



### ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 11175

**Title:** Does Hospital Type or Volume Affect Prognosis in Esophageal Cancer Patients Receiving Non-Surgical Treatments?

**Reviewer code:** 00048795

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-05-07 21:51

**Date reviewed:** 2014-05-24 17:18

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

In this manuscript, the authors have shown that the hospital type-outcome and volume-outcome were not associated with better outcome in non-surgically treated patients with esophageal cancer. However, after adjustment analysis, the significant prognostic factors included clinical TNM and hospital volume. After all, they mentioned that the survival of patients in very high-volume hospitals were worse compared to low-volume hospitals in non-surgically treated patients. The results of this study seem to be interesting, but I think that further investigation is needed to lead this result. (1) The authors should show the patient characteristics according to hospital type and hospital volume in non-surgical treatment patients (n=3955), not total patients (n=6106) in the table. (2) The authors should mention the content of non-surgical treatment such as chemoradiation therapy, chemotherapy, radiation therapy, etc. if possible regimen of these. And they should evaluate the relationship between prognostic factors and outcomes. (3) Non-surgical treatment may include heterogeneic factors compared to surgical treatment. From the result of this study, the authors want to be received non-surgical treatment in small volume hospital in case of esophageal cancer?



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**Title:** Does Hospital Type or Volume Affect Prognosis in Esophageal Cancer Patients Receiving Non-Surgical Treatments?

**Reviewer code:** 02534293

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-05-07 21:51

**Date reviewed:** 2014-05-24 21:03

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

This manuscript is well-written and provides important, even dramatic results regarding the relationship between hospital type or volume and treatment outcome in esophageal cancer patients. I thoroughly enjoyed reading and reviewing this manuscript. Some results are difficult to interpret, however, without additional information about the patients in the study. 1. It is very interesting, in ABSTRACT, you concluded that medical center and high volume hospital were not associated with better survival. Your results suggest hospital type and volume are significantly associated with poor treatment outcomes. So, do you really insist that patients should have been treated at lower-volume or non-medical center setting? Please clarify. 2. In multivariate analysis, both hospital type and volume are included as independent parameters. However, there must be interactions between the two variables. You better include interaction terms in the models. 3. Were there differences in duration or type of treatment between hospitals with high and low volume? This information should be provided. 4. English should be improved with help of a professional editing service.

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

**ESPS manuscript NO:** 11175

**Title:** Does Hospital Type or Volume Affect Prognosis in Esophageal Cancer Patients Receiving Non-Surgical Treatments?

**Reviewer code:** 02731212

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-05-07 21:51

**Date reviewed:** 2014-05-29 01:19

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

Patients with esophageal cancer who are treated surgically may have better outcomes if they receive treatment in high volume centers, but there is no comparable data for patients who are not treated surgically. Using information from a Taiwanese cancer registry from 2008-2011, the authors examined 4,000 patients with esophageal squamous cell carcinoma who did not undergo surgery. They found that center type was not an important predictor of 1- or 3-yr mortality and that patients treated in high-volume hospitals had significantly increased mortality compared to patients treated in low-volume hospitals. The manuscript is clearly presented and is an important cautionary tale that the data regarding surgical patients with esophageal cancer should not be casually extrapolated to non-surgical patients with esophageal cancer. My main concern is regarding the authors' claim that high-volume centers have significantly worse mortality. These claims are overstated, and it seems likely to me that within-stage patient differences rather than actual differences in care explains why the mortality appears increased at high-volume centers (i.e., that there is residual confounding). It would be useful to add a table showing stage-specific mortality, stratified by center volume, which would help the reader to assess within-stage mortality differences. Also, the inability to address confounding by within-stage mortality differences should be added to the manuscript as a limitation. Some minor points: 1. Although I assume that patients receiving home care (i.e., hospice) are included in the non-medical group, this should be explicitly stated. 2. Personally, I would remove



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

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the p-values from tables 1 and 2 since the purpose of the study is not to assess for differences in patients by hospital type/volume.



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

**ESPS manuscript NO:** 11175

**Title:** Does Hospital Type or Volume Affect Prognosis in Esophageal Cancer Patients Receiving Non-Surgical Treatments?

**Reviewer code:** 00058401

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-05-07 21:51

**Date reviewed:** 2014-06-01 23:37

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

The manuscript is very important,when we face the low progress that all the world had in the treatment of esophageal carcinoma,This reviewer thinks that the results presented by the authors are a consequence from the general trend of trying to make more than the not epecialized centers.In other words ,many refered cases do not deserve any procedure besides those alredy practiced.It is lacking a definition of what are the cases accessible to surgery ,for instance.The disappointing results courageously presented by the authors is the conclusion in all the world.To improve the results of excellence centers is necessary to stablish parameters more stern.The paper must be published