Title: Mid-term outcomes and prognostic factors affecting the survival of patients with esophageal cancer undergoing surgical treatments
Journal: World Journal of Clinical Cases

Response to Reviewers' comments

Dear Editor,

We thank you for your careful consideration of our manuscript. We appreciate your response and overall positive initial feedback and made modifications to improve the manuscript. After carefully reviewing the comments made by the Reviewers, we have modified the manuscript to improve the presentation of our results and their discussion, therefore providing a complete context for the research that may be of interest to your readers.

We hope that you will find the revised paper suitable for publication, and we look forward to contributing to your journal. Please do not hesitate to contact us with other questions or concerns regarding the manuscript.

Best regards,

Reviewer #1

Comment 1: *From the literature, we do know the prognosis and survival of oesophageal cancer can be predicted by higher histological or TNM stage. There are strong literature evidence that neoadjuvant treatment followed by surgery has better survival outcomes than surgery alone. Similarly, the higher the co-morbidity carries higher perioperative complications which also influences the survival. However, the authors suggested poorly known factors influencing prognosis in various studies but no references indicated.*

Response: We thank the Reviewer for the comment. The Reviewer is entirely right, and we expressed our thought in a bad way. Indeed, there are some factors that are well-known to influence the prognosis (e.g., histological grade and TNM stage), but they do not explain the entire variability in prognosis among patients since two patients with the same histological grade and the same TNM staging can have very different prognosis. Therefore, seeking the factors that could help refine prognostication is important. It was clarified in the third paragraph of Introduction.

Comment 2: *Authors should clarify the definition of midterm outcomes in the title, looking at the study which included data from March 2020, which is fairly short term.*

Response: We thank the Reviewer. The definition of midterm outcomes was 1-3 years. Considering that both 30 and 90 days are short-term outcomes, we also added short-term outcomes to the title.

Comment 3: *The study included different treatment methods including laparoscopic versus open and endosco pic resection. The use of neoadjuvant therapy is low about 17% compared to the international studies. The use of adjuvant therapy is also low. This maybe one of the reasons to explain lower survival outcomes in higher TNM stage patients with resectable oesophageal cancer.*

Response: We thank the Reviewer for the comment. Whether neoadjuvant therapy is given or not depends to a large extent on the patient's financial status and compliance with medical advice. Adjuvant therapy is routinely recommended for patients with advanced-stage esophageal cancer, but the final decision remains in the hands of the patients. We agree that this might be one of the reasons to explain lower survival outcomes in higher TNM stage patients with resectable esophageal cancer. We will increase the sample size in future studies.

Comment 4: *What is new about his study that is different compared to other studies?*

Response: We thank the Reviewer for the comment. This study showed that the Comprehensive Complication Index (CCI) is an independent risk factor affecting prognosis, indicating that postoperative nursing care to reduce postoperative complications might be helpful to improve the survival rate, while many surgeons tend to focus on surgery instead of postoperative nursing. Science-based postoperative management to reduce complications is also very important. It was added to the first

paragraph of the Discussion.

Reviewer #2

Comment 1: *Since the study was retrospective, the information of follow-up extracted from documents or some part of it were done by the researchers? If yes, how?*

Response: We thank the Reviewer for the comment. The follow-up was completed by the investigators and the medical team in a routine manner. Routine follow-up at our center includes telephone, SMS, email, and outpatient visits. All follow-up data were extracted from the patient charts. The patients were not contacted for the purpose of this study. Still, we admit that it is also a limitation since some patients might have had an event that was unreported to us. It is a limitation common to all retrospective studies. We added a statement in the Methods – Follow-up and in the Discussion – Limitations.

Comment 2: *Follow-up covered all patients? Or there were some missing ones? If yes, what is the percent of missing and did you record them as the right censor?*

Response: We thank the Reviewer. All the patients who met the inclusion criteria were followed up according to the contact information of admission registration. Patients with a significant lack of clinical information, follow-up <90 days, and non-cooperative follow-up were excluded. Initially, 357 patients were initially included according to the inclusion criteria, but 26 with missing clinical information and 24 lost follow-up were excluded, leaving 307 patients. It was clarified in the Results – Characteristics of the patients.

Comment 3: *Why the authors did not calculate diseases free survival?*

Response: We thank the Reviewer. Patients' compliance with medical advice is relatively poor. Most of them do not follow the doctor's discharge advice for regular review. In addition, some patients can visit other hospitals. Therefore, disease-free survival data cannot be accurately collected.

Comment 4: *In results, according to multivariate analysis, the creatinine levels was not statistically significant. The P-value was in borderline of 0.05 and in contrast of what authors said, that sounds non-significant.*

Response: We thank the Reviewer for the comment. In fact, the P-value was 0.050 after rounding. The actual P-value was 0.0498. Still, we entirely agree that it is borderline. We added a word of caution about that in the Discussion, just before the Limitations.

Editor

Comment 1: *The authors performed a retrospective study on the risk factors affecting the post-operative survival of esophageal cancer patients. The study is appropriately conducted and reported in clear and direct language. However, the findings are in accordance with previous articles and add little to the existing literature on the subject. Some aspects need further clarification. As pointed out by the reviewers, the number of patients that received adjuvant and neoadjuvant therapy was relatively low - the authors could elaborate further on the possible reasons for this finding. Disease free survival is an important outcome of esophageal cancer treatment and should be included in the results if possible. As also pointed out by the reviewers, the impact of creatinine levels on the outcomes is of doubtful significance.*

Response: We thank the Editor for the comment. This study showed that the Comprehensive Complication Index (CCI) is an independent risk factor affecting prognosis, indicating that postoperative nursing care to reduce postoperative complications might be helpful to improve the survival rate, while many surgeons tend to focus on surgery instead of postoperative nursing. Science-based postoperative management to reduce complications is also very important. It was added to the first paragraph of the Discussion.

Comment 2: *Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.*

Response: We thank the Reviewer. We arranged the figures using PowerPoint.