AMJ AME MEDICAL JOURNAL
AN OPEN ACCESS GENERAL MEDICAL JOURNAL

Peer Review File

Article information: https://dx.doi.org/10.21037/amj-22-53

Reviewer comments

The authors have very well summarized the surgical approach to distal esophageal tumors, focusing more on the clinical practice aspect. Overall, the article is written logically and concisely, and is a good review. Moreover, the core content is summarized in a concise table.

Major Comments

1. My main suggestion is, can the authors provide some surgical pictures to better present the content of the article? Especially in the SURGICAL TECHNIQUES section. I think this could help a lot, especially for those younger surgeons.

Reply: We greatly appreciate the suggestion of the reviewer. We did primarily intend for this review to help guide readers through the clinical evaluation process of how to select the approach for esophagectomy for esophageal cancer, that would be of use to both surgeons but perhaps more importantly non-surgeons, but agree that figures can definitely enhance the utility of the paper. In response, we have added 4 figures, that demonstrate using imaging findings to guide selection of approach (figure 1), the importance of bronchoscopy in evaluating the possibility of airway involvement for more proximal tumors (figure 2), the creation of the gastric conduit during esophagectomy (figure 3), and the creation of the esophago-gastric anastomosis during reconstruction (Figure 4).

Changes in the text:

page 7: “A detailed understanding of the location and extent of the tumor is critical in order to obtain 5 cm proximal and distal margins, though most esophagectomy techniques can achieve these margins for distal tumors (Figure 1)”

Page 8: “For proximal and mid-esophageal tumors, bronchoscopy is needed to exclude invasion of the airway (Figure 2).”

Page 9: “The left gastric artery is ligated and divided, and then using fires of a linear stapler, the lesser curve of the stomach is excised, creating a gastric tube 4-6 cm in width (Figure 3)”

Page 9: “The anastomosis will lie in the posterior mediastinum, and can be handsewn or constructed with the help of a circular or linear stapling device (Figure 4)”

Pages 20-23: has both the new figures as well as the figure legends.

2. To better highlight the value of this review, I suggest the authors explain the rationale for reviewing this topic. For example, what is the significance of this review compared to existing practice reviews (e.g., PMID: 24834141, 15047918)? The authors may consider the unique characteristics of this review, e.g., incorporating extensive figure examples.

Reply: Thank you for this suggestion. We have added references to those reviews, and added the following text to the introduction:

Changes in the text: Page 3-4: "The rationale for this review was to provide a practical, clinically-relevant overview of the factors at play when selecting a surgical approach for a patient with a distal esophageal tumor. Prior reviews have focused on the non-surgical aspects of esophageal cancer treatment (Napier et al, World J Gastrointestinal Oncol, 2014), or were published prior to the widespread adoption of minimally-invasive esophageal surgery (Koshy et al, Oncologist 2004). We hope this review will provide a current, useful overview for both surgeons and non-surgeon clinicians as they care for patients with esophageal cancer before and after surgical resection."

Minor Comments

3. The introduction has highlighted the content of this whole manuscript, which is great. How about also clarifying the objectives of this review in the Introduction? This could provide readers even clearer guidance.

Reply: Thank you for the suggestion. Sections titled "Rationale and Knowledge Gap" and "Objective" have been added to the introduction.

Changes in the text: Pages 4:

Objective

The objective of this review is to provide a brief outline of the epidemiology, diagnosis, staging, and treatment of tumors of the distal esophagus, followed by a detailed comparison of the various surgical approaches to esophagectomy, and an overview of outcomes and complications.

4. In the Epidemiology section, how about showing data regarding incidence, mortality, and distribution of the disease worldwide, instead of just that in the USA?

Reply: Thank you for the excellent suggestion. A statement on global epidemiology has been added.

Changes in the text: Page 4: Globally, esophageal cancer is the 7th most common cancer, with over 500,000 new cases diagnosed annually, and approximately the same number of cancer deaths, underscoring the low survival rate. (Huang et al, Cancers 2021)

5. Though it is a review, a separate section on the STRENGTHS and LIMITATIONS of this review is highly recommended. I think this could promote a more intellectual interpretation.

Reply: Thank you for the excellent suggestion. A statement on strengths and limitations has been added.

Changes in the text: Page 17: Strengths and Limitations. The strengths of our review include the comprehensive nature of the discussion of the various approaches to esophagectomy, and their relevant indications and complications. The limitation of our work is that it is not a systematic review of all literature regarding esophagectomy, but rather a practical review of the considerations at play when selecting the surgical approach for a specific clinical scenario.

6. The authors have discussed the topic based on several cutting-edge evidence. I recommend the authors consider incorporating more recent studies in the review.

Reply: Based on the fact that 11 of the references are from 2019-2022, and 19 are from 2016 or later, we believe the information presented represents a very up-to-date review of the topic.
Changes in the text: N/A

7. Some points lack evidentiary support. The corresponding references should be cited. For example,
Line 118-120 "Given that the esophagus begins in the neck, traverses the chest in the posterior mediastinum, and ends in the abdomen, resection requires access to at least two, and sometimes all three of these spaces via separate incisions."
Reply: We believe this is a well-established fact of anatomy, and citation is not needed.
Changes in the text: N/A

Line 120-122 "Adjacent structures that may be damaged during resection include the trachea and mainstem bronchi, recurrent laryngeal nerves, aorta, thoracic duct, and spleen."
Reply: We believe this is a well-established fact of anatomy, and citation is not needed.
Changes in the text: N/A

Line 170-171 "The Ivor Lewis esophagectomy is the most common approach for tumors of the distal esophagus, and is performed via the right thorax and abdomen."
Reply: A citation has been added.
Changes in the text: Please see added citation on page 9.

Line 190-191 "The three-incision esophagectomy, also called McKeown esophagectomy, begins in the right chest with the patient in left lateral decubitus position."
Reply: A citation has been added.
Changes in the text: Please see added citation on page 10.

Line 222 "Transhiatal esophagectomy is performed by accessing the abdomen and left neck."
Please recheck the full text to ensure all the statement is evidence-based (not just the above).
Reply: A citation has been added.
Changes in the text: Please see added citation on page 11.