Dear Prof Dennis A Bloomfield，Pro Bao-Gan Peng and Prof Sandro Vento,

It is with excitement that I resubmit to you a revised version of manuscript entitled "Successful management of life-threatening aortoesophageal fistula: A case report and review of the literature" (ID: 69266) for the *World Journal of clinical cases.* We appreciate the time and detail provided by the reviewer and you. The manuscript has certainly benefited from these insightful suggestions. We have incorporated the suggested changes into the manuscript to the best of our ability. We have uploaded a copy of manuscript in which revised portion are marked in blue.

Appended to this letter is our point-to-point responses to the comments raised by the reviewer.

We look forward to hearing from you regarding our submission and to responding to any further questions and comments you may have.

Yours sincerely,

Guoxiong Li

**Reviewer**

1. **Comment** *"According to your search, there are plenty of previous case reports (around 19) with similar topic. What is the novel points in your case that encouraged you to write this manuscript? Please explain the aims of your study in the introduction more clearly and explain the novel points of your study in the discussion."*

   **Response:** The novel point in our case is the management of UGB caused by malignant AEF. We have reviewed all the relevant articles and emphasized the immediate contrast-enhanced CT scan for the accurate diagnosis of AEF. For AEF patients with hemodynamic instability, TEVAR may be the first line treatment. We have explained the aims of our study in the introduction and discussed it.

2. **Comment** *"It might be better to further describe the type of chest pain (sharp/ dull, remitting/ relapsing/ progressive, radiation of pain, localization e.g. retrosternal, the factors exacerbating or relieving the pain severity, associated conditions, e.g. dysphagia, odynophagia, weight loss). What was the stage of his cancer? Did he*

*received any chemotherapy? If he had a history of dysphagia, did he undergo any surgical procedure for relieving dysphagia? As these procedures may increase a risk of AO fistula? Did he show any prodromal finding? Previous history of melena/ hematemesis? After the final surgery, did you bypass the esophagus with gastrostomy tube or not? (For better healing of the esophageal ulcer/ fistula) and why? Is it unnecessary to evaluate the esophagus after the procedure with an endoscopy (to evaluate the ulcer and search for any other associated sources of bleeding)? Please discuss the reasons of your clinical decisions in the discussion. Why do you think an aortoesophageal fistula appeared in this patient? H Please discuss this in the discussion."*

**Response:** As suggested, we have further described the chest pain in the case presentation. The pain was retrosternal with radiation to the back. The pain was sharp and cannot be relieved. He experienced fever. He had progressive dysphagia and weight loss. He didn't undergo any surgical procedure for relieving dysphagia. He had stage III esophageal squamous-cell carcinoma (cT4N1M0), He was treated with chemoradiotherapy (CRT) including albumin-bound paclitaxel plus a radiation dose of 60 Gy. He had a history of dysphagia, while he didn't undergo surgical procedure for relieving dysphagia. He did not have previous history of melana/hematemesis. We did not bypass the esophagus because the patient refused to do so. The patient underwent endoscopy 8 days after TEVAR. The endoscopy showed the esophageal stricture and no other sources of bleeding. Esophageal stent placement and gastrostomy were recommended, but the patient refused. The patient refused surgery or gastrostomy after TEVAR. In the present case, the patient underwent chemoradiotherapy. He had fever and his CRP was high. The AEF in this patients may be attributed to tumor invasion into the aorta, chemoradiatherapy and inflammation.

3. **Comment** *"It may be appropriate to add the nationality/ race of the reported cases in your table as I think most of them have an Asian origin? I think it would be interesting to discuss this in more detail in the discussion. "*

**Response:** Because the nationality/race of the cases is not mentioned in the article, we cannot

collect the nationality/race of the patients.

4. **Comment** *"In what areas you think the literature lack information and further research is worthy? please discuss this at the end of your discussion. "*

   **Response:** Though TEVAR was performed, patient may die due to infection ome studies suggested lifelong antibiotic suppression, while lifelong antibiotic suppression has many side effects such as gut dysbiosis. In present, some anti-microbial coatings on the surface of biliary stents were designed and worked. Additional studies are needed to explore whether anti-microbial coatings on the surface of stents can be applied in TEVAR

5. **Comment** *"Some language corrections are necessary. Difinite articles (the) should be added before the used abbreviations (e.g. the TEVAR... instead of TEVAR...). Better to delete the sentence (Management of aortoesophageal fistula) at the end of your title. Edit the title of table 1 to reported cases of aortoesophageal fistula treated with the TEVAR procedure in those with esophageal cancer?"*

   **Response:** Grammatically speaking, there is no need to add the definite article "the" before abbreviation when the abbreviation is an acronym. We have read many article, TEVAR was stated as "TEVAR" instead of "the TEVAR". So we didn't change TEVAR in our paper.

   As the journal requires a short title, the sentence "Management of aortoesophageal fistula" is a short title for the article. So we didn't delete the sentence. As suggested, we changed the title of table 1 to *"Management of aortoesophageal fistula"*..

Special thanks to you for your insightful comments.