Peer Review File
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Reviewer A

Liu et al. present a review of the role of radiation therapy for esophageal cancer.

Interestingly the authors used key-words for the literature search that do not include radiation but vague words. Moreover, a 20 year span is certainly excessive as new equipment, new regimens, etc. are more recent and 20 years do not match the proposal of "current landscape". This limited search made some topics be based solely on a single paper (Neoadjuvant chemoradiation as standard of care for esophageal cancer, e.g.).
The manuscript resembles more an opinion paper than an updated review.

Reply: The key word search did include “radiation” but this may have somehow been deleted after being revised by our co-authors.
We had initially mentioned a “20 year span” in our search to include historical trials as part of the background, but most references within our paper were actually within the past 10 years. We changed the methods section to state “10 year span” instead to reflect this more accurately.
The overall management of esophageal cancers is rooted on a single paper (CROSS trial, neoadjuvant chemoradiation as standard of care for esophageal cancer) so we spend significant time discussing this paper.
We deleted a few phrases about why neoadjuvant chemoradiation may be preferred over perioperative chemotherapy so it is not “opinionated”
Changes in text: Page 3, line 38-44, Page 6, line 82-87, page 9, line 160-161 and line 167

Reviewer B

The authors reported a narrative review of radiation oncology in esophageal cancer. The theme is very interesting, may be important for the radiation treatment planning for thyroid cancer. The contents of their manuscript are well written overall, and easy for readers to understand for radiation therapy for esophageal cancer. There are a few points to correct in their manuscript.

1. It seems that the recommended dose for neoadjuvant chemoradiotherapy and definitive chemoradiotherapy for esophageal cancer in clinical practice should be stated for readers to understand. In particular, it may be necessary to describe the dose

of definitive radiotherapy for nonoperative and locally advanced esophageal cancer in more detail.

Reply: We have included the recommended doses for neoadjuvant chemoradiation and definitive chemoradiation in clinical practice in the introduction section.
Changes in text: Page 5, line 63-64 and line 72-73

2. They may need to describe the content of concurrent chemotherapy in definitive radiotherapy for nonoperative and locally advanced esophageal cancer because concurrent chemotherapy is also a factor that has a great influence on the treatment efficacy and treatment-related toxicities.

Reply: We have included the landmark RTOG 8501 discussing the benefit of concurrent chemotherapy in definitive radiotherapy for nonoperative and locally advanced esophageal cancer.
Changes in text: Page 11, line 206-208

3. If possible, they may need to describe the content of radiotherapy technique such as three-dimensional radiotherapy, intensity modulated radiotherapy and proton beam radiotherapy because there is a possibility that late toxicities can affect a patient's quality of life.

Reply: We have included a section describing the content of radiotherapy techniques, specifically focused on the toxicity benefit of proton beam radiotherapy.
Changes in text: Page 14-15, line 264-289

Reviewer C

1.With the development of radiotherapy technology, different techniques will also bring different improvements to the treatment, such as reducing side effects or increasing the local dose. Did you include this section in this study?

Reply: We have included a section describing the content of radiotherapy techniques, specifically focused on the toxicity benefit of proton beam radiotherapy.
Changes in text: Page 14-15, line 264-289

2.Please emphasize the limitations of this article.

Reply: Included a limitations section in the paper.
Changes in text: Page 17-18, line 350-358

3.Please discuss the potential differences between different drugs.

Reply: Discussed the potential differences between the FLOT regimen vs. ECF regimen in GEJ and gastric cancer and how this may translate for esophageal adenocarcinoma.
Changes in text: Page 8, line 139-144

Reviewer D

Excellent review.
Few minor points.
Lines 94-95. Median F/U of 12.3 months and 10 years OS?
Please recheck the median follow up?
The median follow-up was 147 months (interquartile range, 134-157).

Reply: Median follow up was actually 147 months, not 12.3 months. Fixed this.
Changes in text: Page 6, line 101

Line: 108 . Please consider adding the following recently published retrospective review.
Ahmed N et al. Outcome of Locally Advanced Esophageal Cancer Patients Treated With Perioperative Chemotherapy and Chemoradiotherapy Followed by Surgery. American Journal of Clinical Oncology. 2021 Jan 20;44(1):10-7.

Reply: Included this in the text.
Changes in text: Page 9, line 162-166

Consider the adding the following into your discussion.
Sjoquist KM, Burmeister BH, Smithers BM, et al. Survival after neoadjuvant chemotherapy or chemoradiotherapy for resectable esophageal carcinoma: an updated meta-analysis. Lancet Oncol.
Pasquali S, Yim G, Vohra RS, et al. Survival after neoadjuvant and adjuvant treatments compared to surgery alone for resectable esophageal carcinoma. Ann Surg. 2017;265:481–491.
Chan KK, Saluja R, Delos Santos K, et al. Neoadjuvant treatments for locally advanced, resectable esophageal cancer: a network metanalysis. Int J Cancer. 2018;143:430–437

Reply: Included this in the text.
Changes in text: Page 6, line 94-96

Regarding the radiation dose: Please consider adding a discussing the following.
Haque W, Verma V, Butler EB, et al. Radiation dose in neoadjuvant chemoradiation

therapy for esophageal cancer: patterns of care and outcomes from the National Cancer Data Base. J Gastrointest Oncol. 2018;9:80–89

Reply: Included this in the text.
Changes in text: Page 7, line 116-118