Author's response to reviews

Title: Cervical lymph node metastasis classified as regional nodal staging in thoracic esophageal squamous cell carcinoma after radical esophagectomy and three-field lymph node dissection

Authors:

Junqiang Chen (uno12345@163.com)
Sangang Wu (unowu12345@hotmail.com)
Xiongwei Zheng (zhengxiongweij@163.com)
Jianji Pan (pancaizhufj@163.com)
Kunshou Zhu (zhukunshoufj@163.com)
Jiancheng Li (chenyaunmeijf@163.com)
Lianming Liao (liaolianmingfj@163.com)
Yu Lin (linyunfjs@163.com)
Zhongxing Liao (liaozhongxingmd@163.com)

Version: 2Date: 11 October 2014

Author's response to reviews:

Date: Oct 10, 2014
Dear Editor and Reviews

First of all, we thanks editor and reviews for their careful reviews and positive, constructive and insightful suggestions. We have carefully addressed the issues raised by the reviewers, point by point. All changes made to the text are highlighted in red so that you can easily identify. With regard to your comments and suggestions, we wish to reply as follows.

1. COMMENTS
a) Comments to be passed to the authors:

The paper focuses on the outcomes of cervical lymph node metastasis in squamous cell carcinoma of the esophagus. Although it is a retrospective study, it analyzes a large no of patients. Paper is well written. Their results are supportive of current staging system. However it has a short discussion for such a paper. Comments are below:

1. Abstract: 101, 104, 102 and 103 are not explained in the methods section thus they are not understandable.

Answer: Thanks for the reviewer’s comments. The corresponding parts have been added in Abstract.

2. Results: The frequency of CLM in thoracic SCC is well known. In figures 2 and 3 did the patients have any other lymph node metastasis other than cervical
lymph nodes. If so, this should be clarified. It would be important to see if the survival rates in patients with isolated metastasis to CLs and with more than one metastasis to CLs and CL metastasis plus metastasis to other thoracic/abdominal locations. If the authors wish to give a message for new staging, current staging only relies on the number of lymph nodes and not the location (or multiple locations). In table 2, does no of lymph node metastasis means only cervical LN metastasis?

Answer: Thanks for the reviewer’s comments. We have added the corresponding parts in Results in the revised manuscript as follows,

Survival of different fields of positive lymph nodes according to the pN stage

The 5-year OS rates were 43.0%, 25.5%, 10.2% in patients with 1 field (cervical LNs), 2 fields (cervical+mediastinal, and/or cervical+abdominal LNs), and 3 fields (cervical+mediastinal+abdominal LNs) positive LNs, respectively [P<0.0001, HR (95% CI) 1.643 (1.437-1.878)] (Figure 4A). Subgroup analysis showed that the number of fields of positive LNs did not impact the OS according to different pN stage (all P>0.05) (Table 3 and Figure 4B-D). The OS between cervical+mediastinal positive LNs and cervical+abdominal positive LNs were not significantly different (Table 3 and Figure 5).

The lymph node metastasis in Table 2 means only cervical LN metastasis. We have revised the title of Table 2.

3. The authors also report favorable results with postoperative radiation. They should also report the complications related with postoperative radiation as this is not a widely accepted strategy due to the risks of radiation induced complications.

Answer: Thanks for the reviewer’s comments. We have added the corresponding parts in Results as follows:

Toxicity of postoperative radiotherapy

Early toxicities related to postoperative radiotherapy were gastrointestinal reactions (swallowing pain and loss of appetite) accounting for 28.3% (71 patients), bronchitis (cough) accounting for 21.1% (53 patients), and leukopenia accounting for 34.3% (86 patients, including 80 patients with grade 1-2 and 6 patients with grade 3).

Late toxicities were nonmalignant pleural effusion pericardial accounting for 2.4% (6 patients), radiation-induced pulmonary fibrosis accounting for 2.0% (5 patients), thoracic ulcer bleeding accounting for 1.2% (3 patients), anastomotic stricture accounting for 1.6% (4 patients), and anastomotic fistula accounting for 0.4% (1 patient).

4. Recurrence data should also be included. This is especially important to justify application of postoperative radiation.
Answer: Thanks for the reviewer's comments. We have added the corresponding parts in Results as follows:

Pattern of disease progression

Postoperative radiotherapy reduced the recurrence rate of cervical and mediastinal LN compared with surgery alone (P<0.05). The pattern of disease progression in patients with and without postoperative radiotherapy is shown in Table 5.

5. We do not need the total no of dissected lymph nodes in table 1. Line 2 in Table 1 should be deleted.

Answer: Thanks for the reviewer's comments. We have deleted the corresponding parts in the revised manuscript.

6. A minor revision for language mistakes and reconstruction of English phrases is needed.

Answer: Thanks for the editor's comments. We have looked for a native English speaker to help the modification of the revised manuscript.

--------------------------------------------------