

Peer Review File

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Reviewer A

The authors have created a nomogram to predict outcome in patients with Stage 1 squamous cell cancer of the esophagus. They utilized 275 patients to develop the nomogram.

**Comment 1:** Do the authors have information on number of nodes harvested? Especially for a study like this, the number of nodes resected in each patient may be very important.

**Reply 1:** Thanks for your valuable suggestion. We meticulously recorded the number of lymph nodes resected for each patient. The details have been supplemented in the “Methods”, “Results” and “Table 1”.

**Changes in the text:** We have made the following modifications and additions to the manuscript.

**“Methods- Variable selection and follow-up” section**

“The following variables were extracted from the databases of the three institutions including age at diagnosis, sex, body mass index (BMI), comorbidity, postoperative complications, surgical mode, surgical approach, tumor location, G category, T1 substage, N stage, TNM stage, tumor size, the number of lymph nodes harvested and other laboratory indexes.” (see Page 10, lines 169-174)

**“Results- Patient Characteristics” section**

“The average number of lymph nodes harvested was  $11.97 \pm 8.46$ .” (see Page 12, line 217)

**Comment 2:** What does comorbidity mean? The authors should probably give more granular details about specific comorbidities. For example, the patients can refer to diabetes or chronic renal failure as a specific comorbidity.

**Reply 2:** Thank you for your insightful comment. Comorbidities in our study primarily include hypertension, chronic obstructive pulmonary disease, and diabetes. We have added these details to the “Results” section.

**Changes in the text:**

“Common preoperative comorbidities included hypertension (34 cases), chronic obstructive pulmonary disease (31 cases), diabetes (16 cases), and coronary artery disease (5 cases).” (see Page 12, lines 207-209)

**Comment 3:** Is there information available about weight loss before surgery? This may not necessarily have translated to 30-day mortality, but may affect one-year survival.

**Reply 3:** Thank you for your comment. We agree that weight loss is an important prognostic indicator reflecting the nutritional status of patients. However, we did not collect data on weight loss in this study. In future research, we will try to include this important parameter to better assess its impact on patient outcomes.

**Comment 4:** Were any surgeries performed minimally invasively? If so, the authors should give that information.

**Reply 4:** Thank you for your comment. The majority of patients in our study underwent minimally invasive video-assisted thoracic surgery. We have supplemented this information in the Results section and Table 1 for further clarity.

**Changes in the text:**

“The majority of patients (176, 64%) underwent minimally invasive video-assisted thoracic surgery (VATS).” (see Page 12, lines 209-211)

**Comment 5:** It is possible that many T1a patients underwent endoscopic treatment of their tumors. Can the authors comment on this potential bias which may be introduced?

**Reply 5:** Thank you for your comment. This study is a retrospective review of patients with pathological T1N0, all of whom underwent radical surgery with lymph node dissection, as mentioned in our inclusion criteria. Patients who underwent endoscopic resection were excluded from the study.

**Comment 6:** Related to the above comment, it appears that the authors restricted their analysis to esophagectomy patients only. How many overall cases were there of T1a? Was there a specific reason that some patients received endoscopic treatment versus esophagectomy for T1a disease?

**Reply 6:** Thank you for your comment. We aimed to explore prognostic factors in patients with pathological T1 stage and negative lymph node metastasis; therefore, only patients who underwent radical surgery and lymph node dissection were included. Generally, for clinical T1a patients, if lymph node metastasis is excluded after enhanced CT of the neck, chest, and abdomen, and the primary tumor is small, the patient can be evaluated for endoscopic resection. Otherwise, surgical resection is performed. Providing an overall number of T1a patients (surgery and endoscopic resections) is difficult, as endoscopic procedures are carried out by the department of gastroenterology. We can only access information and data of patients treated in our department of thoracic surgery.

**Reviewer B**

Line 2: “underwent” => “undergone”

Line 61: please first define “AUC”

Line 86: “and” => “an”

Line 101: “ranks” => “rank of”

Line 109: “LNM **is** also observed in...” (passive voice)

Line 110, 115: “were” => ‘are’ (simple present tense would be fine for general facts or beliefs description)

Line 120: “selected” (adj. use)

Line 122: “prolonged”

Line 132: “and develop and externally” => “and develop **an** externally” (please review)

Line 143: “Inclusion criteria **were as follows:**”

Line 146: “Exclusion criteria **were as follows:**”

Line 172: please first define “OS” in the main text (abbreviations have to be defined in both the Abstract and the Main Text.)

Line 175: ‘are’ => “were” (simple past tense for Method and Result presentation)

Line 176: ‘are’ => “were”; ‘is’ => “was” (simple past tense for Method and Result presentation)

Line 196: “2,493” (please use this format for all the numbers across the whole paper for easier reading)

Line 212: please first define “CEA”, “WBC”

Line 214: “**c**linical” (style issue, lower case)

Line 214: “is shown” => “are shown” (plural subject)

Line 229: “introduced” => “incorporated”

Line 272: “suggested” (usually simple past tense)

Line 274: “does not” => “did not” (simple past tense for Method and Result presentation)

Line 304: “was” => “is” (simple present tense would be fine for general facts or beliefs description)

Line 322: “have stratified” => “stratified” (simple past tense for Method and Result presentation)

**Reply:** Thank you very much for the opportunity to promote our research on the AME WeChat Platform. We appreciate the opportunity and your support. However, we have decided not to pursue this promotional opportunity at this time.