Reviewer 1- Comments to author:

We thank Reviewer 1's comments.

All the changes made accordingly were highlighted in red in the revised manuscript.

Page 3, line 12: Reference 9 is a case report not a retrospective study. Cite a primary source?

The referece was correct. It's a typo and we replaced 'a retrospetive study' with ' a case report'.

Page 4, line 8: please specify if all consecutive patients were reviewed or some selection took place

Page 4, line 10: same for CRT

We reviewed all all consecutive patients. We specified that in the manuscipt.

Pae 4, paragraph 2: please specify inclusion criteria for CRT group

Inclusion criteria for CRT group was added.

Page 6, line 2: please clarify the 'deaths without a known cause'. Do they include perioperative deaths? I suppose the cancer-specific deaths among patients with recurrence are not included here? Please restructure fo clarity. Maybe a table for these results would be beneficial.

A small proportion of our patients were not strictly followed our suggestions for follow-up, however we could still contact the patients' family (mostly by phone, sometimes by contacting the local relevant deparments) to find out the patients' situation. Thus the status of most patients could be accurately recorded, but the causes of death were unclear.

Perioperative deaths were not included. And cancer-specific deaths were not include as well due to the reason metioned above.

A Supplement Table was provided per suggestion of the reviewer.

Results, general remarks: Data on radicality, perioperative mortality, number of lymph nodes harvested and number of positive lymph nodes should be included to assess the studied population and compare the series to others in the literature.

Also, very important, length of follow-up should be presented.

Changes were maded per this comment, which were added in the Results.

"R0 rection rate was 98.34% (594/604). Regarding perioperative mortality, no death occurred within 30 days after surgery. A median of 20 lymph nodes were harvested and positive lymph nodes were observed in 294 (48.68%) of 604 patients. The median follow-up was 38.63 months. "

Page 7, line 18: definitive chemoradiotherapy can be a viable curative method for esophageal SCC. (1). Please rephrase.

Changes were maded per this comment.

"However, surgery represents mainly a curative method currently, along with definitive chemoradiotherapy in some scenarios."

Page 8, line 20-21: please rephrase. Only pathologically proven lymph nodes are at first clinically negative (small), and then positive, not ALL sampled lymph nodes. Also, PET CT has limited sensitivity in small metastatic lymph nodes, so this is not a sound suggestion.

We've rephrased this sentences and discusssion about PET/CT.

Page 9, line 3-9: this part of the discussion is problematic. Even implying inferring risk for TPLN recurrence from RT dose between dCRT and adjuvant CRT during multimodality treatment should not be done in any circumstances.

Based on this suggestion, we deleted the this paragraph of discussing the radiation dose.

Reviewer 2 comments

this is an interesting case of medical importance. i have comments mentioned below: 1- regarding tables add degree of freedom for each p value. 2-regarding fig 1, add annotations, scale bar, ... 3- this study is a retrospective one so the risk of bias is high. 4- is there a role for EUS in the early diagnosis and management of patients with recurrence ?

Response to Reviewer 2:

All the changes made accordingly were highlighted in green in the revised manuscript.

(1) For table 1, degree of freedom for p value was added.

(2) For figure 1, scale bar was added and detailed information for figure 1 was given in the legend.

(3) Due to the nature of our study, we agree with the reviewer that it possesses a high risk of bias, which was listed as a limitation in the discussion part.

(4) EUS was not routinely applied for TPLN diagnosis in our hospital. CT scan was the preferred approach. Due to the anatomic location of TPLN, it seemed that EUS was not a preferred tool for early detection of recurrence after definitive surgery for esophageal cancer.