



Author response to: Impact of postoperative chemotherapy on survival for oesophagogastric adenocarcinoma after preoperative chemotherapy and surgery

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Dear Editor

We thank our colleagues for their interest in our manuscript¹ and the opportunity to reply to their correspondence.

In reply to the first point, we agree that tumour regression grade (TRG) or other measures of response to chemotherapy would have been beneficial in interpreting the results of this study. It is unfortunately however not a data point collected within the National Oesophago-gastric Cancer Audit (NOGCA) and hence unavailable for this study. This is acknowledged as a limitation within the manuscript. Nonetheless, the close relationship between circumferential resection margin, ypT/ypN stage, and TRG would be expected to mitigate the absence of TRG in the propensity score model. Similarly, direct data on chemotherapy toxicity were not available in our data. We included time from diagnosis to surgery and number of cycles received pre-surgery as surrogate markers of patient tolerance to preoperative treatment, which again should help to reduce the importance of these missing data.

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Reference

1. Rahman S, Thomas B, Maynard N, Park MH, Wahedally M, Trudgill N *et al*. Impact of postoperative chemotherapy on survival for oesophagogastric adenocarcinoma after preoperative chemotherapy and surgery. *Br J Surg* 2022;**109**: 227–236