

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 27604

Title: Preoperative therapy in locally advanced esophageal cancer

Reviewer's code: 03551383

Reviewer's country: Germany

Science editor: Ze-Mao Gong

Date sent for review: 2016-06-11 21:22

Date reviewed: 2016-07-01 18:59

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

COMMENTS TO AUTHORS

The authors of this mini-review provide a compact overview of the neoadjuvant treatment in locally advanced esophageal cancer. The article is well written but has some minor limitations which should be corrected before publication: ? Although the authors focus on the preoperative therapy some explanations regarding perioperative therapy should be discussed. The conclusion of this review is that the preferred therapy is preoperative radiochemotherapy. This needs to be explained more detailed. It should be mentioned that perioperative chemotherapy is an established option and for this therapy problems of postoperative chemotherapy should be discussed (low rate of completion due to complications, etc.) ? The authors describe adenocarcinoma and squamous cell carcinoma of the esophagus. These two entities should be seen as two different types of cancer and therapy options should be explained for each of them. Squamous cell carcinoma seems to be significantly more sensitive to radiotherapy and definitive radiotherapy is seen as a suitable therapy in selected patients. These issues should be mentioned in the review. ? In several sections the literature is missing. (E.g. Introduction: Median survival rate after esophagectomy is 15 to 18 months with a 5-year survival rate of 20 to 25%. or Preoperative or Perioperative Chemotherapy: It is known that almost 50% of the



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patients do not respond to chemotherapy). Citations for these statements should be provided. These corrections should be made before publication. Beside from that, this is a very well written review on this topic. I would therefor recommend rejection with minor revisions.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 27604

Title: Preoperative therapy in locally advanced esophageal cancer

Reviewer's code: 00038617

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Science editor: Ze-Mao Gong

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

COMMENTS TO AUTHORS

In this review, the authors focused preoperative therapy such as radiotherapy, chemotherapy and chemoradiotherapy for resectable locally advanced esophageal cancer. The authors have concluded that preoperative chemoradiotherapy followed by surgery is current standard care for the management of locally advanced esophageal cancer. The manuscript is almost well written and covers recent reports. I recommend the conclusion would be more conservative. Minor Comment) The authors should revise their manuscript in consideration of the following issue. Preoperative chemoradiotherapy followed by surgery is currently the standard treatment in not all countries. In Japan, preoperative chemotherapy followed by surgery is the standard treatment. The optimum neoadjuvant treatment regimen has not been established, because including western and eastern populations, trials used different drugs, doses, and schedules of chemotherapy and radiotherapy. However, there is a global agreement for patients with locally advanced esophageal cancer, that neoadjuvant CRT remains strongly recommended compared to neoadjuvant chemotherapy alone.