Reviewer's report

**Title:** Chemotherapy Followed by Surgery versus Surgery Alone in Patients with Resectable Oesophageal Squamous Cell Carcinoma: Long-term Results of a Randomized Controlled Trial

**Version:** 2  **Date:** 29 January 2011

**Reviewer:** Mark Smithers

**Reviewer's report:**

Major revision

The patterns of recurrence should be one table with all patients according to randomisation. There is little value having the R0 and R1 subgroups separate given the small numbers. (I believe the authors misunderstood my comment about this in the first review)

I never seen the "6 month from randomisation" used for DFS.

A RCT should be analysed from randomisation. the fact that some patients may not get a treatment is a fact of life and will happen in real life. the analysis of the RCT in all variables should be on the intention to treat basis.

I do not believe the authors have justified adequately in the text, why it is reasonable and valid for them to go outside the typical analysis of an RCT.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests