stent for dysphagia.

Reviewer's code: 00057492

Reviewer's country: Italy

Science editor: Ya-Juan Ma

Date sent for review: 2016-11-13 13:23

Date reviewed: 2016-11-14 04:29

COMMENTS TO AUTHORS

The authors report the long-term results of a combined chemoradiation regimen for esophageal cancer. Although this is not a RCT and no conclusive evidence of the superiority of this approach compared to conventional neoadjuvant therapy can be inferred, the authors should be congratulated for the long-term follow-up data which show acceptable toxicity.