

Peer Review File

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Reviewer Comments

Reviewer A

Authors have succinctly compiled a review of literature in this paper on a novel yet continually evolving minimal invasive technique of mediastinoscopic esophagectomy.

Reviewer B

We would like to congratulate the authors on their manuscript entitled: “can mediastinoscopic esophagectomy be a choice of curative surgery? From the viewpoint of the short term outcomes: a clinical practice review”. Please find our comments below.

Comment 1:

Introduction

-Line 68: add reference.

Reply 1:

I would add the reference number to the Line 68 as below;

Although the oncologic non-inferiority compared to the transthoracic surgery has been yet to be reported, studies on the safety and feasibility of the mediastinoscopic esophagectomy has been accumulated (9-13).

Comment 2:

-Line 68: “here I would review literatures...” doesn’t read as scientific and highly subjective.

Reply 2:

I would change the above description as below;

The aim of this review is to highlight the short term outcomes of the mediastinoscopic esophagectomy.

Comment 3:

Is the subheading in line 71 and thereafter part of the methods or introduction? This does not become clear.

Reply 3:

As the reviewer's comment points out, these subheadings should be included in either Introduction or Methods section. Therefore, I would insert a heading "Methods" before the line 71.

Along with the above-mentioned change, I would insert a heading "Results" before the subheading "Surgical outcomes".

Comment 4:

Add reference line 73.

Reply 4:

I would add two studies as reference for line 73. These references are numbered as 14 and 15. Along with the addition, the subsequent reference numbers were changed. The revised Table 1 also includes several changes in the reference number column.

Ref.14: Bonavina L, Incarbone R, Bona D, et al. Esophagectomy via laparoscopy and transmediastinal endodissection. *J Laparoendosc Adv Surg Tech A*. 2004;14(1):13-6.

Ref.15: Watanabe M, Yoshida N, Karashima R, et al. Transcervical superior mediastinal lymph node dissection combined with transhiatal lower esophageal dissection before transthoracic esophagectomy: a safe approach for salvage esophagectomy. *J Am Coll Surg* 2009;208(04):e7-e9

Comment 5:

Methods

-Was the search performed by a certified librarian? In addition, were MESH terms used?

Reply 5:

I regret that a certified librarian was not available. MESH terms were used.

Comment 6:

-“weeded out” isn't scientific nomenclature.

Reply 6:

I would change the phrase to “excluded.”

Comment 7:

-Was an analysis of bias performed?

-A paragraph on the intended statistical analysis is missing.

Reply 7:

In this paper, no statistical analyses were performed. Surgical outcomes were reviewed and highlighted. All of the currently accumulated studies reported acceptable surgical outcomes and it should be safely concluded that this surgical procedure is safe and feasible, as described in the Conclusions. However, limitations of this review should be newly mentioned as described in the comment below.

Comment 8:

Results

-Fourteen studies by 12 centers. Wasn't part of data overlapping?

Reply 8:

I regret that my description was too confusing. I would change the description in the "Surgical Outcomes" subheading as below;

The search hit fourteen studies from twelve institutes reporting perioperative outcomes and four review articles. There were two author groups (Zhu S et al. and Gan X et al.) reporting two studies. Only newer one of the two from the same author group were included in this review of surgical outcomes. Table1 and Table 2 list literatures from the twelve author groups together with their perioperative outcomes (8,11-13,17,21-27).

Comment 9:

-Different denotations of continuous variables are used; i.e., median and mean. In systematic reviews, such values are often converted for comparison purposes which is the primary goal of systematic reviews. Please do so.

Reply 9:

As mentioned above, any comparisons or statistical discussions were taken place in this review paper. I consider it acceptable that clinical data from the cited literatures are provided as the authors did.

Comment 10:

-Was recurrent nerve palsy temporary or persistent?

Reply 10:

There were no descriptions about the character of nerve palsy in the majority of the cited studies. Fujiwara et al.(Ref.11) reported the incidence of persistent palsy in one case (6.7%). Other three studies (Ref. 22, 24, 27) reported that the all case(s) of the RLN palsy were temporary.

We would add description below in near bottom of the “Postoperative course” paragraph;

Three studies reported that all cases of the laryngeal palsy in their series were temporary while only one case (6.7%) reported by Fujiwara et al. was persistent (11).

Comment 11:

An entire discussion section, as well as the limitations of the present study are missing.

Reply 11:

Before the “Conclusions”, I would like to add a paragraph “Limitations”

Limitations

In this paper, no statistical analyses were performed. All of the reviewed studies were retrospective studies or non randomized prospective studies.

Reviewer C

Comment 12:

This paper was well written as for the mediastinoscopic esophagectomy. There is one point. The indication of this procedure should be added for the readers' better understanding.

Reply 12:

Most of the cited studies excluded T4 cases and salvage surgery cases. I would add a new paragraph titled as “Surgical indication” before “Technical issue”;

Surgical indication

Considering the technical issues described afterwards, most previous studies excluded cases of clinical T4 and cases after definitive chemoradiotherapy. Meanwhile, patients with low pulmonary function regarded as border-line indication of one lung ventilation can be candidates of mediastinoscopic surgery.