

Format for ANSWERING REVIEWERS



March 13, 2014,

Dear Editor,

Please find enclosed the edited manuscript in Word format (Operable gastro-oesophageal junctional adenocarcinoma: where to next?: 8823-review.doc).

Title: Operable gastro-oesophageal junctional adenocarcinoma: where to next?

Author: Elizabeth C Smyth, David Cunningham

Name of Journal: *World Journal of Gastrointestinal Oncology*
ESPS Manuscript NO: 8823

The manuscript has been improved according to the suggestions of reviewers:

1. Format has been updated. Core Tip has been added with the following text.

"Cancer of the gastro-oesophageal junction is an increasingly common phenomenon. For patients with operable junctional cancer, the only curative treatment option is surgery, however the optimal peri-operative treatment is controversial. We review the evidence supporting the use of chemotherapy and chemoradiotherapy in the pre- and postoperative settings for these patients, and go on to highlight how current research into the molecular mechanisms underpinning gastro-oesophageal cancer may lead to future effective treatment options."

2. Revision has been made according to the suggestions of the reviewers

(1)Reviewer 1: The comments of this reviewer appear to have been made based on another manuscript as they comment on several issues which do not appear in our paper. We have therefore not made any changes based on these comments but are happy to receive another reviewers comments if the editor wishes.

(2)Reviewer 2: We thank the reviewer for these comments.

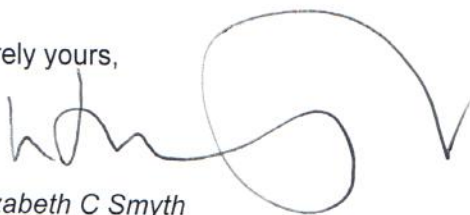
- We have amended the title at their suggestion to "Operable gastro-oesophageal junctional adenocarcinoma: where to next?".
- We have also amended the text to read *"Interestingly, in one study specifically exploring the genomic landscape of junctional adenocarcinoma almost half (49%) of recurrently mutated genes were unique to this tumour subsite when compared to previously reported mutations in gastric cancer.[33] Mutations are more frequent in key tumour suppressor genes such as p53 and ARID1A, but unfortunately these are currently more difficult to exploit therapeutically, although potentially actionable activating mutations have also been documented in genes such as FGFR4 and HGF.[32, 33]"* and referenced the paper which the reviewer suggested.
- We have referenced the table appropriately and added a reference for "SURF".
- We have re-proofed the paper.

(3)Reviewer 3: We thank the reviewer for these comments. As no suggestions for changes were made in this instance we have not made any.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Oncology*

Sincerely yours,

A handwritten signature in black ink, appearing to be 'Elizabeth C Smyth', with a large, stylized loop at the end.

Dr Elizabeth C Smyth

Department of Gastrointestinal Oncology

Royal Marsden Hospital

Downs Road

Sutton

SM2 5PT

Elizabeth.smyth@rmh.nhs.uk