Author's response to reviews

Title: Impact of ABO blood group on the prognosis of patients undergoing surgery for esophageal cancer

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Author's response to reviews: see over
Dear editor,

Thank you very much for arranging a timely review for manuscript. We also thank the reviewers for their constructive comments, which we have studied carefully. Accordingly, we have made the revisions which are highlighted in red in the revised manuscript. Point-to-point replies are listed below. I would like to resubmit this revised manuscript to BMC Surgery, and hope it is acceptable for publication in the journal.

Looking forward to hearing from you soon.

With kindest regards,

Yours Sincerely

Minxin Shi

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**Point-to-point replies**

**Responses to Referee 1**

**Question 1-3**

**Answer:** Thanks for your comment. In our study, ABO blood group was not significant in univariate analysis. The non-significant factor in univariate analysis enrolled in multivariate analysis seems to be improper. However, after learning a recent published study on ABO blood group and pancreatic cancer carefully (Rahbari et al. ABO blood group and prognosis in patients with pancreatic cancer. BMC Cancer. 2012 Jul 28;12:319. doi: 10.1186/1471-2407-12-319), we found that the non-significant factor (ABO blood group) in univariate analysis was included in multivariate analysis. In the revised manuscript, other factor was included in multivariate analysis. And the negative conclusion was given, that is ABO blood group was not associated with survival.

**Question 4**

**Answer:** Thank you for your suggestion. The biological behavior of upper esophageal cancer may be different from that of middle and lower esophageal carcinoma. However, in our study, only 21 cases (5.2%) were classified as upper esophageal cancer. A minority of upper esophageal adenocarcinoma cases may have a weak impact on the results. Future studies may look into this aspect during case enrollment.
Question 5

Answer: Following to your suggestion, in the revised manuscript, the survival data was displayed in table 2.

Question 6

Answer: In our study, N stage (N1-3) was grouped by number of metastatic lymph nodes. And the factor of N stage was included in univariate and multivariate analysis

According to your suggestion, some spelling mistakes and incorrect grammar was amended by a native English speaker with scientific expertise in the revised manuscript.

Responses to Referee 2

Question 1

Answer: Thank you for your suggestion. The mean age in different blood group was listed in table 1. And we found that there was no significant difference was observed between age and ABO blood group (P=0.669).

Question 2

Answer: The association between ABO blood group and stage was displayed in table 2. And in our revised, the factor of grade was included in univariate and multivariate analysis.

Question 3

Answer: Thanks for your comment. As we stated in the section of follow-up, all cases were followed up every 3 months for the first 2 years after operation, every 6 months for the following 3 years. The interval between follow ups was short (three months) especially during the first two years. This may reduce surveillance.

Question 4

Answer: Thank you for your suggestion. During the period of follow-up, we tried our best to contact with each case. Unfortunately, there were still 16 (3.9%) cases loss to follow up. And the clinicopathological feature for the cases with loss to follow up was similar to others.

Question 5

Answer: Following to your suggestion, the cut off P-value was modified, and other variable (grade) was included in multivariate analysis.

According to your suggestion, some spelling mistakes and incorrect grammar was amended by a
native English speaker with scientific expertise in the revised manuscript.

**Responses to Referee 3**
Thank you for your comments. Following to your suggestion, the multivariate analysis was modified in our revised manuscript.

**Responses to Referee 4**
Following to your suggestion, some spelling mistakes and incorrect grammar was amended by a native English speaker with scientific expertise in the revised manuscript.