Author’s response to reviews

Title: Surgical treatment of esophageal carcinoma with curative intent: analysis of a single center experience.

Authors:

Tiziano De Giacomo (tiziano.degiacomo@tin.it)
Paolo Trentino (paolo.trentino@uniroma1.it)
Federico Venuta (federico.venuta@uniroma1.it)
Socratis Tsagkaropoulos (stsagkarop@yahoo.com)
Pasquale B Berloco (pasquale.berloco@uniroma1.it)
Daniele Diso (daniele.diso@uniroma1.it)
Federico Francioni (federico.francioni@uniroma1.it)

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Re: Journal of Cardiothoracic Surgery MS: 9094071782809329

Surgical treatment of esophageal carcinoma with curative intent: analysis of a single center experience.

Tiziano De Giacomo, Paolo Trentino, Federico Venuta, Socratis Tsagkaropoulos, Pasquale B Berloco, Daniele Diso and Federico Francioni.

All the changes in the manuscript have been typed in red

REVIEWER #1  Sergio Coda

I would like to thank Dr Coda for his nice comments and suggestions. All the minor revision suggested mainly print errors or grammatical revision have been corrected.

REVIEWER # 2 Mario Santini

I would like to thank Prof. Santini for his suggestions and comments. The spelling errors have been corrected.

The extent of lymph node dissection required in patients with esophageal cancer is still controversial. We agree with Prof. Santini about the fact that the number of nodes involved by the cancer means a more advanced stage and might represent a prognostic factor, although there are not yet randomized trial that clearly demonstrate that extensive lymphadenectomy improves survival. One of the potential advantage of trans-thoracic approach is the improved lymph node dissection into the mediastinum. It is unclear if the observed better survival results of three fields lymphadenectomy may be in part because stage migration (improved staging) rather than a true therapeutic benefit. For this reason in order to reduce perioperative complications (usually significant after three fields nodal dissection) we prefer two fields lymphadenectomy. In this study we classified patients following the TNM staging system but we did not correlate the numbers of positive nodes with the outcome. The presence of clearly extra-capsular nodal invasion was observed intra-operatively only in 1 case probably because this is an highly selected
group of patients. When evident nodal involvement is discovered pre-operatively, induction chemotherapy is started.

I hope now the paper is suitable for publication.

Best regards

Tiziano De Giacomo M.D.