

Peer Review File

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Review Comments-Reviewer A

Review Comment 1: The author should introduce whether there is a clear relationship between NLR and Alb in the ESCC or other tumors, and why combine the NLR and Alb as the indicator for research in the introduction?

Answer 1: It has already introduced that neutrophil lymphocyte ratio/albumin ratio (NLR/Alb) was a prognostic index for ESCC reported by other studies, please see Page 4 Line 89-90. This paper stratified patients into 3 risk categories via the combination of NLR and Alb (NLR-Alb), different from studies before, to predict the prognosis of ESCC patients, which was illuminated by a retrospective study in non-small cell lung cancer, please see Page 4 Line 91-97.

Review Comment 2: There is an extra comma after "hospital" in the 103 lines.

Answer 2: Revised, please see Page 4 Line 103.

Review Comment 3: In the grouping shown in Figure 2, why the author not divided into four groups, but classified two of them as NLR-Alb2?

Answer 3: Because patients with $NLR \leq 1.9$ and $Alb \leq 39g/L$ or $NLR > 1.9$ and $Alb > 39g/L$ were in the middle stage, it was little significant different to be divided into 2 groups by previous analysis. In addition, if group NLR-Alb 2 were divided into 2 groups, every group has small sample size, which would cause bias.

Review Comment 4: Figure 3 is very blurred

Answer 4: Upload the clear version.

Review Comment 5: The author should write NLR-Alb or NLR-ALB consistently throughout the text.

Answer 5: Revised.

Review Comment 6: Why the patients of stage IV underwent surgery?

Answer 6: In our study, all cases were classified via the 8th edition of the TNM classification for unification. Among 24 patients with stage IV in this study, 23 patients were T4a which were recommended to undergo surgery according to guideline that time. Although 1 patient with supraclavicular lymph nodes metastasis were classified to M1 via the 8th edition of the TNM classification, but supraclavicular lymph nodes metastasis was defined as regional lymph node metastasis according to guideline that time, which was recommended to undergo surgery as well.

Review Comments-Reviewer B

Review Comment 1: There were several similar reports (Medicine (Baltimore). 2019

Feb;98(7):e14562) about the prognostic index for patients with esophageal squamous cell carcinoma with NLR and NLR/Alb in PubMed. What is the novel idea in the paper? Please elaborate in the introduction.

Answer 1: I have revised in the manuscript. Please see Page 4 Line 94-104.

Review Comment 2: The prognostic indicator was the crucial topic in the study. Please supplement the progress of prognostic indicator in ESCC in the introduction.

Answer 2: Revised. Please see Page 3-4 Line 81-86.

Review Comment 3: In the introduction, it was proposed to add related reference (DOI: 10.21037/jtd-21-1320) about the predictive applications of combination of albumin concentration and neutrophil-to-lymphocyte ratio.

Answer 3: Revised. Please see Page 4 Line 96-98.

Review Comment 4: NLR can well reflect systemic inflammatory response (SIR). Whether the pre-operative NLR-Alb only standard for the good SIR before treatment? Please state in the discussion.

Answer 4: Revised. Please see Page 7 Line 186-187.

Review Comment 5: Compared to other prognostic indicator, what were the advantages of combination of NLR and Alb (NLR-Alb) to predict the prognosis of ESCC patients? Please state in the discussion.

Answer 5: Revised. Please see Page 7 Line 209-211 and Page 7-8 Line 215-217.

Review Comment 6: What were the limitations of the study? Please state in the discussion.

Answer 6: Already stated. Please see Page 8 Line 231-233.