

To Reviewer #1:

Certainly, I appreciate your inquiry. Here is a detailed response, presented point by point.

Answer1. The efficacy of radical concurrent chemoradiotherapy and induction chemotherapy, along with concurrent chemoradiotherapy, remains limited for unresectable non-metastatic esophageal cancer. The incidence of high-grade adverse effects is notably high. We aspire to alter this situation through the incorporation of immunotherapy.

Answer2. This manuscript juxtaposes the 2-year survival rates of the RTOG0113 study, employing induction chemotherapy plus concurrent chemoradiotherapy, with that of INT 0123, utilizing radical concurrent chemoradiotherapy. The conclusion drawn is that there exists no significant disparity in survival between the two approaches. Despite a retrospective study demonstrating a noteworthy enhancement in overall survival (OS) in the former as compared to the manuscript, the study's enrollment encompassed an operable population and, therefore, cannot be utilized as a reference.

Answer3. In light of the outcomes from a one-arm exploratory study investigating the treatment of locally advanced esophageal squamous cell carcinoma with karelizumab combined with concurrent radiotherapy and chemotherapy, we advocate for patient involvement in clinical trials containing immunotherapy.

To Reviewer #2:

I sincerely apologize for the many citation errors caused by my oversight. I have made the necessary corrections in the original manuscript. Thank you for pointing them out.