Peer Review File
Article information: https://dx.doi.org/10.21037/cco-23-27

Reviewer A

This is a good and well-written overview of the available data. A table summarizing the main characteristics and results of each trial escribed would make the content easier accessible to the reader.

Answer to reviewer A*:* A table summarizing the results of each study was prepared. This table was included in the manuscript.

Reviewer B

The authors provide a comprehensive commentary on the update of a randomized Phase II-study (EVAN) comparing adjuvant erlotinib vs chemotherapy in stage IIIA EGFRm NSCLC. As the authors point out nicely in this commentary, there are some limitations with the study, including that the trial was only conducted on stage IIIA disease as well as population origin of participants, which may complicate comparisons with other trials. However, due to financial aspects in certain parts of the world, there may still be a role of first-generation TKIs in such a study setting.
Except for financial aspects, it is difficult to see a logical reason for the use of first-generation EGFR TKIs in the adjuvant setting instead of osimertinib. In the recently updated ADAURA trial, 73% of patients receiving osimertinib were disease-free and alive one year after stopping osimertinib treatment. Moreover, osimertinib has shown better tolerance than first-generation EGFR TKIs, also mentioned by the authors of this commentary.
Minor comment
- The manuscript would benefit from professional language editing.

Answer to reviewer B: All the manuscript has been adapted according to all suggestions including language and a new paragraph and reference on the update of the ADAURA study has been added. REFERENCE#15: Herbst, R. S., Wu, Y. L., John, T.et al. (2023) Adjuvant Osimertinib for Resected EGFR-Mutated Stage IB-IIIA Non-Small Cell Lung Cancer: Updated results from the randomized phase III ADAURA trial. Journal of Clinical Oncology : 41(10), 1830-1840. https://doi.org/10.1200/JCO.22.02186

Reviewer C

The editorial comment of Luo and Xiao discusses the role of EGFR TKI in the adjuvant setting and focusses on the overall survival data of the EVAN trial comparing adjuvant erlotinib and chemotherapy in NSCLC stage III A.
I have 2 objections:
First, the text has to be revised by a native speaker as there are too many grammar and spelling errors. Just some examples: Line 140 "Another" instead of "Other"; L164: grammar; L172 : grammar; L183: "carried out"
Second, there has been a press release of AstraZeneca on March 9th 2023 stating that there is a significant survival benefit in the ADAURA trial [bit.ly/3YCeYh9]. Even if the EVAN trial might have been the first one to show an OS benefit, there is no doubt (as stated by the authors themselves) that 1st generation EGFR TKI have more side effects and are less effective than osimertinib. Thus, the only reason for choosing erlotinib would be "financial issues"

Thus, especially the sections 18-29, 154-170 and 175-187 should be revised.

Answer to reviewer C: All the manuscript has been adapted for the language editor and a paragraph and a new reference on the update of the ADAURA study have been added.

REFERENCE #15: Herbst, R. S., Wu, Y. L., John, T.et al. (2023) Adjuvant Osimertinib for Resected EGFR-Mutated Stage IB-IIIA Non-Small Cell Lung Cancer: Updated results from the randomized phase III ADAURA trial. Journal of Clinical Oncology : 41(10), 1830-1840. https://doi.org/10.1200/JCO.22.02186