

Dear Reviewer #1,

I have revised the relevant words according to the comments. Thank you.

Dear Reviewer #2,

Question1: I think it is appropriate to submit this article to the journal on head and neck cancer or oncology because this study included only two cases of cervical esophageal cancer and most of the description is related to head and neck cancer.

Answer: This study properly reflects the results and safety of radiochemotherapy in tumor clinical cases, which is in line with the purpose of this journal.

Question2: Please describe the radiation therapy regimen for 4 patients who have received radiation therapy in the past. Did you change the radiation dose or fields?

Answer: To those who received postoperative radiotherapy previously (60-66Gy), the second radiotherapy GTV dose was not more than 70Gy after adjustment (64-70Gy). We appropriately reduced the dose of second radiotherapy, and the range of treatment field was determined according to the site of recurrence or metastasis. When the radiation dose of some important organs reached the upper limit, we adjusted the treatment field.

Question3: A total of 4 patients who received this chemoradiotherapy died from oral and nasal hemorrhage. Please cite previous reports on the frequency of deaths from hemorrhage in other chemoradiotherapy regimens and compare them to the frequency of deaths in this regimen.

Answer: 4 patients (16.7%) died of mouth or nose hemorrhage without obvious disease progression. The hemorrhage probably due to carotid blowout syndrome (CBS), of which the incidence is 3% to 4.5% in all postoperative patients and 4.5% to 21.1% in patients who received reirradiation. The mortality of CBS is as high as 75%. Two of the four patients received surgery and second radiotherapy, which are both independent risk factors of CBS. (references: 1. Suárez C. Carotid blowout syndrome: modern trends in management. *Cancer Manag Res.* 2018 Nov;10:5617-5628 PMID: 30519108 DOI: 10.2147/CMAR.S180164; 2. Alterio D. Carotid blowout syndrome after reirradiation for head and neck malignancies: a comprehensive systematic review for a pragmatic multidisciplinary approach. *Crit Rev Oncol Hematol.* 2020 Nov;155:103088. PMID: 32956946 DOI: 10.1016/j.critrevonc.2020.103088; 3. Chiesa Estomba CM. Carotid blowout syndrome in patients treated by larynx cancer. *Braz J Otorhinolaryngol.* 2017 Nov-Dec;83(6):653-658 PMID: 27789194 DOI: 10.1016/j.bjorl.2016.08.013.)