

7th October 2023

Editorial Office Director. Lian-Sheng Ma

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Dear Editors and Reviewers,

Thank you for your letters as well as valuable comments and suggestions concerning our manuscript entitled **"Long-term efficacy and predictors of pembrolizumab-based regimens in patients with advanced esophageal cancer in the real world."**(Manuscript NO: 86496). These comments and suggestions are very important for us to better improve our manuscript. We have revised the manuscript according to the comments. Point-by-point responses to the editor's and the reviewers' comments are provided below this letter.

**Responds to the reviewer's comments:**

1. Reviewer #1:

The manuscript's overall structure is complete and contains a title, abstract, keywords, core tip, introduction, materials and methods and results, discussion, article highlights, and references. The scientific question emphasizes the predictive factors for treatment outcomes following therapy with immune checkpoint inhibitors. This is presented in the introduction section, along with the relevant background, rationale, aim, significant findings, and potential significance of the study. Therefore, this section is suitable to attract readers' attention. The Study design and therapeutic regimen adopted in the paper are presented in the Methods section. Besides, the manuscript provides adequate details of methods. The data and results are reliable and indicated by the information presented in the study. However, some of the results are only described in the text, the content of the table is relatively small, and more data-related forms need to be added. The manuscript interprets the findings adequately and appropriately, highlighting the key points concisely, clearly, and logically. The results and their relevance to the literature are stated clearly. The discussion accurately presents the study's

scientific significance and relevance to clinical practice. The conclusion is presented. This section should be ameliorated to inform the readers briefly about the contributions of the data to the field. Besides, the future research directions should be given in detail. The manuscript cites all critical, relevant, and timely references. There is no indication of academic misconduct in the study. The manuscript contributes to improving long-term survival in patients with locally advanced or metastatic ESCC. The manuscript describes an essential direction of research. The title of the manuscript does not contain grammatical errors. (13) The manuscript falls within the scope of WJG. The language of the paper needs to reach the standard of publishing, and minor revisions are required. Peer-reviewer's Conclusion: The content of the manuscript has value for publication.

Response: Thank you for your meaningful recommendations. Your valuable comments and suggestions are inspiring. We have made revision referred to your advice. Here are our responses.

- (1) In response to your comments about the content of the table relatively small, we have added several tables about the results of long-term survivals which make our results more clearly presented.
- (2) For the second suggestion to inform the readers about the contributions of the data to the field and future research directions in the discussion section. We add and revised some contents in this section. In addition, we highlighted these contents with yellow color in the revised manuscript.

## 2. Reviewer#2:

Although pembrolizumab combined with chemotherapy has been proven effective as first-line therapy in patients with advanced esophageal cancer. Few trials have assessed the safety and efficacy of this treatment in patients with locally advanced disease. This real-world clinical study assessed the efficacy and safety of pembrolizumab in neoadjuvant therapy, concurrent chemoradiotherapy and first-line therapy for ESCC. The work was logically designed and

nicely described. They showed that pembrolizumab combined with chemotherapy or radiotherapy resulted in favorable long-term survival in patients with locally advanced or metastatic ESCC, with safe and manageable long-term AEs. I evaluate this clinical study includes so valuable information for the physicians to manage ESCC. For these reasons, I think this manuscript is appropriate for publication. However, some minor revisions need to be performed before publishing: 1) The inclusion and exclusion criteria can be more detailed. 2) Please add a detailed figure legend that provides a clear and comprehensive description of the information presented in the figure for all figures, to keep the reader understanding without having to refer back to any other portion of the manuscript.

**Response: Thank you for your helpful advice. We have made correction according to your comments. We give our responses below, and hope the revised version will meet your standard of publication.**

- (1) We have revised and improved the inclusion and exclusion criteria in the method section and highlighted the contents with yellow color.**
- (2) We add a detailed figure legend that provides a clear and comprehensive description of the information presented in the figures.**

We have tried our best to revise and improve our manuscript according your comments and suggestions. These changes will not influence the content and framework of the paper.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Yours sincerely,

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