Reviewer's report

Title: Oesophagectomy rates and post-resection outcomes in patients with cancer of the oesophagus and gastro-oesophageal junction: A population-based study using linked health administrative linked data.

Version: 1 Date: 29 August 2012

Reviewer: Ryan Merkow

Reviewer's report:

Stavrou et al present their work entitled “Oesophagectomy rates and post-resection outcomes in patients with cancer of the oesophagus and gastro-oesophageal junction.” Their main objectives were to examine rates of esophagectomy and postoperative outcomes among a cohort of patients with and without the inclusion of gastroesophageal junctions tumors. Their main findings were resection rates increased with the inclusion of GEJ cancers, and 30-day complication rates were less in the GEJ cohort. I have a number of questions for the authors, separated into major and minor issues.

Major Issues

1. The introduction was somewhat fragmented and could perhaps be reframed. The authors talk about quality measurement, oversight, public reporting etc., but never make it clear why they evaluate resection rates, and why it is important to consider the influence of including GEJ tumors.

2. The authors focus on predictors of complications between the cohorts studied, which again do not really fit with how the paper was set up in the introduction. Why is it important to assess predictor of complications with and without the inclusion of GEJ tumors? This may be an interesting question, however it was not clear why based on the set up.

3. Presumably any initiative measuring surgical outcomes would risk-adjust for procedure type and tumor location. Why is it important to document a difference?

4. There is randomized trial data supporting non-operative treatment for squamous cell cancer. Although this remains controversial, it may not be appropriate to include these tumors if truly focused on comparing resection rates between esophagus and GEJ tumors.

5. The authors include metastatic cancer in the cohorts. May make it a cleaner message by removing these patients as well.

6. The complication models with the overall cohort of esophageal and GEJ cancers does not appear to have controlled for tumor location.

7. It is unclear what the authors consider 30-day complications. This should be clarified in the methods.

Minor Issues
1. When reporting survival, it would be helpful to know overall follow-up.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests