February 21, 2017

Yuan Qi
Science editor
World Journal of Gastroenterology
Dear Dr. Qi,

Thank you for reviewing our manuscript **(ESPS Manuscript NO. 32140)** and for your pertinent and helpful comment. The reviewer's comment has been helpful in allowing us to revise our manuscript. Based on your recommendation, we have revised our paper in accordance with the reviewer's comment.

Thank you again for your positive comment on our manuscript.
We believe that the new version of our manuscript is more relevant after our revision.

Sincerely yours,

Kei Hosoda, MD, PhD
Department of Surgery
Kitasato University School of Medicine

Thank you for your pertinent and helpful comment on our manuscript. We have revised our paper accordingly.

Reviewer #1: 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.

Reply: Thank you for your comment. The JCOG9502 study reported no benefit for lower mediastinal LN dissection through a left thoracoabdominal approach in patients with ≤ 3 cm esophageal invasion. Our current study confirmed that patients with tumors affecting the esophagus ≤ 3 cm achieved no benefit from lower mediastinal lymph node dissection. In addition, transthoracic approach was proven to increases pulmonary complications. Therefore, thorough lower mediastinal lymph node dissection through a right or left thoracic approach would be unnecessary for these patients. If we changed our approach to a laparotomy (laparoscopy) only in patients with tumors affecting the esophagus ≤ 3cm, it would not impair survival outcomes and would reduce postoperative complications. That has been addressed in the Discussion section (Page 16, Line 22 to Page 17, Line 6).