

Reviewer #1:

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

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

**Conclusion:** Minor revision

**Specific Comments to Authors:** This review evaluated the Role of EUS in Esophageal Cancer. Including the role of the staging and restaging in Esophageal Cancer. Overall is good. However, there were some areas for improvement.

1. The review should have a abstract

Thank you. We have included an abstract as suggested.

2. The references should including more literature which were within 5 years.

Thank you for the suggestion. We have updated the manuscript additional literature from the past 5 years.

Reviewer #2:

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

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** This is a well-written review article on the role of EUS in esophageal cancer. However, there are some recommendations for the author:

1. The second paragraph on page 1, "The workup for esophageal (and esophagogastric junction cancers) ..... Dese it require a bracket?"

The bracket has been removed.

2. The last paragraph on pate 3, "EUS, however, is less accurate for early-stage lesions (T1 or T2)"..... Given the fact that endoscopic resection (particularly endoscopic submucosal dissection) is increasing used for the treatment of pT1a esophageal cancers, I recommend that the authors add more detailed information about the role of EUS in pT1a/pT1b esophageal cancer staging.

Thank you for the suggestion. Two paragraphs down from this sentence, we elaborated on the role of EUS in early lesions.

3. The third paragraph on page 4, "In 75-82% of cases, high frequency probes (12-20 MHz) can help distinguish T1a from T1b disease." Is this a personal opinion, or is it based on some evidence (because there is no any reference).

Thank you for bringing this to our attention. This statement us not a personal opinion and therefore the reference was added.

4. The fourth paragraph on page 4, "a recent meta-analysis and systematic review found the sensitivity and specificity of T1, T2, T3, T4 staging by EUS to be 23%, 29%, 81%, and 43% respectively" It seems that sensitivity or specificity data is missing.

The sensitivity data and specificity data was added.

5. The last paragraph on page 5, "it also has the added advantage to perform FNA and/or FNB of surrounding lymph nodes and organs"..... Is there any reference about EUS combined with FNB? If so, please add.

There really is no data on comparing FNA vs FNB in sampling lymph nodes or metastatic lesions in the staging of esophageal cancer. It is really operator dependent and therefore no reference is available.

Reviewer #3:

**Scientific Quality:** Grade D (Fair)

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

**Conclusion:** Rejection

**Specific Comments to Authors:** At present, there are many articles on the application of EUS in esophageal cancer. No new viewpoints have been proposed in this review article.

We believe this invited article is a comprehensive review with inclusion of more recent view points.