

Peer Review File

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**Reviewer A**

Comment: I have one suggestion. I know that the staging system in Japan is different from that of AJCC. Before starting Japanese guidelines in the manuscript, how about review briefly the difference between them.

Reply: Thank you for your comment. According to the comment, we added descriptions of staging in Japan and management of supraclavicular lymph node metastases.

Changes in the text: Page 4, line 58-60 and Page 5, line 72-73

**Reviewer B**

Comment 1: The authors present a review of the evidence available for management of esophageal SCC based on results from the Japan Clinical Oncology Group, and I would believe, making this clear starting in the title maybe useful, as it the review really is not focused in highlighting differences in opinion in Japanese cancer centers but more to narrate the results of the clinical trials conducted by JCOG.

Reply 1: Thank you for your valuable comment. We changed the title to clearly state that it is a review from JCOG clinical trial results

Changes in the text: Title

Comment 2: It could be helpful for the management of early cancer to clearly state the inclusion criteria for the procedure instead of state that all T1 EP or LMP can be cured with Endoscopic resection and lower in the same subheading finding that LVI may be a contraindication

Reply 2: Thank you for the comment. We revised it to make it clear that superficial carcinoma with lymphovascular invasion is not an indication for endoscopic treatment. In addition, we described the full spelling of EP and LPM.

Changes in the text: Page 5, line 81-82

Comment 3: The role of immunotherapy for stage IV disease seems to be very limited in Japan and all evidence is summarized in one line, the review seems to indicate that the role for "preoperative" PDL inhibition is higher than for management of unresectable disease/recurrent/metastatic. This may be just the way the review placed the evidence for PDL-1 inhibition

Reply 3: Due to the order in which they are listed, important information of immunotherapy is included in the preoperative therapy section, so we added a reference to it. In fact, we think the evidence for immunotherapy is still lacking in Japan and even in the world, so we described the

expectations for the future.

Changes in the text: Page 25, line 412-413,415-418

Comment 4. The analysis of the preoperative data seems to fall short of clearly stating the superiority of it over post operative therapy and this should be corrected. similar to the statements to indicate the benefit of extensive lymphadenectomy

Reply 4: Thank you for your important comment. The results of the clinical trials and possible reasons for the superiority of preoperative therapy over postoperative therapy have been described in detail (Page 16, line 271-304). The usefulness of three-region lymph node dissection has been described in detail as well (Page 11, line 176- 209).

#### **Reviewer C**

Comment: This review is essentially a narrative of treatment in Japan and some of the history behind what is used. Whilst it is an interesting read, it adds little new to the literature. In addition it is extremely long and in places difficult to follow.

Reply: We thank you for your suggestion. According to your comment as well as other reviewers, we revised our manuscript and made it easy to understand.

#### **Reviewer D**

Comment: The purpose of this review is to review the Japanese approach to esophageal squamous carcinoma, divided into seven sections, and to sort out the flow of guidelines and clinical trials in three figures and three tables. We would like to see the value of these historical compendiums (tables 1, 2 and 3) to guide current research and future research and practice. However, hardly can this be found. Also, why is it necessary to break down these compendiums (figure 1, 2 and 3) into separate articles rather than reading the existing guideline?

Reply: We thank you for your suggestion. According to your comment as well as other reviewers, we revised our manuscript and made it easy to understand.