

Dear Editors and Reviewers,

Thank you for reviewing our manuscript entitled "**Comparative efficacy and safety between endoscopic submucosal dissection, surgery and definitive chemoradiotherapy in patients with cT1N0M0 esophageal cancer**" (Manuscript NO.: 90073, Retrospective Study). The reviewers' comments are valuable and helped us revise and improve our manuscript. We have studied the comments carefully and made corrections that we hope will be met with approval.

The main corrections in the paper and the responses to the reviewer's comments are as follows:

### **Reviewer #1:**

**1. Critique 1:** In my opinion, the abstract is too cumbersome and is hard to catch the key point. The keywords need to be more detailed.

**Response 1:** Thank you for these questions. Following your suggestion, we have revised the abstract, while systematically summarizing the important results and conclusions, highlighting the importance of the study and providing more detailed keywords.

**2. Critique 2, 3 and 4:** **2** In the Introduction part, the new features of the proposed method and the main advantages of the results over others should be clearly described. **3** An introduction should clearly highlight the motivation, problem statement, the objective of the paper, gap in the existing research and the novelty of the conducted research. **4** Manuscript needs a good introduction, the introduction section of the manuscript is weak, authors are advised to improvise the introduction section.

**Response 2, 3 and 4:** Thank you very much for your valuable advice, we according to your advice to write a new introduction. We clearly clarify the shortcomings of the existing studies of treatments in cT1N0M0 esophageal cancer, and show the purpose and innovative of the study, emphasizing the importance of the study, we believe that the new introduction can attract the interest of readers, enhance the readability of the article.

**3. Critique 5:** The contributions presented in this paper are not sufficient for possible publication in this journal. I highly suggest authors to clearly define the contributions.

**Response 5:** Thank you very much for your valuable suggestion. This is the first retrospective study to compare overall survival (OS), recurrence free survival (RFS) and complication rate of ESD, surgery and d-CRT. In this study, we found that ESD attained better survival benefits and lower hospitalization costs than surgery and

d-CRT, and they had similar complications rates. This study provides a more comprehensive analysis of the efficacy and safety of current cT1N0M0 EC treatment patterns, as well as new evidence for the use of ESD in cT1N0M0 EC. To our knowledge, our study is the first to compare the effects of three treatments for cT1N0M0 EC. In addition, there are relatively few studies on d-CRT for cT1N0M0 EC patients, and our study can provide relevant evidence of d-CRT for cT1N0M0 EC, so it has a certain innovation.

**4. Critique 6:** The "Result and Discussion" section requires further attention and clarification, as it currently falls short in adequately explaining the research findings. Furthermore, it is essential to present the results in a clear and well-organized manner. This could involve using tables, graphs, or other visual aids to help convey complex information more easily. It may also be helpful to break down the results into smaller, more manageable sections.

**Response 6:** Thank you for your useful advice. We have partially modified the results and discussion sections to remove redundant content. We divided the results section into three parts: 1) Patient characteristics and complications, 2) Hospitalization costs and follow-up, 3) Survival analysis. We came to the following main conclusions based on our findings: ESD outperformed surgery and d-CRT in terms of survival and hospitalisation expenses, while also having similar problems rates. In the discussion section, we first conducted an exploratory analysis of the causes of survival outcomes according to the population characteristics of the study, then discussed the complications, and finally summarized the experience of our center and the shortcomings of the study.

**5. Critique 7:** The conclusions presented in this manuscript are lacking in depth and sophistication. I would recommend revising and expanding upon your conclusions to more effectively summarize and interpret the research findings.

**Response 7:** The research depth and complexity of this paper are lacking, however the result of this paper reached our original planned research goals and it has innovation. We did not conduct subgroup analysis of survival outcomes due to a lack of samples and data, and the description of complications is insufficient; we intend to conduct the major research on these topics in the future. Furthermore, we believe that the conclusions, methodology and innovation of this study are consistent with the objectives and scope of this journal, and we hope that editors and reviewers may agree with the publication in this journal.

We hope this revised manuscript addressed all of your comments and suggestions. We appreciate the efforts of the reviewers and hope that these revisions will be

approved. Once again, thank you very much for your comments and suggestion.

Sincerely,

Chun-yu Huang