Peer Review File

Review Comments-reviewer A

Comment 1: First of all, my major concern is the inaccurate and even misleading description of the focus of this study, as indicated in the title and elsewhere of this paper, the focus is "the predictive accuracy of PNI" but in the methodology, the authors only assessed PNI's prognostic role, not predictive role. The authors need to revise the whole paper accordingly. Further, please indicate the clinical research design in the title, i.e., a retrospective cohort study. Because the sample is small and real-world study is often characterized with large-samples, the current study cannot be a real-world study.

Reply 1: Thank you very much for the suggestion. In this study, we mainly explored the relationship between PNI and the prognosis of immunotherapy for advanced esophageal cancer, thus indicating that PNI is expected to become a valuable biomarker. We have modified the title

Changes in the text: See Page 1,line 3-4.

Comment 2: Second, the abstract needs to indicate the clinical significance of this research focus and what the knowledge gap is on the prognostic role of PNI in EC in the background, describe the inclusion of subjects, the assessment of baseline clinical factors including PNI, follow up procedures, and measurements of prognosis outcomes in the methods, describe the clinical characteristics of the study sample and quantify the independent prognostic role of PNI by using HR and accurate P values in the results, and revise the conclusion because the current study did not assess the predictive value of PNI by using ROC analysis and validation samples.

Reply 2: We apologize for the omissions of our manuscript and have supplemented the abstract. At the same time, we feel that the scope of the current thesis can support the argument of this article. Therefore, we'd like to do more in the future to verify the effectiveness of PNI.

Changes in the text: See Page 1,line 23-30 and 33-34, Page 2, line 1-3 and 12-13.

Comment 3: Third, the introduction of the main text needs to review known clinical factors and biomarkers that are associated with the prognosis of EC, have comments on the limitations of prior studies and explain why the research on the prognostic role of PNI in EC is understudied and is clinically important.

Reply 3: We're sorry for the omissions. We have supplemented the introduction of the main text.

Changes in the text: See Page 3,line 17-24 and 30.

Comment 4: Fourth, in the methodology of the main text, please describe the clinical research design, sample size estimation, and details of follow up. In statistics, the authors' analysis focused on the identification of prognostic factors, which is not consistent with the focus of this study. Please

consider to do adjustment analysis in the multiple Cox regression analysis to ascertain the independent prognostic role of PNI.

Reply 4: Your question is very good. Since we did not express it clearly. We have supplemented this part as suggested.

Changes in the text: See Page 4,line 8-19.

Comment 5: Finally, please consider to cite the below related papers: 1. Morelli C, Formica V, Patrikidou A, Rofei M, Shiu KK, Riondino S, Argirò R, Floris R, Ferlosio A, Orlandi A, Roselli M, Arkenau HT. Nutritional index for immune-checkpoint inhibitor in patients with metastatic gastro-esophageal junction/gastric cancer. J Gastrointest Oncol 2022;13(5):2072-2081. doi: 10.21037/jgo-22-217; 2. Bian Y, Xie F, Han J, Ding Y. Nutritional evaluation study based on NRS 2002, OPNI, and their combined use in patients with adverse drug reactions after chemotherapy: a cross-sectional study. Ann Transl Med 2022;10(4):180. doi: 10.21037/atm-22-256

Reply 5: We have accepted the proposal and relevant documents were cited.

Changes in the text: See Page 9,line 3-6

Review Comments-reviewer B

1. Abstract:
1) Your abstract is too long. The abstract should be 200-350 words, but you have 370. Please revise.
2) Please indicate the specific institution name of "our center".

> 31 **Methods:** The clinicopathological features of 78 patients with advanced EC who
> 32 received immunotherapy in our center from September 2018 to May 2022 were

Reply: Thanks for your suggestion. We have simplified the abstract and revised this part.

2. Please check all abbreviations in the abstract and main text, such as "PD-L1", "ALB", "HR" in the abstract. All abbreviated terms should be full when they first appear.

Reply: We are sorry for this oversight and we have revised it.

3. Please revise "Data analysis" to "Statistical analysis".

> 8 ##Data analysis
> 9
> 10 The critical values for PNI and BMI were calculated using the X-Tile software (Brady

Reply: We have revised it.

4. Please check if any more references need to be added in the below sentence since you mentioned "Studies", but only one reference was cited. If not, "studies" should be changed to "a study/a previous study".

31 outcomes regardless of PD-L1 status; however, studies have shown that

32 immunotherapy is less effective in patients with negative PD-L1 expression (14). Thus,

Reply: We have revised it to "a study".

5. Table 1:

The data below in your text is inconsistent with your Table 1.

28 carcinoma accounted for 93.6% (Table 1). Distant metastases were common (48.7%),

29 among which extramediastinal lymph nodes (50%) and lungs (30.8%) were the most

Metastasis	
No	24 (30.8)
Yes	54 (69.2)

Reply: We apologize for the mistake and changed the data in the text.

6. Figures 5-6:

1) Please revise the word below to "95% CI" in your Figures 5-6.

Number   HR(CI95)
de

2) Please add the description of the x-axis below in your Figures 5-6.

Reply: We have modified and resend the pictures as required.