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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10282

Title: Successful Esophagectomy in a Patient with Combined Esophageal Cancer and Hemophilia B

Reviewer code: 02861252

Science editor: Yuan Qi

Date sent for review: 2014-03-24 13:13

Date reviewed: 2014-03-29 04:51

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 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 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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Good job...There is two important point, I think. 1)Some patients may not know that they have hemophilia prior to operation. Therefore, further tests and screening for hemophilia are essential for patients with preoperative coagulopathy to control the risk for intraoperative and postoperative hemorrhage, 2)Perioperative intravenous infusion of the prothrombin complex concentrate that be used to replenish coagulation factor IX is a simple method, and the medication is easy to source, hence avoiding the which mentioned some important problems.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10282

Title: Successful Esophagectomy in a Patient with Combined Esophageal Cancer and Hemophilia B

Reviewer code: 02861195

Science editor: Yuan Qi

Date sent for review: 2014-03-24 13:13

Date reviewed: 2014-04-01 23:26

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 checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The manuscript needs thorough English Language revision. The utility of the phrase "No significant abnormalities were found on physical examination, and no superficial bleeding or bruising was found on the skin" is not clear; it should be removed altogether, or rather a more proper statement providing an assessment of his hematological state should be made. It is not clear if bleeding time is performed in all patients routinely. Although it has been reported, the diagnosis of hemophilia in this case was made at a considerable age (45 years). In this sense, a paragraph explaining the retrospective anamnesis should be added. It is not clear if screening for inhibitor factors was performed prior to the scheduled surgery. According to present guidelines, measurement of serial factor levels during the surgical procedure must be carried out, and in the present report this is not even mentioned. It is clear that direct supplementation of the deficient coagulation factor is the most adequate therapeutic and preventive measure; however, the authors explain that due to its cost, this strategy was not followed. If such major surgery is to be performed, the use of this factor is probably justified. Anyhow, a word of caution on thrombotic adverse events with the use of prothrombin complex concentrate is warranted. The manuscript could probably benefit from an illustration of the surgical technique employed.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10282

Title: Successful Esophagectomy in a Patient with Combined Esophageal Cancer and Hemophilia B

Reviewer code: 02861175

Science editor: Yuan Qi

Date sent for review: 2014-03-24 13:13

Date reviewed: 2014-04-02 13:28

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"/> Existed	<input checked="" 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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

this case report is important for surgeon and internist or hematologist. there are some advise: 1). the word "combined" in the titleCombined Esophageal Cancer and Hemophilia B was not appropriate in this term. I think combined must be changed to co-morbid. 2). how to prepare hemophilia B patient who undergo surgery of esophageal cancer due to occurring of severe hemorrhagic during and after surgery is a common procedure in hematology disorder patients.Ivor Lewis esophagectomy was a common minimally invasive esophagectomy technique. If you mentioned to the "hybrid minimally invasive Ivor-Lewis esophagectomy", you must explain the advantage of hybrid minimally invasive Ivor-Lewis esophagectomy compared to minimally invasive Ivor-Lewis esophagectomy. 3) very interesting thing, if you insert the picture of the surgery technique of the patient to the manuscript.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10282

Title: Successful Esophagectomy in a Patient with Combined Esophageal Cancer and Hemophilia B

Reviewer code: 02861170

Science editor: Yuan Qi

Date sent for review: 2014-03-24 13:13

Date reviewed: 2014-04-05 15:25

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 checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The case report is important from the hematologist and surgical point of view. However few points need to be revised: 1) Retrospective anamnesis is missing. Screening for inhibitor factors prior and during surgery has to be done and provided. 2) Picture of the surgical technique has to be added 3) English Language revision needed



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10282

Title: Successful Esophagectomy in a Patient with Combined Esophageal Cancer and Hemophilia B

Reviewer code: 02861131

Science editor: Yuan Qi

Date sent for review: 2014-03-24 13:13

Date reviewed: 2014-04-06 08:53

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"/> Existed	<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)		BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

GENERAL COMMENTS (1) The importance of the research and the significance of the research contents; The authors of this article have been evaluated the case report which describe the perioperative management for reducing the risk for postoperative hemorrhage in hemophilia patients with esophageal cancer that need esophagectomy with esophagogastrostomy. Although recent reports on the surgical treatment for patients with hemophilia have been published, no detailed case reports are available on major operations such as esophagectomy. The importance and significant of the research contents is not high, because this combination of conditions (hemophilia and esophageal cancer) is rare. (2) The novelty and innovation of the research; Guofei Zhang et al. present the case of an esophageal cancer patient with hemophilia B who underwent a successful hybrid, minimally invasive esophagectomy (MIE) with perioperative intravenous infusion of a prothrombin complex concentrate to replenish coagulation factor IX. The novelty of the research represents the idea that screening for hemophilia is essential for patients with preoperative coagulopathy to control the risk for intraoperative and postoperative hemorrhage. For this reason very important to perform further test such us coagulation factor VIII, IX, XI, XII level, activated partial thromboplastin time, thrombin time, antinuclear antibodies and immunoglobulins (3). Selection of the appropriate surgical approach is important (the procedure should be consistent with oncological principles - resection should be performed as much as possible, the duration of the operation should be shortened as much as possible to minimize the intraoperative loss of coagulation factors, the procedure should be performed as minimally invasively as possible). The author suggests that the procedure which corresponds to these principles is hybrid Ivor-Lewis esophagectomy. Procedure with good outcomes



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performed at high volume centers by experienced esophageal surgeons. (2) Overall, minimally invasive esophagectomy is an integral tool that is safe and effective in the surgical management of esophageal cancer, and further study is warranted to determine if it should be the gold standard procedure. Prospective, randomized studies (not case report and case series) are necessary if any conclusion is to be made about the superiority of one surgical therapy over the other. (1) They mentioned that perioperative intravenous infusion of the prothrombin complex concentrate to replenish coagulation factor IX is a simple available method in comparison with direct supplementation of the deficient coagulation factors (more expensive) or direct infusion of plasma, complicated with allergies and fever. (3) Presentation and readability of the manuscript; Case report is well organized and analyses of modality to select the appropriate surgical approach are providing. Unfortunately, the authors don't present valuable conclusion. (4) Ethics of the research. Not relevant for this article (this article is case report) Bibliography 1. Yamamoto M, Weber JM, Karl RC, Kenneth L. Meredith KL. Minimally invasive surgery for esophageal cancer: review of the literature and institutional experience. *Cancer Control*. 2013 Apr; 20(2):130-7. 2. Kim T, Hochwald SN, Sarosi GA, Caban AM, Rossidis G, Ben-David K. Review of minimally invasive esophagectomy and current controversies. *Gastroenterol Res Pract*. 2012; 2012:683213. 3. Srivastava A, Brewer AK, Dr. Mauser-Bunschoten EP et al. Guidelines for the management of hemophilia. Second edition, Blackwell Publishing Ltd., 2012. Epub 6 JUL 2012. DOI: 10.1111/j.1365-2516.2012.02909.x. 4. Guideline for the management of patients with haemophilia undergoing surgical procedures Australian Haemophilia Centre Directors' Organisation. July 2005 <http://www.ahcdo.org.au/sitebuilder/publications/knowledge/asset/files/10/surgeryguidelinesfinalver27.7.06.pdf>. SPECIFIC COMMENTS