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Professor Peter Schemmer
Editor-In-Chief
World Journal of Gastrointestinal Surgery

05 March 2023

Dear Professor Schemmer

We would like to submit the responses to the revisions required for the manuscript entitled 'Combined and intraoperative risk modelling for oesophagectomy: A systematic review' which has been provisionally accepted, pending corrections for the World Journal of Gastrointestinal Surgery. Manuscript ID 81842.

I have included the list of comments made by the reviewers and the associated responses in the pages below.

We look forward to hearing from your editorial staff at their earliest convenience

Yours sincerely.

Dr James Grantham (MBBS)
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Reviewer:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Minor revision
Specific Comments to Authors: Main Comments:

(1) This manuscript deals with risk modelling for oesophagectomy. A systematic review is provided. The presented results are limited by the quality of the data available in the literature. This is, of course, not the fault of the authors of this paper. They also offer critical insights from the clinical point of view and, on the basis of their evaluation, they define directions for future studies. In this context, this paper can be seen as an incentive to further research.

No correction required.

(2) Please check the names/citations; e.g., Tables 2 and 5: "Zalifirellis 2000" -> Zafirellis 2002; Reference List: "Hosmer DW, Lemesbow S"? (Hosmer-Lemeshow test).

Upon reviewing these issues, the error has been corrected. The publication from Zafirellis was published in 2002. I have also corrected the typographical spelling of Lemeshow in the reference list.

(3) Figure 2 should be improved.

We have improved this figure by including a key below which explains the abbreviations used within it. Beyond this, the authors are uncertain how it may be better presented, due to the simplicity of the information presented.

(4) Tables 1 and 2: Full terms should be provided for the abbreviations (e.g., in a footnote). Additional Comments/Suggestions:

These have been inserted.

(5) Abstract, Aim: "To evaluate which multivariate risk models, using intraoperative information with or without preoperative information, best predicts perioperative oesophagectomy outcomes" -> To evaluate which multivariate risk model, using intraoperative information with or without preoperative information, best predicts perioperative oesophagectomy outcomes (or: To evaluate which multivariate risk models, using intraoperative information with or without preoperative information, best predict perioperative oesophagectomy outcomes).

This has been amended in accordance with the reviewer's comment.

(6) Data Extraction and Synthesis: "Every publication meeting the inclusion and exclusion criteria was collected and study characteristics extracted" -> Every publication meeting the inclusion and exclusion criteria was collected and study characteristics were extracted.

This has been amended in accordance with the reviewer's comment.

(7) Methodological Quality: "No points were awarded in the instance of a criteria not being met" – I would use criterion as a singular and criteria as a plural (although "a criteria" is often heard in everyday life).

This has been amended in accordance with the reviewer's comment.

(8) Model Performance: "performance were also compared" -> performance was also compared.

I have re-written this sentence to correct it.

(9) Clinical Effectiveness: "We also appraised whether there was any evidence that the clinical application of any of these models have been proven to improve perioperative outcomes" -> We also appraised whether there was any evidence that the clinical application of any of these models had been proven to improve perioperative outcomes.

(10) Clinical Credibility: "for stratify patients" – for stratifying patients?

This has been corrected

(11) Discussion, fourth paragraph: "Many of the models incorporating intraoperative data identified in this review been found to be superior to pre-operative fitness testing in terms of post-operative outcomes" -> Many of the models incorporating intraoperative data identified in this review have been found to be superior to pre-operative fitness testing in terms of post-operative outcomes.

This has been amended in accordance with the reviewer's comments.

(12) Discussion, eighth paragraph: "The quality of the results in this study remain dependent on the accuracy and completeness of reporting within the original publications" -> The quality of the results in this study remains dependent on the accuracy and completeness of reporting within the original publications.

This has been amended in accordance with the reviewer's comments.

Additional corrections made to the manuscript upon author review:

We have updated the format of Table 5 to remove the row that contained "Other" which represented the Xi IPF and SAS nomograms, Yoshida model and Huang model. These have each their own rows. We have also clarified some of the tables to categorise the outcomes measured more consistently into either mortality, major morbidity, morbidity and respiratory complications. I have also updated the PRISMA diagram (Figure 1) to reflect the updated 2020 flow diagram format. This brings it into consistency with the other manuscript (ID 80597) that is currently in press.