Reviewer's report

Title: Lymph node enlargement after definitive chemoradiotherapy for clinical stage I esophageal squamous cell carcinoma.

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This manuscript focuses on two issues: one of which is the clinical early stage of esophagus ca treated with definitive chemoradiation treatment; the second is the characterization of lymph node enlargement of which benign enlargement complies more than 50% post chemoradiation therapy.

The concern about this paper is that although this may be common in the authors’ country for stage I to receive combined chemoradiation treatment for those who refuse surgery, in other centres outside Japan it would actually be treated with radiation alone. The staging of clinical stage I can be assisted with PET scans which are available in most centres. It is understood that the research is a retrospective study from 2006 to 2011, the application of the finding to the literature may be questionable for the justification of combined chemoradiation in a very early clinical stage with potential curable disease. The short-term and long-term complications resulting from treatment could be difficult to justify in many other centres.

The use of combined chemotherapy with radiation dose of 60 Gy is more than the convention of 50.4 Gy for esophagus ca with early stage concurrent with chemotherapy, treatment side effects are probably expecting to be more. In addition, it will be useful to identify the enlarged nodes whether they are within or outside the radiation port to eliminate the possibility of high dose radiation chemotherapy can have some potential effects on the lymph node enlargement in follow up. The availability of a PET scan for investigation in staging becomes quite trivial in many centres and that could be used for assisting in managing a follow up of benign lymph nodes or recurrence of disease.

Although this paper is written reasonably well, there is unusual information of clinical stage I with enlarged lymph nodes for esophagus after treatment, the contribution to the literature from this finding is to a rather small patient subgroup makes it less attractive to support the publication of this manuscript.

If other reviewers have strong feelings in supporting the publication of this paper,
at least this paper requires major revisions as well as the above-mentioned concerns to be clarified and to address the limitation of the research work.

Thank you for inviting me to provide my honest opinion for this manuscript.