

Dear Editor,

On behalf of all co-authors, I am pleased to submit our original investigation entitled "**Epidural Electrical Stimulation Promotes Motor Recovery in Severe Acute Cervical Spinal Cord Injury: A Nonrandomized Clinical Trial**" for consideration for publication in JAMA Surgery.

Our study investigates the efficacy and safety of epidural electrical stimulation (EES) in patients with severe acute cervical spinal cord injury (SCI). In this nonrandomized clinical trial involving 141 patients with AIS grade A injury, we found that EES, when combined with standard care, was associated with significantly greater improvements in sensory function at 1 month, motor function at 3 months, and functional independence at 6 months compared to standard care alone. Notably, EES also conferred a significant advantage in ventilator weaning success and a reduction in chronic complications such as pathological spasticity. Furthermore, our exploratory cerebrospinal fluid proteomic analysis revealed that non-response to EES was specifically linked to downregulated glycan metabolism pathways, offering a potential novel biomarker for patient stratification.

We believe these findings are highly relevant to the readership of JAMA Surgery as they provide the largest evidence to date supporting EES as a promising therapeutic intervention in the acute phase of cervical SCI, a condition with limited treatment options. Our multidimensional assessment, combining rigorous clinical outcomes with mechanistic proteomic insights, addresses critical evidence gaps and underscores the potential of personalized neuromodulation strategies in surgical patients.

This manuscript represents original work and has not been published or submitted for consideration elsewhere. All authors have reviewed and approved the manuscript and its submission to JAMA Surgery. We have no conflicts of interest to disclose, as detailed in the manuscript's conflict of interest statement. This trial was registered with the Chinese Clinical Trial Registry (ChiCTR2500095515), and the study protocol received prior approval from our institutional review board.

We appreciate your consideration of this manuscript and believe it will be of great interest to your readers. We look forward to your response.

Thank you for your time and consideration.

Sincerely,

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