Supplement Table S1. Reference coverage and analytic use in the final synthesis.

Evidence component	Evidence retained	**Contribution to the review**	**Analytic status**
Anatomic comparator evidence	Large esophageal nodal-mapping studies used only to frame lymphatic anatomy and station terminology.	Explains why nodal station and tumor segment matter for esophageal malignancies.	Contextual; not pooled with SCCE.
Direct SCCE nodal and station-pattern evidence	Surgical, limited-stage, risk-factor, and CHiSCEC station-pattern records.	Directly informs lymph-node metastasis, recurrence, segment-specific spread, and target-volume interpretation.	Primary evidence for meta-analysis or evidence mapping.
Current treatment, staging, and prognostic cohorts	Contemporary multicenter, database, and prognostic studies.	Describes treatment selection, survival prediction, and population-level outcomes.	Clinical context; not station-level pooled evidence.
Selected treatment and clinicopathological series	Representative review, neuroendocrine carcinoma, surgical, radiotherapy, chemoradiotherapy, institutional, registry, and clinicopathological evidence.	Shows the broader clinical behavior of SCCE and supports cautious interpretation of treatment heterogeneity.	Background and sensitivity context.
Molecular, immune, biomarker, and systemic-therapy context	Studies of PD-L1/CD8 infiltration, SOX2/RB1 biology, chemoimmunotherapy, serum markers, epidemiology, and modern treatment strategies.	Explains small-cell biology and systemic-treatment context without estimating station probabilities.	Biological and systemic-treatment context.
Foundational pathology and historical clinicopathological evidence	Older pathology, clinicopathological, chemotherapy, and prognostic-factor records retained selectively.	Defines the disease spectrum and provides historical context.	Historical and contextual evidence; not pooled.