

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7474

Title: Transthoracic versus Transhiatal Surgery for Cancer of the Esophagogastric Junction: A Meta-Analysis

Reviewer code: 00043413

Science editor: Qi, Yuan

Date sent for review: 2013-11-21 09:47

Date reviewed: 2013-11-23 14:36

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"/> Existed	<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"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This manuscript was a meta-analysis. The authors described the efficacy and safety between transthoracic and transhiatal approaches for cancer of the esophagogastric junction. The results indicated shorter hospital stay, lower 30-day hospital mortality and decreased pulmonary complications in transhiatal group compared with transthoracic approach. Moreover, a potential survival benefit is achieved for type II and III tumors in transhiatal approach. This article was novel subject, reasonable structure and rational knowledge.

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7474

Title: Transthoracic versus Transhiatal Surgery for Cancer of the Esophagogastric Junction: A Meta-Analysis

Reviewer code: 00181182

Science editor: Qi, Yuan

Date sent for review: 2013-11-21 09:47

Date reviewed: 2013-12-05 16:49

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"/> Existed	<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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

In this metaanalysis Wei et al. investigated on the outcomes of transthoracic vs. transhiatal resection approaches for GE junction cancer. From a methodological point of view the paper appears sound. The adequate measures seem to be taken in order to draw the conclusions from this metaanalysis. The topic is not basically new or innovative, but still interesting for the distinguished reader. However before possible publication some issues should be addressed:

1. The discussion part should be restructured for some passages. Here parts from the results section are just repeated without interpretation. The authors should focus on discussing their results in the context of the existing evidence. What are the pros and cons for either transthoracic or transhiatal approach. What are the differences between high and low volume studies, or between retro- and prospective analyses?
2. Siewert did not invent three classifications, but one classifying three types of GE-junction cancer according to their position in relation to the anatomical cardia! Please correct throughout the manuscript.
3. Discuss the limitations and drawbacks in more detail. This is the most important part of the discussion in order to judge the value of such an analysis. Further omit the statement that language difficulties may influence the results. This may not be an issue. If the authors lack English language skills in order to extract and understand the data, then a translator should be involved.
4. English language has should be improved throughout the manuscript. It is strongly proposed to involve a native speaking person. Some passages are very hard to understand.
5. Change numbers such as 1-15 to words (i.e. "3 studies..." should be changed to "Three studies...").
6. Reference number 7 does not fit the statement ("Stein et al. suggested...")
7. Table 3: TH and TT most have been confused. It is assumed that "TT" means "transthoracic" and "TH" means "transhiatal". Please



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clarify. After addressing those issues recommendation for publication is strongly endorsed.