

Dear Editor,

First of all, I apologize for the delay in our reply. Thank you very much for your decision letter and advice on our manuscript (Manuscript 77732) entitled “Prognostic significance of SOX2, E-cadherin, and vimentin in esophageal squamous cell carcinoma”. We also thank the reviewers for the constructive comments and suggestions. We have revised the manuscript accordingly, and all amendments are indicated by red font in the revised manuscript. In addition, our point-by-point responses to the comments are listed below this letter.

This revised manuscript has been edited and proofread by Medjaden Inc., and we have also enclosed a Language Certificate.

We hope that our revised manuscript is now acceptable for publication in your journal and we look forward to hearing from you soon.

With best wishes,  
Yours sincerely,

Chao Li

1.Reviewer #1:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** I think the results of this study are important as one of the studies that deal with ESCC. I have the minor comments. Would you describe the surgical procedure in detail in Materials and Methods section?

**Response:**

The cases I collected were patients who underwent surgery for esophageal squamous cell carcinoma in the Department of Thoracic Surgery of the First Affiliated Hospital of Xinjiang Medical University from 2010 to 2019. From 2010 to 2017, the main surgical method for esophageal squamous cell carcinoma was total incision (left posterolateral thoracotomy and total incision); from 2017 to 2019, the method of total chest and laparoscopic triple incision (right posterolateral thoracotomy+abdominal incision+left neck) was added. For early stage-cancer, the site was the upper esophagus, and if the esophageal tumor was easy to separate it was removed by separate endoscopic surgery. For intermediate-stage cancer, the lesion was behind the aortic arch, and right chest incision (right posterolateral thoracotomy+abdominal median incision) was used. For the middle and lower esophageal lesions (under carina), a left posterolateral thoracotomy and incision was often used. We added a subsection on *Surgical procedures* to the Methods that describes the different procedures.

(2) We have reviewed the entire manuscript with the assistance of Medjaden Inc. and

corrected all language problems.

2.Reviewer #2:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** I read with a great interest the article titled "Prognostic significance of SOX2, E-cadherin, and vimentin in esophageal squamous cell carcinoma" by Chao Li and Yuqing Ma. The manuscript is well written, the methods and results are clearly presented. Usually, the relationship of SOX2 and  $\beta$ -catenin with the epithelial-mesenchymal transition (EMT) and the prognostic value are very similar in various carcinomas. The authors concluded that SOX2 is an independent risk factor for OS, and is positively correlated with the vimentin expression in the ESCC, too.

**Response:**

Thank you for your review, comments and suggestions on my article. My doctoral research is the mechanism of SOX2 in promoting the migration and invasion of esophageal squamous cell carcinoma *via* the Wnt/ $\beta$ -catenin signaling pathway. This study demonstrated a correlation between SOX2 and  $\beta$ -catenin in human patients. Further cell and animal experiments showed that SOX2 and  $\beta$ -catenin formed a positive feedback loop that regulated the proliferation, migration, and invasion of esophageal squamous cell carcinoma. Therefore, the conclusion that SOX2 might promote the EMT in esophageal squamous cell carcinoma *via*  $\beta$ -catenin was mentioned in the conclusion of the immunohistochemical experiments.

(1) Science editor:

The manuscript has been peer-reviewed, and it' s ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

**Response:**

We have reviewed the entire manuscript with the assistance of Medjaden Inc. and corrected all language problems.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by

the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

**Response:**

- (1) I have changed the images. All submitted images are original.
- (2) For the original picture, I added Copyright ©Chao Li 2022 to the PPT.
- (3) I have revised table according to the journal requirements.
- (4) I have logged in and used your recommended RCA website. Thank you.