

Reviewer #1:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Several clinical trials have explored and evaluated the multidisciplinary treatments for advanced unresectable esophageal cancer, however, there is still no standardized treatment protocol. This prospective study enrolled 29 patients with locally advanced ESCC between April 2019 and October 2020. Their cox multivariate analysis of the efficacy and prognosis concluded that 2 cycles of induction chemotherapy followed by concurrent RCT significantly reduced the risk of disease progression compared with 2 cycles of chemotherapy only, suggesting that induction chemotherapy combined with definitive RCT is an efficacious and well-tolerated treatment modality in patients with esophageal cancer. With fewer and milder toxicities, it enhances chemotherapy tolerability and prolongs survival. Very interesting study. And the manuscript is well written. In my opinion, this protocol is worthy of clinical promotion and application. The experiment of the study is designed very well. Thank you for giving opportunity to review the study. I recommend accepting this manuscript for publication after a minor language polishing.

Answering Reviewers 1: I have finished polishing the language polishing.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The efficacy of induction chemotherapy followed by definitive RCT in treating esophageal cancer has been proved in recent years. Maohui Yan et al. demonstrated that induction chemotherapy with ABP plus lobaplatin followed by concurrent RCT is effective in patients with locally advanced ESCC, with mild adverse effects. This is a very interesting study. And the manuscript is well written. The introduction part is detailed and comprehensive, involving a lot of background knowledge, and citing a lot of literature to introduce the research status of the treatment of locally advanced esophageal cancer. In addition, the manuscript also introduces the limitations of the research and the direction of follow-up research. I really thank for a useful and important synopsis of this important topic. I only have a small question. At present, congratulations on your phase II study results are surprising and exciting, so do you need to do phase III clinical trials to verify its accuracy in the follow-up?

Answering Reviewers 2: I will do phase III clinical trials to verify its accuracy in the follow-up.

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: General comments Esophageal cancer is one of the most common forms of cancer, and the preferred treatment modality for esophageal cancer is surgery. However, most of patients are no longer eligible for radical surgery upon diagnosis. So, RCT remains the mainstay of treatment for locally advanced esophageal cancer, the treatment modalities have long been controversial. In this manuscript, authors conducted the present prospective study to investigate the efficacy and safety of induction chemotherapy with ABP plus lobaplatin followed by concurrent RCT in the treatment of locally advanced esophageal cancer. After two cycles of induction chemotherapy with ABP combined with lobaplatin and concurrent radio chemotherapy was given after the induction chemotherapy. Finally, they concluded induction chemotherapy with ABP plus lobaplatin followed by concurrent RCT is effective in patients with locally advanced ESCC, with mild adverse effects. The paper is written well, the Introduction give a good overview about the study background. The aim of the study is fulfilled and the material studied allows to draw the conclusions. The Results are presented clearly and have been discussed well. Specific comments 1. Units of time should be mo, wk, and d instead of month, week, and day. 2. In table 2, it would be better to give the full name of “ORR, PR, SD, PD”. 3. Add the number of patients with the AE in table 3. 4. The format of references should be modified.

Answering Reviewers 3: 1. I have finished modified the units of time as mo, wk, and d instead of month, week, and day. 2. I have given the full name of “ORR, PR, SD, PD”. 3. I have added the number of patients with the AE in table 3. 4. I have inished modified the format of references.

Answering Reviewers to Editorial office's comments and suggestions:

I have finished the 5 Issues: (1) The title is no more than 20 words; (2) I have provided the author contributions; (3) I have provided the original figure documents.; (4) I have provided the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; and (5) I have written the “article highlights” section at the end of the main text.