

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 84785

**Title:** Current status and future perspectives for the treatment of resectable locally advanced esophagogastric junction cancer: A narrative review

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03713896

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2023-03-28

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-04-11 08:19

**Reviewer performed review:** 2023-04-18 09:35

**Review time:** 7 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This review article focused on the current status and future perspectives of the treatment of locally advanced resectable esophagogastric junction cancer. The topic is undoubtedly appealing and of broad interest, since the incidence rates for these tumors are rising rapidly worldwide and a standardization and individualization of the treatment might lead to better prognosis for those patients. The authors revised and described deeply the main studies on surgical and oncological approaches, including the most recent ones. I think it is a good paper, but adding some considerations on the molecular characterization could be of interest. It has been shown that different molecular phenotypes of esophagogastric junction cancers exist. Thus, the evaluation and implementation of molecular biomarkers, rather than tumor location, plays an important role in future clinical trial designs and could impact on the therapeutic choice of such a patients. I suggest authors to add some comments on that.

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**Reviewer's code:** 03479748

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Sweden

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2023-03-28

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-04-25 20:25

**Reviewer performed review:** 2023-04-29 18:50

**Review time:** 3 Days and 22 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity to review this interesting manuscript titled “Current status and future perspectives for the treatment of resectable locally advanced esophagogastric junction cancer” This is a review covering many aspects of EGJ cancer. Introduction “have possibly been treated” what does this mean? Consider clarification or language review. “Further, resent studies” change to recent. Minimal-required prox margin length “Proximal margins larger” change larger to greater Optimal perioperative treatment for EGJAC CROSS study, is it really correct that survival benefit was limited in adenocarcinomas? As I recall survival benefit was shown in both SCCsa and adenocarcinomas? Stahl study, you state that the mortality was high after CRT but still the 3 year survival was better in the group treated w CRT compared to the CT group. Any mortality from the CRT will be taken into account in the survival analysis. Should NEO-aegis be mentioned here as well? GERCOR NEONIPIGA study, “at database lock” for how long were the patients studied at database lock? “Checkmate 577 study the prognostic”, consider removing prognostic

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**Peer-review model:** Single blind

**Reviewer's code:** 04970307

**Position:** Peer Reviewer

**Academic degree:** MMed

**Professional title:** Associate Chief Physician, Surgeon, Surgical Oncologist

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Japan

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**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-04-26 07:29

**Reviewer performed review:** 2023-05-07 12:35

**Review time:** 11 Days and 5 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This narrative review discussed the treatment of resectable locally advanced esophagogastric junction cancer, for which there have not yet reached a consensus in many aspects, such as the authors have mentioned, mediastinal lymph node dissection, minimal-required proximal margin length, perioperative therapy. It is a very nice review and valuable, and the writing is well. Here, I suggest three more topics on EGJ cancer that also discrepancies exist. First, the definition is inconsistent across regions and countries, including studies cited by this review, which may also determined the differences in treatment of EGJ cancer; Second, along with the popularization of laparoscopic and robotic technology, minimally invasive surgery has also been investigated in treatment for EGJ cancer, however, the evidence support its widely generalization is limited; Third, there has debate on the extent to which the stomach should be cut for EGJ cancer, some centers adopt total gastrectomy to avoid gastroesophageal reflux, while others may prefer proximal gastrectomy to retain some functions of stomach. Regarding the above mentioned three points, if there have some new advances have been made and is added into this review, this manuscript will be



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more complete and valuable.