Peer Review File

Article information: https://dx.doi.org/10.21037/atm-2022-53

Reviewer A Comment 1: This report lacks novelty; the efficacy of capumatinib for MET ex 14 skipping mutations is already known, and the authors should indicate its Neues. Further studies may be useful, such as further genetic testing to determine why the primary tumor did not shrink, the relationship between background lung status and the safety of the added radiation, and the effectiveness of irradiation of the primary tumor for lung cancer with metastases. The quality of the English text, the style of the text, etc., warrant further consideration.

Response: We agree that details of the efficacy for capmatanib are already known although the utilization of NGS testing for MET mutations is not still done on all cases. The goal of this report was to highlight how patients can do well if a MET mutation was found with a targeted drug. We have revised the discussion to include other cases and some to advocate for MET mutation testing.

Reviewer B Comment 1. The experience with capmatinib in MET mutation-positive lung cancer has already been reported and is not novel. Therefore, it is recommended to further emphasize that patients with MET mutation-positive lung cancer with multiple metastases, which is considered to have a poor prognosis, are being well controlled with capmatinib administration and additional radiation to the primary tumor in the discussion section.

Response: We have updated the discussion with some changes that hopefully will make this more interesting for the readers.
We also feel a lot of MET testing is not currently being done. Hopefully this care report will make people think of MET testing in the future.

We also have added information of other case reports with MET inhibitors.
Pulmonary function testing information and other minor points have been added to the manuscript.

Comment 2: Are there any other reports of NSCLC that responded significantly to MET inhibitors? If so, please clarify the differences between prior reports and this case report.

Response: Added data an lines 276-319

Comment 3: :In the discussion section, the authors described the side effects of MET inhibitors. It is recommend describing what side effects were observed in this case.

Response: Side effect listed on lines 171-172

Comment 4: In this case report, the patient was excluded from surgery because of SOB and DOE, but it is recommended to describe the quantitative values of respiratory function such as forced expiratory volume in one second and diffusing capacity of lung for carbon monoxide.

Response: PFT values listed on lines 66-69

Comment 5: Did you consider bronchoscopic lung biopsy for the diagnosis? If not, it is recommended to describe the reason why it was not performed.

Response: Reason for no bronchoscopic lung biopsy listed on lines 79-82

Comment 6: Did you have tumor marker data? If so, it is recommended to include them.

Response: Data listed on lines 153-157

Comment 7: The values of tumor diameter shown in the figures are too small to check. It is recommended that it be corrected to make it easier to read.

Response: Images were updated to hopefully be more readable.