

Dear reviewer!

This editorial provided insight into the potential of exosomes in the early detection and treatment of EC, as well as future prospects, which was helpful for readers interested in related fields. However, there are several issues with this article that need further revision by the author. 1. Abbreviations should be defined in the abstract and in the main body of the manuscript upon first mention in the text. There are multiple instances of mixing of abbreviations and full names in the text, for example, "Esophageal cancer" on page 5, line 26, "long non-coding RNAs (lncRNAs)" on page 6, line 15, and so on. 2. Page 6, line 3, exosomes, microvesicles, and apoptotic bodies do not all have a size range of 30 to 150 nm, please check. 3. On page 6, line 9, the repeated words "such as" should be deleted. 4. Page 8, line 16, "exosomal CD54" should probably be changed to "exosome".

Thank you for your constructive comments. We present a point by point answer to your comments:

- 1) We defined all the abbreviations in the abstract or on the main text, at their first appearance and then we only used the abbreviation. We also corrected all the mistakes pointed by you
- 2) We corrected the information given in the text. Only Exosomes have a size range of 30 to 150nm.
- 3) We deleted the second "such as"
- 4) We believe that the correct term as given by the references, is "exosomal CD54", because it explain that it is being transferred by exosomes.

Thank you once again for your comments!