

Peer Review File

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Reviewer A:

Comment 1:

Authors demonstrated EUS may be difficult to differentiate between T2 and T3 lesions even among expert providers. Are different treatment strategies used for esophageal cancer between cT2 and cT3? I consider same treatment strategy will be performed in each stage. If they agree to my notion, I hope that they add it to their manuscript. ACCEPTED.

Reply 1: Page 12, Lines 8-10 – added the below sentence

“This challenge may not diminish the value of EUS in this context, as there are no current differences in management between T2 and T3 lesions.”

Reviewer B:

Comment 1:

EUS is recommended in cases where it is likely to change management and PET-CT for all patients with potentially curative disease above stage T1a. EUS is the most accurate modality for locoregional staging of esophageal cancer. ACCEPTED.

Reply 1: Page 6, Lines 13-14 – added the below sentence

EUS is the most accurate modality for locoregional staging of esophageal cancer.

Reply 2: Page 6, Line 6-7 – added the below phrase

as well as staging cancers that are above stage T1a and potentially curative

Comment 2:

Endoscopic ultrasound (EUS) has long been considered the gold standard for the staging of non-metastatic early esophageal cancer with reported sensitivity to detect regional lymph node involvement of almost 80% as compared with other imaging modalities such as computed tomography (CT) (50%) and fluorodeoxyglucose positron emission tomography (FDG-PET) (57%) (PMID 30997246).

Reply 1: Page 5 line 23-25

With regard to diagnosis of early esophageal cancer (T2 disease and below), EUS has been considered the gold standard with sensitivity of 80%, significantly outperforming CT (6).

Comment 3:

Specific features of lymph nodes on EUS that are indicative of malignant involvement are important points to be included. ACCEPTED.

Reply 1: Page 11, Line 4-6 – added the words “that increase their likelihood of being malignant”

Concerning endosonographic features of a lymph node that increase their likelihood of being malignant include diameter greater than 1cm, round appearance, smooth edges, and poor echogenicity.

Reviewer C:

Comment 1:

Minor typos, edited in the attached file. ACCEPTED.

Reply 1:

Accepted all edits in document.