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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 32140

**Title:** Optimal treatment strategy for Siewert type II and III adenocarcinoma of the esophagogastric junction: a retrospective cohort study with long-term follow-up

**Reviewer's code:** 00055273

**Reviewer's country:** Brazil

**Science editor:** Yuan Qi

**Date sent for review:** 2016-12-27 21:18

**Date reviewed:** 2016-12-28 01:13

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

Hosoda et al. present a retrospective case series of esophagogastric junction tumors to show the prognostic of lymph node dissection. The manuscript is interesting with a significant number of patients and a long follow-up. The authors briefly discussed the difference in lymph node harvesting between East and West. I would expand this commentary since a thoracotomy is rarely used in the West. The authors showed that inferior mediastinal lymph nodes should be dissected in tumors invading the esophagus > 3cm and that this is better accomplished through the chest. My question to the authors is if they changed their approach to a laparotomy (laparoscopy) only in patients with tumors affecting the esophagus < 3cm.