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We would like to thank you for reviewing our manuscript. We appreciate the opportunity to revise the manuscript according to the recommendations of the reviewers. Please find below our responses to those comments, together with any corrections. We have reorganized the manuscript after due consideration of the recommendations. Please contact me if you have any questions.

Sincerely,

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**Reviewer #1:**

Currently, for patients with unresectable locally advanced esophageal squamous cell carcinoma, concurrent chemoradiotherapy has been clinically proven to significantly prolong survival compared to radiotherapy alone, and is therefore considered the standard treatment strategy. The standard treatment for locally advanced unresectable esophageal squamous cell carcinoma (SCC) is

chemoradiotherapy with cisplatin and 5-fluorouracil (CF-RT). Considerable experimental data have proved that the effect of induction of esophageal squamous cell carcinoma combined with concurrent chemoradiotherapy is significantly better than that of concurrent chemoradiotherapy. Many large retrospective studies both at home and abroad have IV period esophageal squamous carcinoma of the radiation and chemotherapy curative effect analysis has made a conclusion: IV period esophageal squamous carcinoma recommended sequential chemotherapy after concurrent chemoradiation comprehensive treatment, can prolong the patient's overall survival time, improve the prognosis of patients. Therefore, this case report has no significant innovation or breakthrough in the treatment idea or the treatment drugs, but only verifies the effectiveness of the currently relatively recognized treatment methods. Thank you for your important comments. As the reviewers point out, the standard treatment for unresectable esophageal cancer is CRT. However, the characteristics of our present case are unique:

- (1) Induction DCF treatment was performed prior to CRT treatment.
- (2) After CRT treatment, additional chemotherapy was prescribed, rather than salvage surgery.

Some institutions may favor salvage surgery, but a combination of treatments, as used in our case, may be an option in high-risk cases.

**Reviewer #2:**

Specific Comments to Authors: The manuscript described the successful case of an unresectable locally advanced T4 ESCC treated by additional CF chemotherapy after induction DCF followed by dCRT. And the authors suggested that additional CF chemotherapy could be one radical treatment option for residual ESCC after induction DCF followed by dCRT to avoid salvage surgery, especially for high-risk patients. The treatment course is clear and the result is encouraging. And the manuscript is well and concisely written. However, several points need to point out.

**1. English editing is required.**

Thank you for your advice. The proof of English proofreading has already gotten, and we attached it.

The additional comments have been proofread in English, and the certificate is also attached.

**2. In the section of History of past illness, the authors should provide the detailed treatment that the patient received before.**

Thank you for your important comment. Details of past medical history have been added below.

The patient had a history of hypertension, was a hepatitis B virus carrier, and had experienced a brain stem hemorrhage with sensory paralysis. Her surgical history included total abdominal hysterectomy, bilateral salpingo-oophorectomy, and peri-arterial lymph node dissection to treat endometrial cancer (endometrial adenocarcinoma, pT1bN0M0) 7 years previously. Six courses of adjuvant chemotherapy (paclitaxel + carboplatin) were prescribed after surgery. Six years ago, a squamous cell carcinoma of the oral tongue (pT1, ly0, v0) was partially resected.

She is also a smoker (Brinkman index 800; 20 cigarettes/day × 40 years).

**3. The pathological examination result should be described in detail.**

Thank you for your important comments.

Details of pathological findings were added to Fig. 6 as follows.

- A. A proliferation of large atypical cells with swollen deep-stained nuclei was observed. A squamous cell carcinoma with a tendency toward keratinization, intercellular bridges, necrosis, and large atypical cells with bizarre nuclei were evident.
- B. There is a small infiltration of inflammatory cells, but no obvious evidence of malignant cells.

4. In this case, induction chemotherapy with DCF followed by dCRT did not result in a CR for an initially unresectable locally advanced T4 ESCC, but a CR was finally achieved with two additional courses of CF chemotherapy. And in the authors' opinion, the dCRT played the key role or the two additional courses of CF chemotherapy did, in the whole course of treatment for the initially unresectable locally advanced T4 ESCC patient?

Thank you for your comments. We believe that CRT treatment was largely effective, but did not achieve a CR. There is no clear evidence of the efficacy of additional chemotherapy after definitive chemoradiotherapy; however, previous large-scale trials of dCRT for esophageal cancer included two courses of additional chemotherapy, and the Japanese guidelines tentatively recommend additional chemotherapy after dCRT. We believe that additional chemotherapy was also necessary to achieve a CR in this case.