

Thanks for reviewer's constructive and important comments. Below are the answers for reviewer's comments.

Reviewer Number ID: 04068828

Comment 1: One subject was excluded due to positive HIV test from the analysis. However, it is unclear whether HIV test was performed for all the study subjects. Please clarify this point.

Answer 1: HIV serologic test was performed in 81% of the population. We had added this statement in P6, line 4-5 of the auto-edited file.

Comment 2: It is vague that steroid use includes what type of administration (i.e. systemic or topical). As the possible effect of acid-suppressive drugs are discussed in the discussion, it would be useful to add data on how many subjects were on PPI.

Answer 2: The steroid used was systemic type, and we added this statement in P7, paragraph 2, line 7 of the auto-edited file. However, the number of subjects using PPI was not recorded clearly in the chart or in the questionnaire, so this information cannot be presented.

Comment 3: It seems difficult to take biopsies from all lesions suspected of candida esophagitis in the retrospective study. It needs to be addressed that how many subjects have candida esophagitis endoscopically without histological diagnosis

Answer 3: Endoscopically suspected CE was observed in 71 (0.6%) individuals, and all of them received tissue biopsy for histology exam as described in P8, paragraph 2 of the auto-edited file.

Reviewer Number ID: 05189966

Comment 1: The authors purport a 0.4% prevalence of *Candida* esophagitis in Taiwan. However, it appears that their study was performed only at a single center at Kaohsiung Veterans General Hospital. Extrapolating nationwide prevalence of a condition from a single center is fraught with limitations and may not reflect true population prevalence due to regional variation of infections.

Answer 1: Thanks for reviewer's constructive comment. In fact, the examinees was not restricted to Kaohsiung city, but also came from other cities in southern Taiwan. Also, we indeed hope to conduct nationwide study in the near future to reflect the real prevalence in Taiwan.

Comment 2: One limitation is the small sample size with only 47 individuals confirmed as having *Candida* esophagitis. Likely as a consequence of this small sample size and associated imprecision, the associations between steroid use or chronic kidney disease and *Candida* esophagitis have wide confidence intervals.

Answer 2 : Indeed, the strict diagnostic criteria with only histopathological confirmation make small sample size of our manuscript. Small sample size was also mentioned in our manuscript as one of the limitations. Further nationwide study in the near future may be needed to reflect the more exact risk factors in Taiwan.

Comment 3: Immunosuppression beyond HIV, such as history of organ transplantation, is an important variable to include in the analysis.

Answer 2 : According to the questionnaire and chart review, there was no subjects with history of organ transplantation in this study.

Comment 4: 4. The majority of their patients with *Candida* esophagitis was asymptomatic. There are some data suggesting that treatment may not be necessary for asymptomatic *Candida* esophagitis, which raises questions about the clinical utility of this information.

Answer 4 : The diagnosis of *Candida* esophagitis may not reflect the absolute indication for treatment. However, it provided the examinees in our health checkup-up population with information that they may have some underlying medical conditions or even immunosuppressive disease which they are not aware of and further investigation should be performed.

Comment 5: The authors indicated that a questionnaire was filled out for every patient. It would be helpful to better understand the questionnaire. Is the symptom questionnaire a validated instrument? Are symptoms asked in a dichotomous (yes/no)

manner or in a scale (always, sometimes, rarely, never)?

Answer 5 : The questionnaire was designed with mainly dichotomous manner, and the questions were divided in detail according to different functional systems of human. Examinees can also describe their symptoms in case that no suitable option was found in the questionnaire. We also added this statement in P5, paragraph 2, line 4-8 of the auto-edited file.

Comment 6: Was there any missing data? If so, how was missing data handled during the statistical analysis?

Answer 6 : Because the study was designed with the reference of the questionnaire and the time interval between enrollment and date of examination was relative short, no missing data was encountered in our study.

Comment 7: The authors use total examination fee as a surrogate for socioeconomic status. Does the medical center utilize a sliding scale fee schedule based on income? If so, clarifying this would be helpful as examination fee may vary depending on the types of interventions employed during the procedure.

Answer 7: Because this study design did not take socioeconomic status into consideration, and the socioeconomic status were not reviewed during data mining, we decided to cancel the statement in our manuscript. Thanks for reviewer's valuable comment.

Comment 8: The authors note that a positive HIV serologic test was an exclusion criterion. Did all patients undergo HIV testing? In other words, does this population include patients with confirmed HIV negative serologic test, or does it also include individuals who were never tested for HIV and are thus presumed to be negative?

Answer 8: HIV serologic test was performed in 81% of the population. We had added this statement in P6, line 4-5 of the auto-edited file.

Comment 9: The authors do a good job of discussing their findings in the context of previously published studies.

Answer 9: Thanks for reviewer's valuable comment.

Comment 10: Minor comment: Correct the spelling of "Background" in the abstract.

Answer 10: We had corrected the spelling in the abstract.

Reviewer Number ID: 05234411

Specific Comments To Authors: nil

Answer: We appreciated reviewer's review for our manuscript.

Re-review

Thanks for reviewer's constructive and important comments. Below are the answers for reviewer's comments.

Comment 1: The authors revised the manuscript significantly. On the basis of their response to my comments, the following point needs to be added in the manuscript: the prevalence of esophageal candidiasis calculated for study subjects who underwent HIV test.

Answer 1: The prevalence of esophageal candidiasis among subjects underwent HIV test was 0.5%. We had added this statement in P8, Paragraph 2, line 5-8 of the auto-edited-revision file.