

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 75700

Title: Endoscopic debulking resection with additive chemoradiotherapy: Optimal management of advanced inoperable esophageal squamous cell carcinoma

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05845322

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Chief Doctor, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-02-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-25 04:31

Reviewer performed review: 2022-03-01 00:28

Review time: 3 Days and 19 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Comments to the author I am grateful for the opportunity to review this interesting manuscript entitled: "Endoscopic debulking resection with additive chemoradiotherapy: Optimal management of advanced inoperable esophageal squamous cell carcinoma". This report is interesting because it focused on EdR with additive CRT for inoperable ESCC patients which has not been previously reported yet. However, your manuscript has low priority for acceptance of this journal by reason of the following. Firstly, the number of patients was too small to evaluate the long-term outcomes which should prove the feasibility of this method. Secondly, I think this method is not safe for patients with advanced ESCC, because there was high frequency of complications after EdR (stenosis 19/41; 46%, esophagotracheal fistula 2/41; 5%). Your results did not suggest that this method was more suitable for patients with advanced inoperable ESCC than dCRT which was a present standard treatment for them. It may be safe and feasible for only inoperable patients with SM3 ESCC, in any case it should be evaluated with larger number of patients.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02955019

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Doctor, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-02-18

Reviewer chosen by: Qi-Gu Yao

Reviewer accepted review: 2022-04-14 05:39

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Review time: 4 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Dear Authors Thank you for giving me the nice opportunity to read this article. It is interesting to introduce a novel therapy called endoscopic debulking resection (EdR) followed by additive chemoradiotherapy (CRT) and evaluate its efficacy and safety, however it should describe the following queries. 1. Page 6, Line4 in PATIENTS AND METHODS; A mixture of saline solution diluted with methylthionine chloride and epinephrine was injected into the fundus of the lesion, ->For the elevation of lesion in endoscopic resection such as ESD which are often performed for large esophageal lesion, hyaluronic acid is commonly used for its efficiency and persistency. Please describe your intention about this point. 2. Page7, Line 8 in PATIENTS AND METHODS; The tumor was removed with a snare by fragment resection. ->For the prevention of perforation and the correct histopathological examination of resected specimen, ESD technique are considered to be tried on a priority basis. Please describe your intension, too. 3. Page 7, Line1-6 in PATIENTS AND METHODS; Chemoradiotherapy As for chemotherapy regimens, There should be some description about the indication of each regimen to the cases, because these assignment should have great influence on the treatment result. 4. Page8, Line 1-10 in Results; Baseline characteristics These data should be listed in one figure of Flow diagram, to make it easier to read. 5. Page 8, Line 11-18 in Results; Baseline characteristic, Table1 Table 1 should also contain the number %: percentage in each data column for easier recognition of digit data in the sentences. 6. Page 8, Line 19 - Page 9 Line 6; Outcomes and AEs of EDR and CRT These complicated data should be also described in one Table, for more smooth comprehension.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02552723

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Assistant Professor, Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Dear Authors, I read with interest your paper. Really I' confused the purpose of the research. You remembered that only CRT therapy is indagated for advance inoperable esophageal squamous carcinoma. It sure is that the patients with CRT therapy have better results !!! Why submit the patients at the endoscopic debulking with possible complications ? (bleending, esophageal stenosis , esophagealtracheal fistula). I think that it can be interesting compare two groups : debulking +CRT and CRT alone, to demonstrate the possible usefulness of debulking.

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Peer-review model: Single blind

Reviewer's code: 02936184

Position: Editorial Board

Academic degree: MBChB, MD, MRCP, MSc

Professional title: Consultant Physician-Scientist, Professor

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: China

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Reviewer chosen by: Qi-Gu Yao

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Dear authors Thank you very much for your research and effort. The study has good design and the topic is new. The main concern, it is a retrospective study with a small number of patients in a single institute. So, the results are not universally reliable and can not be used as a reference. These are local results of your centre. The discussion section: You did not compare your results with the other studies and did not give explanation for any discrepancy in results.