

ANSWERING REVIEWERS

First, we want to thank the reviewer report and editorial office's comments. We made all the corrections following your valuable suggestions and we believe the quality of the manuscript really improved as compared to the first version.

PEER-REVIEW REPORT

Reviewer #1: Takeda et al. proposed a good paper with a quite large number of patients with adenocarcinoma of esophagoscope-gastric junction. This retrospective analysis compares the transhiatal approach with the three field esophagectomy with thoracoscopy. I have some question above the selection of patients and the results: in the transhiatal group the populations is older than the other group and this could be reflected in the difference of overall survival, maybe a propensity score match analysis could eliminate this bias. Another question rise from the neoadjuvant treatment, the 87% of thoracoscopy group received neoadjuvant treatment instead of the 46% in the transhiatal group. Also this bias could be reflected in the overall survival and a subgroup analysis is needed.

Thank you for your valuable comments. We have checked the multivariable analysis and found a missed data (age > 62 or < 62 years old). Therefore, we corrected the table in the revised version of the manuscript. This correction might contribute to minimize any bias regarding age.

Regarding neoadjuvant therapy, we agree with the reviewer's comment, since AEGJ has different treatment options. However, the study aimed to assess overall survival on AEGJ tumors considering a cohort of patients in a "real-world" setting. The neoadjuvant therapy was indicated just in patients > 3A staged. So, in early stages, there was no neoadjuvant treatment. Therefore, neoadjuvant treatment did not interfere in this subgroup analysis. Regarding advanced stages, there was no difference in overall survival comparing transhiatal and thoracoscopy esophagectomy. We believe that the possible limitation regarding the difference between groups receiving neoadjuvant chemotherapy was minimized by the multivariate analysis.

We included your point of view in the limitation section in the last paragraph of the discussion.

Editorial Office's comments

Science Editor: 1 Scientific quality: The manuscript describes a retrospective study of the thoracoscopic esophagectomy is related to better outcomes in early adenocarcinoma of esophagogastric junction tumors. The topic is within the scope of the WJG. (1) Classification: Grade C; (2) Summary of the Peer-Review Report: The authors proposed a good paper with a quite large number of patients with adenocarcinoma of esophagoscope-gastric junction. However, the questions raised by

the reviewer should be answered **(we did response all questions raised by the reviewer (see above))**; and (3) Format: There are 4 tables and 1 figure. (4) References: A total of 26 references are cited, including 1 reference published in the last 3 years **(we included 3 more references published in the last 3 years)**; (5) Self-cited references: There are 3 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations that are closely related to the topic of the manuscript, and remove other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated **(thank you for you comment – we did remove two references following your suggestion in the revised manuscript)**; and (6) References recommend: The authors have the right to refuse to cite improper references recommended by peer reviewer(s), especially the references published by the peer reviewer(s) themselves. If the authors found the peer reviewer(s) request the authors to cite improper references published by themselves, please send the peer reviewer's ID number to the editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade B. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, and the Institutional Review Board Approval Form. Written informed consent was waived. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJG. 5 Issues raised: (1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor **(we did include original pictures in the revised version and also uploaded a PowerPoint following your valuable suggestion)**; (2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout **(we did correct all references in the reference list following your instructions)**; and (3) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text. 6 Recommendation: Conditional acceptance **(we did include the article highlights following your instructions)**.