

Peer Review File

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Reviewer A

1. In Figure 1, the authors have shown the muscularis propria as two layers. It appears that they mean the circular and longitudinal muscle fibers. But as it is labeled, some readers may think that a T2 lesion extends all the way through the muscularis propria. The authors can either 1) bracket the entire two layers to show the muscularis layer or 2) remove the line separating the circular from the longitudinal layers.

Reply: Thank you for spotting this uncertainty.

Changes in the text: We have improved the marking of the muscularis propria by placing a bracket around the two anatomical layers in line with the excellent suggestion by the reviewer.

2. In lines 82-86 the authors should include 1-2 sentences about immunotherapy options for esophageal cancer as well.

Reply: We are very grateful for the opportunity to update our manuscript with the perhaps most important new treatment option in esophageal cancer in a long time. We have added the text below to the manuscript as well as an appropriate reference (#5, a recent State-of-the art paper).

Changes in the text: **At present, esophageal cancer treatment is entering a new era with targeted immunotherapy. The list of potential biologic agents is growing but anti-human epidermal growth factor receptor-2 (HER-2) antibodies and immune checkpoint inhibitors, e.g., nivolumab and pembrolizumab, have been integrated in clinical practice (5,6).**

3. There are numerous studies on T2N0 esophageal cancer. Most of those studies show that up to 50% of clinical T2 lesions ultimately are upstaged, either by nodal involvement or T3 pathology. The authors should reference at least 1 of these studies. They allude to this idea in lines 145-148 but should explicitly discuss the upstaging phenomenon. That is important for readers to know.

Reply: We agree and have added a short discussion on the importance of upstaging and associated factors as well as new five references (#14-18).

Changes in the text: **From a clinical standpoint it is important to remember that upstaging of T2N0 patients is common, ranging from 25-55% (14-16). Upstaging is associated with increasing tumor size, poor differentiation, and lymphovascular invasion (17, 18).**

Reviewer B

This is a good editorial commentary with excellent points. Consider changing "vagus" to "laryngeal" on page 1, line 29.

Reply: Thank you, we have changed "vagus" to "laryngeal".

Changes in the text: Hoarse voice can also be present, especially in individuals with paralysis of the recurrent **laryngeal** nerve due to tumor growth.