



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 92444

**Title:** Mechanisms of tumor immunosuppressive microenvironment formation in esophageal cancer

**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05928517

**Position:** Peer Reviewer

**Academic degree:** N/A

**Professional title:** N/A

**Reviewer's Country/Territory:** Romania

**Author's Country/Territory:** China

**Manuscript submission date:** 2024-01-26

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2024-02-05 09:45

**Reviewer performed review:** 2024-02-12 09:16

**Review time:** 6 Days and 23 Hours

<b>Scientific quality</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

The paper on the role of the tumor immune microenvironment (TIME) in esophageal cancer (EC) and its implications for immunotherapy is both timely and significant. The authors have adeptly highlighted the global health burden of EC and the promising yet challenging role of immunotherapy in its management. The focus on the intricacies of the TIME in EC is particularly commendable for its originality and relevance to the field. The objectives of the review are clearly articulated and well-aligned with the current research needs in the field of oncology and immunotherapy. The comprehensive scope, covering cell infiltration, immune cell subsets, cytokines, signaling pathways, and MHC molecule expression, ensures a thorough understanding of the suppressive TIME in EC, which is crucial for advancing personalized immunotherapy strategies. The review is commendable for its depth and breadth, presenting a detailed examination of the suppressive mechanisms within the TIME of EC. The authors have successfully analyzed a vast array of studies to provide a coherent narrative that enhances our understanding of the variability in patient responses to immunotherapy. The critical analysis and integration of complex information into a cohesive review are particularly noteworthy.



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This paper makes a significant contribution to the field by elucidating the complex interactions within the TIME of EC and their impact on immunotherapy efficacy. The insights provided could pave the way for novel therapeutic approaches and the optimization of existing immunotherapies, marking a valuable addition to the literature. While the paper is well-constructed and informative, in order to further enrich the review, the authors might consider expanding on potential future research directions, particularly in overcoming the challenges and limitations of current immunotherapies for EC, could provide valuable guidance for the field. Overall, this paper is a commendable effort that significantly contributes to our understanding of the immunotherapeutic landscape in EC. Its coherent structure, coupled with a rigorous examination of the TIME, makes it a valuable resource for researchers and clinicians alike. I strongly recommend its publication and believe it will foster further research and discussion in the field.