

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Oncology

**ESPS manuscript NO:** 23083

**Title:** Intensity modulated radiation therapy with simultaneous integrated boost based dose escalation on neoadjuvant chemoradiation therapy for locally advanced distal esophageal adenocarcinoma

**Reviewer's code:** 02669709

**Reviewer's country:** Germany

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2015-10-21 09:58

**Date reviewed:** 2015-10-26 14:28

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 type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" 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 present a retrospective analysis of an intensified regimen in neoadjuvant chemoradiation of advanced distal adenocarcinoma of the esophagus. This work is of interest for the oncology community for several reasons: - it is not clear whether chemotherapy, chemoradiation or a combination is the optimal treatment in this setting - while different new strategies of the chemo part have been tested recently, data on new rt-techniques is scarce - the cross trial used rather low rt doses, it is unclear if that is the right direction - there is a concern of increased preoperative morbidity after rt dose escalation, data with modern techniques is highly needed Therefore I recommend to consider this work for publication after major revision: 1. a clear description of the patient cohort must be included in the methods part to clarify the selection bias of this retrospective approach 2. a clear description of the rt technique must be included in the methods part (not in results) 3. the complications must be presented in detail with CTC grading, since there is wide spread reluctance to use dose escalated regimens fearing high preoperative morbidity 4. the authors report that the



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presented patient cohort is a subset of 17/57 patients treated neoadjuvantly. A comparison of this intensified approach vs. the classical approach might shed light into the benefit of dose intensification. With a clear comparison of remission rates, therapy response, toxicity and outcome this work will give important information on the value of dose escalation and might give the basis for future prospective trials 5. since remission rates, toxicity and outcome are the key parameters here, a thorough overview on the available data (maybe in a table) would enhance the meaning of this work. 6. the discussions needs to ask the question: is CR after 45 Gy and CR after 56 Gy comparable in terms of predicting outcome? Are we looking at something different here? The fact that a tumor is gone after 45 Gy probably means something completely different.....