Reviewer’s report

Title: Neoadjuvant or adjuvant therapy for resectable esophageal cancer: a practice guideline

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Reviewer: Rajendra A Badwe

Reviewer’s report:

1. The question posed by the authors, though not new, is something that is important for clinicians managing esophageal cancer. There is a lack of comprehensive guidelines based on currently available evidence, a void which this article aims to fill. However, the various treatment approaches considered here (13 comparisons in all) tend to dilute the impact of the guidelines on important areas of controversy. The real areas which need recommendations on management are the role of preoperative chemotherapy, postoperative radiotherapy, preoperative chemoradiotherapy, postoperative chemotherapy and preoperative radiotherapy (in descending order of importance). The other treatment approaches considered here (though they complete the available evidence on management of esophageal cancer) are not real controversies which require to be addressed. For eg, once it is established that neither preoperative nor postoperative radiotherapy is recommended for resectable esophageal cancer, summating the evidence comparing pre and postoperative radiotherapy or comparing pre+postoperative radiotherapy with postoperative radiotherapy alone is superfluous.

2. The methods followed are appropriate and well described and are reproducible.

3. The data, all drawn from previous published trials on the subject, is sound.

4. The discussions and conclusions are well balanced and supported by the data presented.

5. The title and abstract convey the content of the article accurately. However, again the need to include thirteen treatment approaches makes the abstract (especially the Results) longwinded and verbose. It would be crisper if only the important five treatment approaches are considered.

6. The writing is acceptable apart from minor mistakes in grammar and punctuation. Style could be improved.

Discretionary revisions

The article, in attempting to give a comprehensive summation of all possible evidence currently available in esophageal cancer, analyses issues which are no longer contested – i.e., the comparisons apart from the important five listed above. This dilutes the impact of the whole paper. The paper would be crisper and hold the reader’s attention better if the comparisons were limited to the role of neoadjuvant chemotherapy, postoperative radiotherapy, preoperative chemoradiotherapy, postoperative chemotherapy and preoperative radiotherapy, which are the only real issues in the management of esophageal cancer.

Minor compulsory revisions

1. The 1 and 3 year survival rates and the adverse effects in the postoperative radiotherapy trial by Xiao et al are reported in the original article, contrary to Table 3 which states that they are “Not reported”. This needs to be corrected.

2. In the preoperative chemotherapy versus surgery only group, there is no explanation as to why only seven trials are listed in Table 4 though the two meta analyses on the topic (Urschel and the Cochrane review) have listed eleven trials. For eg, it would need to be explained that the Roth and Kelsen trials were not included because they involved postoperative chemotherapy also.

3. In the preoperative chemotherapy versus surgery only group, there are seven trials listed in Table 4 but only six considered for the meta analysis in Figure 3. An explanation is required as to why the Kok trial was excluded from the analysis.
What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

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

Statistical review: Yes

Declaration of competing interests: None