The topic of the manuscript is very interesting, with many important issues that could be considered relevant for the clinical practice. The review is very updated comprehensive and exhaustive. The tables help the reader to understand many of the findings.

Thank you for the commentary.

In the introduction section -it is hopeful to describe briefly the benefits of introducing a nutritional support in the postoperative setting of esophagectomy .

See page 5, lines 84-86.

The purpose of the study is to discuss timing and routes of postoperative nutrition following esophagectomy , so avoid to give more details on the esophageal stent placement which is often in advanced disease. –

We removed this entire paragraph concerning the use of esophageal stents.

This phrases “For clarity and transparency in interpreting the available literature, we will focus this review on the nutritional management of the post-esophagectomy patient” cited in the middle should be placed before in the end of introduction**The correct reference has been updated in its place.**

We removed this entire paragraph, including that opening statement that is referenced.

In General Concepts and Historical Perspective section , It is more likely preferable to shortly describe the benefits of enteral nutrition via jejunostomy on the postoperative morbidity particularly the operative site infection, and the impact of related jejunostomy complications on the nutritional achievement.

See page 6, lines 130-134.

This following paragraph cited in “General Concepts and Historical Perspective” section could be placed in the “Timing of feeding - Early vs Delayed “ section “Much of the debate revolves around the appropriate timing for providing postoperative enteral nutrition. Historically, reluctance to start an oral diet after major gastrointestinal surgery generally has not been evidence-based, but instead based on fears regarding anastomotic leakage, aspiration, and inadequate nutritional intake with oral feeding.4 More recent evidence suggests no advantage to a lengthy NPO period, and early initiation of feeding (within 24 hours) after gastrointestinal resections of any kind may confer a mortality benefit.13 As outcomes improve and more minimally invasive esophagectomies (MIE) are performed, surgeons have begun to challenge the practice of artificial enteral feeding after esophagectomy by starting oral feeding early in the postoperative course.”

See page 6, lines 130-147

4- In Timing of feeding – Early vs. Delayed section , The authors reported studies which demonstrated the clear benefits of the nutritional support via tube-jejunostomy on the nutritional and functional outcomes following esophagectomy without providing the author explanation of the obtained results and giving the limits of these studies

See page 7, lines 154-155. We also reference Table 1, which is a summary of these studies, their design, sample size, and general conclusions.

5- In Jejunostomy Tube Feeding section and as stated by the authors , the benefits of enteral nutrition via tube-jejunostomy is well demonstrated to achieve a good nutritional parameters after esophagectomy . However, the impact of the jejunostomy- related complications on the nutritional goals did not have been developed. Also the authors should develop the quality of enteral nutrition

See page 12, lines 320-323.

6- The role of Enhanced Recovery Pathways as a section should be omitted and some studies included in this section can be appropriately used in other sections

See lines 249-270. The first paragraph of the ERAS section was deleted and the remainder merged into another section.

7- The conclusion section is too long and materials cited in the conclusion should be integrated in other sections of the manuscript .

Please see the updated conclusion – it has been shortened significantly.

8- The reference 1 (Biere SS, Maas KW, Cuesta MA, van der Peet, D L. Cervical or thoracic anastomosis after esophagectomy for cancer: A systematic review and meta-analysis. Digestive Surgery 2011;28:29-35.) did not show the overall morbidity of esophagectomy but assess the anastomosis location (cervical and thoracic) regarding the morbidity and functional results , so it is inappropriately used .

The reference 8 (Gerndt SJ, Orringer MB. Tube jejunostomy as an adjunct to esophagectomy. Surgery 1994;115:164.) is outdated, so it should be replaced by more recent one.

We feel that this is an important historical reference to give context to the development of current esophagectomy practices.

Interesting review, well written and easy to understand. You have addressed the Topic very will. You did a very good Point regarding the risk of anastomotic leak with early feeding that is the currently data vary by surgical technique. I'm impressed with Your conclusion is comprehensible and is supported by your provided data. Once these questions are addressed, your article could be published.

Thank you for your commentary.

Zheng et al. present a review on nutritional support after esophagectomy. The topic is interesting and has been around for decades since few questions were answered. It took me some time to review this manuscript. I had to read it several times. I figured out that it happened because old and new concepts are mixed up. I checked the references and noticed the same. There are new and old references. The reader will get confused or misguided in the current form. I suggest the authors to review the current standard of care, focusing on studies < 5years Minor comments: abstract needs to be reviewed in form

Can you please clarify how the abstract needs to be reviewed? We are happy to make changes as necessary. Currently, we have followed the sample abstract written in the WJG minireview section.