Reviewer's report

Title: Recurrence risk after Ivor-Lewis oesophagectomy for cancer

Version: 1 Date: 10 May 2013

Reviewer: Olivier Facy

Reviewer's report:

The authors report their results after Ivor-Lewis procedure in terms of overall survival and disease free survival. Their results are interesting, mainly because pre-operative stenosis is a new risk factor of relapse and is very easy to check during pre-operative workup.

Major revisions:

1. The collection of the data has been stopped on March 2010, on a cohort of patients operated on until December 2009. An actualization of the data on March 2013 will permit to get all the 5-year OS and DFS, and improve the strength of the conclusions.

2. Some per-operative data are risk factors of bad prognosis and are missing in this study: bleeding, operative time… It is probably difficult to find it during a retrospective study, but it should be discussed.

3. There is a high rate of middle third tumor, so the proximal margin on the esophagus specimen must be added in the results, and the place of 3-fields esophagectomy must be discussed.

Discretionary revisions:

1. In the results section, some points should be clarified:
   Did some patients receive immunonutrition?
   Extended stay in ICU, overweight/obese must be defined
   The lymph node ratio must be defined in the results section, not in the discussion

2. Table 1: define GORD
   The number of harvested lymph nodes must be added

3. Some signet ring cell adenocarcinoma were probably present in the pathology report, but their number is probably too small to study it as a risk factor. Nevertheless, it should be provided and discussed.

4. The major complications should be defined as Clavien Dindo >3

5. When the biases of the study are discussed, the monocentric aspect must also be discussed.

6. This sentence in the discussion section is quite long and should be separated in two sentences: “These studies, showing the importance of node involvement as a quantitative and not only qualitative factor, are behind the recent changes to the 2009 UICC TNM
classification now

distinguishing different stages of nodal involvement for oesophageal cancer, superimposed on the oesophagogastric junction cancer classification, whereas it included only a single stage of nodal involvement in the previous version [11].”

7 As compared to the rectum cancer, we don’t know if we should treat patients if their tumor has regressed (as it is chemosensitive) or patients with bad prognosis factor. Please discuss it as it reinforces the need of studies like the one you performed.

8 page 12: Stenosis is the main new factor found in the study, and is clearly associated with a high pT stage and the quality of the resection, but also with the nutritional status

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests’