

Dear Editor,

Thank you very much for your comments and suggestions to this manuscript. Please find the enclosed edited manuscript in Word format.

Title: Recent advances in multidisciplinary therapy for adenocarcinoma of the esophagus and esophagogastric junction

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The reviewer's comments on the manuscript have been carefully considered and the manuscript was improved accordingly.

The composition comment of reviewer #05845322 and my answer:

(1) The paragraphs of "Surgery remains the mainstay of treatment" and "Chemotherapy and radiotherapy are significant perioperative treatment" are too long to understand well. These should be subdivided to several subtitles.

Answer: Yes, I agree with you. The paragraph of "Surgery: remains the mainstay of treatment" is subdivided into "Surgical options for esophagus adenocarcinoma", "Surgical options for adenocarcinoma of EGJ"; the paragraph of "Perioperative chemotherapy and radiotherapy: exist controversy" is subdivided into "Radiotherapy in adenocarcinoma of esophagus and EGJ", "Chemotherapy in adenocarcinoma of esophagus and EGJ", and "Chemoradiotherapy in adenocarcinoma of esophagus and EGJ".

(2) Title "Esophageal adenocarcinoma and adenocarcinoma of esophagogastric junction" should be changed to "adenocarcinoma of the esophagus and esophagogastric junction" according to previous reports.

Answer: Yes, I agree with your comments and make the corresponding modifications.

(3) Page 3, Line 9 "Type II is also known as real carcinoma of the cardia." Was this sentence mentioned about Type III?

Answer: According to JR Siewert *et al*, 1987, Type II esophagogastric carcinoma corresponds to "real" carcinoma of the cardia, and Type III corresponds to subcardial carcinoma of the fundus.

(4) Page 5, Line 9-10 Subclassification of superficial esophageal cancer was only defined in Japanese Classification (Esophagus 2017). If you adopt it, you should use it accurately; m1→EP, m2→LPM, m3→MM.

Answer: Yes, I agree with your comments. The subclassification of superficial esophageal cancer and other related expressions have been revised.

(5) Page 5, Line 16 You should clear the definition of "L0 V0".

Answer: Yes, I agree with your comments. The expression "L0 V0" was replaced by "without lymphatic invasion or venous invasion".

(6) Page 11, Line 19 The number of patients who encountered toxicity had better to be shown as percentage.

Answer: Yes, I agree with your comments and make the corresponding modifications.

(7) Page 11, Line 20 You had better to clear a criteria for toxicity.

Answer: Yes, I agree with your comments and make the corresponding modifications.

The composition comment of reviewer #03552525 and my answer:

(1) This article did not include radical chemoradiotherapy. Could you add new section?

Answer: Thank you for your suggestion and I added a new paragraph "Definitive Chemoradiotherapy: For Unresectable Tumors".

Thank you again for your work and attention to this manuscript, and we hope that the revision would meet the approval.

Sincerely,

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