Comment for 50361

"Treatment of Early Stage (T1) Esophageal Adenocarcinoma: *Personalizing the best therapy choice*"

1. 1. Overall assessment

Good

1. 2. Recommendation

Minor revision

1. 3. Advisory moments to Editor
2. 4.

This review focused on treatments for early (T1) esophageal adenocarcinoma (EAC) This review is widely described about the treatment methods for T1 EAC. However, some points need to be clarified.

Reviewer: In the section of "SURGICAL TREATMENTS", what the difference between open esophagectomy and minimally-invasive esophagectomy? Please explain about these surgical techniques.

Authors: Thank you for your feedback. In response to the reviewer's suggestion, we have added the following to the manuscript as the opening of the "SURGICAL TREATMENTS" section:

"Treatment esophagectomy consists of two primary surgical techniques: OE and MIE. MIE is performed laparoscopically or thoracoscopically, where access to the abdominal and thoracic cavity is granted via small abdominal incisions. OE, on the

other hand, requires a right thoracotomy and laparotomy, which involves large incisions where the ribs and abdominal wall are opened widely."

Reviewer: In the section of "MERGENT TREATMENT STRATEGIES", reference 90, this article investigated the recurrence rate only about EAC. So please describe clearly about this fact.

Authors: We appreciate the reviewer's insights. In response to the reviewer's suggestion, we have changed a section of the manuscript in the "EMERGENT TREATMENT STRATEGIES" section to the following:
"Another study (*n* = 32) compared outcomes of ER alone, CRT+ER, and esophagectomy in patients with T1b esophageal adenocarcinoma [90]. This study found an EAC recurrence rate of 11% with CRT + ER, compared to a 38% EAC recurrence rate with ER alone, and a 29% EAC recurrence rate with esophagectomy. Although there was a trend toward better outcomes for CRT + ER, differences in EAC recurrence rates were not statistically significant, potentially due to a lack of statistical power; however, these findings suggest that CRT+ER could be a viable treatment option for T1b EAC patients unable or unwilling to undergo esophagectomy [90]."

Reviewer: Is figure 1 is original or cited from an article?

Authors: This is an original figure illustrated by one of our authors, Lindsay Kumble.