



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 91363

Title: Optimal extent of lymphadenectomy improves prognosis and guides adjuvant chemotherapy in esophageal cancer: A propensity score-matched analysis

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05251595

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Armenia

Author's Country/Territory: China

Manuscript submission date: 2023-12-27

Reviewer chosen by: Yu Bai

Reviewer accepted review: 2024-04-07 19:50

Reviewer performed review: 2024-04-14 18:56

Review time: 6 Days and 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" 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

SPECIFIC COMMENTS TO AUTHORS

Authors performed an examination of the large study group and proved between number of removed lymph nodes and NRLN > 21 was an independent prognostic factor after ESCC surgery. Authors used a meticulous statistical analysis, formed nomograms for confirmation of the discussed hypothesis.



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Title: Optimal extent of lymphadenectomy improves prognosis and guides adjuvant chemotherapy in esophageal cancer: A propensity score-matched analysis

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Peer-review model: Single blind

Reviewer's code: 02845080

Position: Peer Reviewer

Academic degree: DNB, FEBS, FICS, FRCS (Gen Surg), MA, MBBS, MMed, MNAMS, MS

Professional title: Associate Professor, Director, Surgical Oncologist

Reviewer's Country/Territory: Singapore

Author's Country/Territory: China

Manuscript submission date: 2023-12-27

Reviewer chosen by: Yu Bai

Reviewer accepted review: 2024-04-02 01:08

Reviewer performed review: 2024-04-16 07:04

Review time: 14 Days and 5 Hours

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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty



Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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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

SPECIFIC COMMENTS TO AUTHORS

I read with interest the retrospective study demonstrating that 21 nodes and more harvested improves survival outcomes of ESCC patients. This is a retrospective study including large number of patients and my comments serve to improve the content of report. 1. The abstract has short forms that are not explained to readers what the full forms mean. NRLN and RPLN 2. Line 69 the NCCN statement needs citation 3. Dissection of node does not mean resection. So use resection to convey removal of node. Dissection is not appropriate. 4. Line 89 2 times pathology - pathologically confirmed. Omit one. 5. Line 90-92 exclusion reasons - please tell in brackets how many patients excluded for each reason. This is mandatory as you have a lot of exclusions 1821 minus 1042 patients (about 780 patients are excluded and is a large number that readers need to know. 6. Line 102 you need to define and tell readers what is standard lymphadenectomy, extended lymphadenectomy and total lymphadenectomy. All 3



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needs clarification and also tell how many of 1042 patients had which category of lymphadenectomy in your series. 7. Line 133 need to tell age range along with median 8. Is this propensity score matched study? If so this has to be told in title, abstract, and in method section. Also need to add details on what variables were matched for and process of matching and you need to give pre-matching as well as post-matching demography details, clinical details, etc. 9. Tables 1 and 2 do not contain a lot of essential details like albumin, comorbidities, weight, nutritional status, hemoglobin, liver function, performance status etc that are relevant in predicting outcomes. Missing too many clinically important prognostic variables. 10. The figure 4 i am unsure what the 6 graphs means for the 2 subgroups of 21 nodes. What does each figure mean? 11. I am also unsure why and how did you determine cut off as 21 nodes and not 15 or 16 or 17 or 18 or 19 etc node number. What is the basis? You have not told how you derived this magic number. 12. The AUC is below 70 which is 'okay, not a very good'. In relation to models, an AUC value of 0.9 mean an excellent discriminator between different prediction models. This has to be discussed and acknowledged as a limitation. 13. Line 253-254 -- tell why subgroup of patients did not derive benefit from adjuvant therapy. Why? Discuss this. 14. Similarly line 258-261 - why subgroup had worse prognosis despite adjuvant? I.e. adjuvant was harmful? Please discuss why so. 15. Could nutrition have a role due to foregut cancers causing eating/nutrition issues secondary to dysphagia or vomiting? 16. There is no mention or discussion about other issues relevant to perioperative care such as advances in anesthesia, pain management, ERAS or prehabilitation protocols similar to other foregut cancers which could impact survival outcomes or perioperative morbidity. 17. Esophagus surgery is technically complex. Similar to pancreas surgery, 90-day mortality outcomes and 1-year mortality outcomes must be reported. These are key performance indicators of a unit . Please report and also discuss the results. Thanks



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's code: 02845080

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Professional title: Associate Professor, Director, Surgical Oncologist

Reviewer's Country/Territory: Singapore

Author's Country/Territory: China

Manuscript submission date: 2023-12-27

Reviewer chosen by: Jing-Jie Wang

Reviewer accepted review: 2024-04-30 21:38

Reviewer performed review: 2024-04-30 22:07

Review time: 1 Hour

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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection



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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

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