Peer Review File

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Reviewer Comments

Comment 1: The authors may want to comment on another difference between NCRT and NCT is the planned post-op CT in patients receiving nCT. While if there is no pCR in nCRT patients are eligible for adjuvant immunotherapy. These differences may further impact OS. Although long-term results of this approach are not yet published.
Reply 1: We thank the Reviewer for their comments. We agree that post-operative therapy in patients receiving nCRT or nCT may impact overall survival. In 2023, patients who don't receive a pCR in nCRT are eligible for adjuvant immunotherapy. None of the patients receiving nCRT received adjuvant immunotherapy as this was not available at the time of this retrospective cohort study. (*We have modified our text in the revised manuscript, please see page 7, lines 154 – 155).*

Some of the patients received post-operative chemotherapy as part of their peri-operative treatment which would have been incorporated into their survival outcomes. The relative impact of these different post-operative regimes and their impact on OS are yet to be established. (*We have modified our text in the revised manuscript; please see page 11, lines 299 – 304).*

Comment 2: Multiple papers in the literature discuss that for patients receiving either neoadjuvant approach the nodal response to therapy seems to drive more the outcomes than the luminal response to therapy. The authors should add that in the comments and may want to look at their data.
Reply 2: We thank the Reviewer for their comments. With regards to our data, numerically more patients achieved a nodal response with nCRT than with nCT (56% compared to 43%). However, there wasn't a statistically significant difference between the type of neoadjuvant therapy used and the likelihood of achieving a lower pathological stage; rather survival seemed to be more impacted as to whether downstaging was achieved or not. *(We have updated the manuscript with this data and modified the text, please see page 10, lines 249 - 255)*

For patients who were downstaged, no difference was observed in survival between nCRT: 3-year OS= 67% (95% CI: 43%-82%) versus nCT (95% CI: 56%-88%), log-rank p=0.9) (Figure 3). On the other hand, if downstaging was not achieved then there was a significant difference in survival seen between the two types of neoadjuvant treatment favoring patients receiving nCRT (3-year OS: 71% (95%CI: 41%-88%) versus 27% (95%CI: 13%-43%), log-rank p=0.024. *(These findings were provided in the original manuscript and in the revised manuscript, please see page 8, lines 207-213).*

Comment 3: Tables 2 and supplemental do not have green cells they need to be adjusted.

Reply 3: We thank the Reviewer for his comments. Unfortunately, it appears that the green cells have not transferred across on the copy you received. Please see copies of Table 2 and Supplemental below. *(These tables appear in the updated document provided, titled "Tables and Figures_Annals of Esophagus_10 September 2023, please see pages 2 and 6).*

Comment 4: The authors need to comment on the indications for surgery for stage IV, as it is not clear if one can include those in the survival analysis as for the most part surgery is not indicated for stage IV.

Reply 4: We thank the Reviewer for their comments. The eighth edition of the American Joint Committee on Cancer (AJCCv8) staging of epithelial cancers of the esophagus and gastroesophageal junction was used the assign clinical (cTNM) and post-neoadjuvant (ypTNM) stage groups in this retrospective cohort study. Although surgery would not be indicated for Stage IV in the AJCC v8; at the time some patients underwent surgery, they would have qualified for surgery based on the AJCC v7. The retrospective cohort study involved reclassifying patients based on AJCCv8. For example, a patient who was Stage IIIA in AJCC v7 would now be Stage IVA in AJCCv8 (please see Fig A below). *(We have modified the text to include this clarification in Appendix 1: please see page 1, lines 16 - 19).*

Comment 5: Reference 21 has a format issue in the text

Reply 5: We thank the Reviewer for his comments. Reference 21 was not in superscript format which has now been amended. *(We have now modified the revised manuscript, please see page 10, line 249).*