

Peer Review File

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Reviewer A

Comment 1: From a critical perspective, this paper focus on the need for biomarkers to guide treatment decisions in RCC is relevant and timely, addressing a significant gap in current treatment strategies. The content of this Editorial Commentary is precise and of great importance.

Reply 1: Thank you for your positive evaluation of our work.

Reviewer B

Comment 1: Tasaki et al comment the trial by Grunwald et al published on Eur Oncol on 2023. This trial analyzed the outcome of mRCC patients randomized to receive switch maintenance IO or to continue TKI monotherapy after 10-12 weeks of first line TKI monotherapy. As reported by authors, the results of this trial are out-of-date as nowadays, first line SoC is IO-IO or IO-TKI. TKI monotherapy should be considered in patients with favourable risk category according to IMDC score and/or patient with low burden of disease and not only patients with contraindication to IO, as stated by Tasaki et al. Furthermore, an interesting comment on the paper by Grunwald et al should have been considered that the randomization after the first 10-12 weeks of TKI treatment could be a selection bias for patients responding to TKI with an angiogenesis-driven cancer.

Nevertheless, Grunwald et al should get the recognition for the first switch-maintenance trial in mRCC.

So, the editorial by Tasaki et al do not hit the target and do not point out interesting considerations regarding the trial by Grundwald et al.

Reply 1: Thank you for your insightful comments. We have revised our manuscript accordingly (see Page 5, lines 7–17; Page 6, line 7). In addition, we have added the reference (ref 10; see Page 10, line 12–14), and have revised the reference numbers accordingly.

Changes in the text: We have acknowledged the potential for patient selection bias in this study and highlighted the benefit of combination therapy with ICI and TKI in terms of immunology.