

Manuscript ID: 55194

Manuscript Title: A cure for esophageal cancer complicated by a tracheoesophageal fistula achieved with modern concurrent chemoradiotherapy: A case report

Reviewer's comments	Our response
Reviewer #1:	
1. The authors might emphasize the cure of tracheoesophageal fistula after chemoradiotherapy. However, the title of the manuscript might confuse readers because of grammatical reasons. Please consider the title name again.	Thank you for your suggestion. We have renamed our title to, "T4 cervical esophageal cancer cured with modern chemoradiotherapy: A case report". Line 5. The title was shortened to 12 words in accordance to the comments by the chief-editor
2. Please check the unit of creatine.	We have converted the unit of Creatinine from $\mu\text{mol/L}$ to mg/dL . Line 38
3. Figure 4 was gone from the manuscript.	We have attached Figure 4.
Reviewer #2:	
4. Why did you do Percutaneous endoscopic gastrostomy (PEG) before CRT? This case was high risk of inedible fistula. If patients receive PEG, he may be able to get enough nutrients by using semi-solid nutritional supplement without stent. Stent may become high risk for infection and necrosis. So, it may be more important for this case not to get severe adverse events after treatment. Could you discuss about this point, if possible?	Thank you for your comments. We have added the following for better clarity. "A percutaneous radiologically-inserted gastrostomy (PRG) tube was inserted for nutrition support during this interim period while awaiting for esophageal stricture to improve with time following the treatment. Percutaneous endoscopic gastrostomy (PEG) was not preferred because the tube will go through the esophageal cancer during the procedure with a risk of seeding at PEG stoma. Instead, a PRG was done to mitigate this risk." Lines 35-38 "Esophageal stenting was explored but deemed technically infeasible due to close proximity to the upper esophageal sphincter limiting the ability for safe esophageal stenting." Lines 29-31
5. Indeed, there was no clear evidence of treatment, and there was risk of aspiration, did you consider continuing CRT? I experienced similar case of T4 esophageal cancer, and fistula of this case was close by hyperbaric oxygen therapy and enough	Thank you for sharing your experience. Yes. We continued chemoradiotherapy until completion for this patient with close clinical monitoring.

semi-solid nutritional supplement after CRT.	
6. There was no Figure 4.	We have attached Figure 4.
7. Comment 5. I'm interested in current follow-up images of this case. Could you add this images, if possible?	We have added the current follow-up images in Figure 2F.