Dear editor and referee:

Thank you for your letter and comments concerning our manuscript entitled as "**A novel method （a bilateral pedicled nerve flap） for lymphadenectomy along the left recurrent laryngeal nerve during thoracoscopic esophagectomy in semi-prone position for esophageal carcinoma**"(ID: 52348). Those comments are constructive and very helpful for revising and improving our manuscript, as well as guiding our future study. We have studied the comments carefully and revised our manuscript accordingly. **All traces of modification remain in the manuscript**. We hope that these modifications will meet your requirement. The main correction in the paper and responses to the referee's comments are as follows.

Responses to the referee's comments：

1. Conventional operation method is not well described in the Methods section.

   Response: We are very sorry for not enough detail about conventional operation method. We have supplemented some more detail according to your suggestion. The main difference between the two operation methods lies in the Process 3. In conventional method, we dissociated the upper esophagus first, and then dissected the lymph nodes along the left RLN. However, in novel method, the upper esophagus dissociation and lymphadenectomy along the left RLN were performed at the same time.

2. The authors should describe how to allocate patients to the novel method and the conventional method. If the conventional method group was a historical control, the result of a larger number of lymph nodes dissected and a shorter operative time could simply be due to the learning curve.

   Response: We are very sorry that we did not describe it clearly. We have supplemented the information in the manuscript. The patients were alternately allocated to two groups, according to the date of operation and different methods of lymphadenectomy along the left RLN. Therefore, the results were not affected by the learning curve.

3. In the methods section, the authors should describe whether the anesthesia is performed by unilateral ventilation with a bronchial blocker or bilateral ventilation.

Response: Thank you for your advise. We have supplemented more detail according to your suggestion. In our study, general anesthesia was performed by bilateral ventilation during the thoracic procedure in all patients. For better retraction of the trachea, a single-lumen tracheal intubation combined with artificial pneumothorax was performed.

4. When was the esophagus cut in the Novel method? If it is not cut, even though enough lymph node dissection may be possible in thin patients as shown in the figure, it should be difficult in obese patients to dissect the cranial side of the left RLN lymph nodes because of the difficulty in securing a surgical field.

   Response: Thank you for your suggestion. The esophagus was cut in the neck in both methods. In novel method, the esophagus was suspended by a traction line in thoracic procedure. The tension of suspension line could be adjusted for a better surgical field, especially in the dissection of the cranial side of the left RLN lymph nodes.