

Peer Review File

Article information: <https://dx.doi.org/10.21037/tcr-23-1193>

Reviewer A

Comment 1: What criteria were used to select between RT and CCRT?

Reply 1: We recommend all patients to choose RT or CCRT based on their tolerance to treatment and their own willingness.

Changes in the text: We added criteria for patients using RT or CCRT (see Page 5, line 100-101).

Comment 2: Were RT and CCRT performed in an outpatient setting? Or were they hospitalized?

Reply 2: All patients were hospitalized for RT or CCRT.

Changes in the text: We have added patient treatment pathways to the article (see Page 5, line 102).

Comment 3: What percentage of patients had impaired oral nutrient intake before treatment? Were they using other routes of nutritional intake? Was the CONUT score associated with difficulty with oral intake?

Reply 3: Prior to treatment, all patients were able to consume food orally without the need for alternative nutrient intake methods. The calculation of the CONUT score, which considered serum albumin, cholesterol, and lymphocyte counts, did not show any correlation with oral feeding difficulties in the context of this study.

Changes in the text: None.

Comment 4: To what extent was nutritional counseling provided by a dietitian?

Reply 4: All patients were able to consume food orally without any difficulties, and the involvement of a nutritionist was not included in the treatment decisions.

Changes in the text: None.

Comment 5: How many treatment-related deaths (deaths due to adverse events) have occurred? Is there a difference in the incidence of treatment-related death between patients with high and low CONUT scores?

Reply 5: None of the patients occurred RT or CCRT treatment-related deaths. There was no difference in the incidence of treatment-related deaths between patients with

high and low CONUT scores.

Changes in the text: None of the patients had RT or CCRT treatment-related deaths (see Page 7, line 154).

Comment 6: Is the SII associated with disease severity or stage? Was there confounding by TNM classification?

Reply 6: SII was not associated with disease severity or stage. There is no confounding by TNM classification.

Changes in the text: None.

Reviewer B

1. Authors should also state that the study conformed to the provisions of the Declaration of Helsinki (as revised in 2013), available at: <https://www.wma.net/wp-content/uploads/2016/11/DoH-Oct2013-JAMA.pdf>

Describe this information in both the “Method” section of Main Text and the “Ethical Statement” section of Footnote.

- *Suggested wording: “The study was conducted in accordance with the Declaration of Helsinki (as revised in 2013). The study was approved by institutional/regional/national ethics/committee/ethics board of ***** (No. the registration number of ethics board) and informed consent was taken from all the patients.”*

Reply: I have described this information in both the “Method” section of Main Text and the “Ethical Statement” section of Footnote

Changes in the text: I have described (see Page 5, line 104-107 and Page 12, line 289-291).

2. Figure 2

Please explain RT and CCRT in the legend.

Reply: I have explained RT and CCRT in the legend.

Changes in the text: I have explained (see Page 16, line 383-384).

3. Figure 4

Please explain RT and CCRT in the legend.

Reply: I have explained RT and CCRT in the legend.

Changes in the text: I have explained (see Page 16, line 392-393).

4. Table 3

Please explain RR in the table footnote.

Reply: Please explain RR in the table footnote.

Changes in the text: I have explained (see Page 20, line 406).

5. Table 4-5

Please explain PFS and OS in the table footnote.

Reply: Please explain PFS and OS in the table footnote.

Changes in the text: I have explained (see Page 21,22, line 411,416).

6. References/Citations

a) In the text, cite the references numerically (in round brackets) and consecutively in the order of appearance. They should follow behind the previous word. And there is a space between the previous word and reference.

E.g., “The First International Consensus Conference on Laparoscopic Liver Surgery was held in Louisville in 2008 (3).”

b) The Vancouver system of referencing should be used and we suggest using EndNote to manage the references.

c) If there are more than three authors, name only the first three and then use “et al” and names of journals should be abbreviated in the style used in PubMed.

e.g., “Lin X, Li W, Lai J, et al. Five-year update on the mouse model of orthotopic lung transplantation: Scientific uses, tricks of the trade, and tips for success. *J Thorac Dis* 2012;4:247-58.”

d) References 11 and 20 are the same, please delete one of them and revise both the citation in main text and reference list's order.

e) Please double-check if more studies should be cited as you mentioned “studies”. OR use “study” rather than “studies”.

Inflammation is involved in the whole process of tumorigenesis and treatment, and many studies have shown that the inflammatory response of tumor patients is closely related to the prognosis[11]

Reply: References have been revised as required.

Changes in the text: None.

7. Table S2

The table S2 is the same as the Table 4 of the study entitled “Effect of whole-course nutrition management on patients with esophageal cancer undergoing concurrent chemoradiotherapy: A randomized control trial” (Qiu Y, You J, Wang K, et al. *Nutrition*. 2020 Jan;69:110558. doi: 10.1016/j.nut.2019.110558IF: 4.4 Q2. Epub 2019 Jul 23. PMID: 31526964)

Please check if permission is needed from the copyright holder for the reproduction. Otherwise, it is suggested to remove table S2 and cite the study instead of using it directly.

Reply: We cited the study.

Changes in the text: None.