

Reviewer #1: The authors report on primary small cell esophageal carcinoma. The authors have successfully treated with this disease, which is seem to be rare and to have poor prognosis. The report has very important aspect to indicate how to overcome the disease. However, the manuscript needs to be modified as below;

Major comments #1 :

The authors describe that with the wide application of immunotherapy, perhaps it will become a new treatment. The reason for such a statement must be provided with a rationale. It is necessary to indicate the reference materials and guidelines you referred to.

Answer: With the wide application of immunotherapy, perhaps it will become a new treatment^[6, 7].

I have added the references materials and guidelines in the paper.

(Line 46) #2 Follow the Guidelines for Manuscript Preparation and Submission: Case Report. In Case Presentation, the following seven aspects must be presented in this order: 1) Chief complaints; 2) History of present illness; 3) History of past illness; 4) Personal and family history; 5) Physical examination upon admission; 6) Laboratory examinations; and 7) Imaging examinations. In particular, the general risk factors for esophageal cancer need to be mentioned.

Answer: I have edited the paper following the guideline including in seven aspects.

#3 In History of present illness, imaging examinations are lacking. As the authors describe about endoscopy and PET-CT, these images need to be presented at least. In addition, the lesion lies on the esophagus, therefore, 'endoscopy' is adequate terminology than 'gastroscopy'. (Line 57) #4 In Treatment, it is necessary to present images such as endoscopy and CT and the course of tumor marker after treatment. (Line

85) :

Answer: I have added the endoscopy and PET-CT images and the follow- up images, such as:

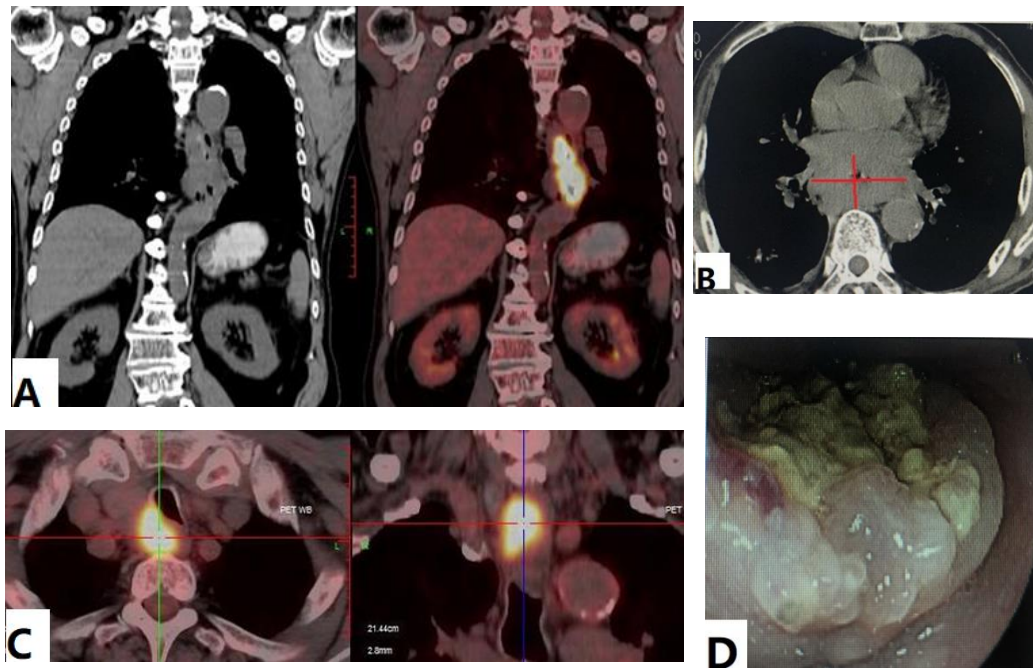


Figure 1 : PET-CT, computed tomography and endoscopy demonstrated a tumor sited in the middle and lower esophagus and multiple lymph nodes metastasis. A: PET-CT showed esophageal carcinoma; B: Computed tomography showed esophageal carcinoma; C: Multiple lymph nodes metastasis; D: Endoscopy outcome

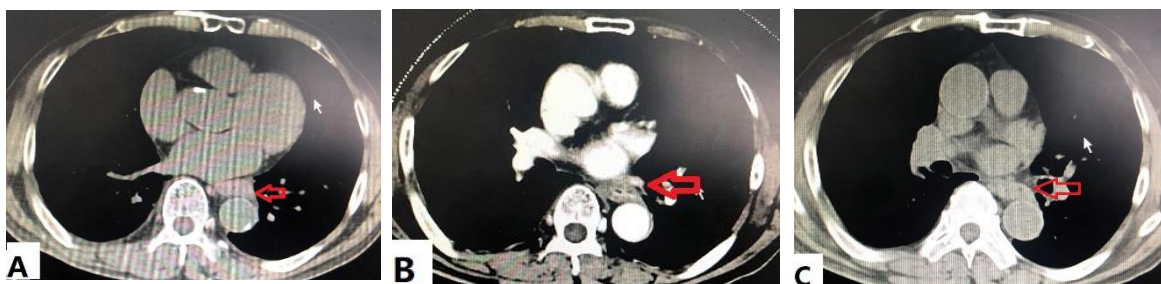


Figure 3: Computed tomography showed the effects of esophageal carcinoma after

chemotherapy or immunotherapy. A: 4 cycles chemotherapy; B: 4 cycles immunotherapy; C: 8 cycles immunotherapy.

Minor comments #

1 Figure 1: One cross-sectional image is insufficient to describe lesions in the middle and lower esophagus. Some continuous cross-sections or vertical section need to be presented. Arrows or circle on the figure are needed so that the extent of the lesion is easy for the reader to understand.

Answer: I have added some images and marked the lesion with arrows.

#2 The authors describe that the final diagnosis is PSCEC, multiple lymph nodes metastasis, Stage IIIB. The TNM notation as a clinical staging should be added instead of ‘multiple lymph nodes metastasis.

Answer: PSCEC, TNM: cT3N2M0, Stage III.

(Line 82) #3 “A timeline showed the whole medical procedure of this case” should be presented as one of figures separately not in text.

Answer: A timeline has edited one of figures.

(Line 102) #4 ‘Sun et al reported some patients who received surgery and postoperative adjuvant CT achieved a survival of 10 years.’ needs reference.

Answer: I have added reference.

15. SUN Kelin, HE Jie, CHENG Guiyu, CHAI Lixun. Management of primary small cell carcinoma of the esophagus. Chinese Medical Journal 2007;**120** (5): 355-358.
[PMID: **17376302**]

#5 Some analysis should be referred to mention, and English correction is needed in this sentence. (Line 135) English Correction

Line 31: CONCLUSION

CONCLUSION

Line 32: PSCEC with stage III and higher disease is not surgical candidate.

PSCEC with multiple lymph nodes metastasis and above disease aren't the indication of surgery.

Line 38: INTRODUCTION

INTRODUCTION

Line 40: It was reported for the first case in 1952 by Mckeown, and only about 300 cases of PSCEC have been reported in the world medical literature at present.

It was reported the first case in 1952 by Mckeown. At present only about 300 cases of PSCEC have been reported in the world medical literature^[3].

Line 42: PSCEC is aggressive, high malignant and early metastatic, the prognosis is poorer than other subtypes of esophageal carcinoma.

PSCEC is an aggressive progression, early metastasis and high malignancy. The prognosis is poorer than other subtypes esophageal carcinoma.

Line 47: Here we report a case of a 79-year-old man with PSCEC treated with CT and subsequent immunotherapy. The patient is asymptomatic and the tumor is stable so far.

Herein we report the case of a 79-year-old man with a PSCEC treated with CT sequential immunotherapy, the tumor doesn't continue to enlarge or metastases and patient doesn't experience any discomforts again.

Line 53: A 79-year-old male was hospitalized for progressive dysphagia, frequent vomiting and weight loss about 5 kg during one month.

A 79-year-old male was hospitalized for progressive dysphagia and frequently vomiting, his weight lost about 5 kg during one month.

Line58: extending to 38 cm, and the carcinoma almost blocked the entire esophageal lumen.

extending to 38 cm, the carcinoma almost blocked 3/4 of esophageal cavity.

Line 65: The patient has been healthy

The patient is a healthy person and doesn't have hypertension and diabetes.

Line 68: Physical examination was normal and no enlarged lymph nodes on the neck or supraclavicular were palpable.

Physical examination doesn't touch any enlarged lymph nodes on the neck or supraclavicular. Cardiopulmonary is almost normal and doesn't find any positive signs.

Line 110: PSCEC is a rare esophageal malignancy with aggressive biologic behavior and early widespread dissemination and is one of the fastest-growing tumors.

PSCEC is a rare esophageal malignancy. Because of aggressive biologic behavior and early widespread metastasis, it is generally regarded as a poor prognosis.

Line 113: The incidence of PSCEC has been increasing, but the management, treatment, follow-up strategies are not sufficiently standardized yet.

The management, treatment, follow-up strategies are still not sufficiently standardized.

Line 128: and the index was > 80% in this case. (Does it match the author's intention?)

The index matches the author's intention.

Line 143: For stage I/IIA,

Stage I/IIA

Line 158: At present, PD-L1 inhibition (Durvalumab 1500mg) plus EP

PD-L1 inhibition (Durvalumab 1500mg) plus EP

Line 183: Immunotherapy or immunotherapy plus CT could become another treatment for PSCEC. Etc.

Immunotherapy or immunotherapy plus CT could become another treatment for PSCEC.

I have edited these problems one by one.