

Peer Review File

Article Information: <https://dx.doi.org/10.21037/tp-23-428>

Reviewer A

Comment 1: *I agree with Author of this Editorial Commentary. The topic is very important.*

Reply 1: Thank you for the positive comment.

Changes in the text: N/A

Reviewer B

Comment 2: *This commentary based on the publication of Weil et al touches two essential problems. First is that now we have an increasing number of childhood cancer survivors and long-term survival we do see the long-term problems cancer treatment may have. Education of health care professionals is essential to be able to guide these survivors in later life. The other problem is the gap between socially deprived areas both in prosperous countries and in low-income countries, and socially well-off areas.*

Reply 2: Thank you for the positive comment.

Changes in the text: N/A

Comment 3: *There are three things I would like to suggest to the author. First it is important to relate where the patients from the CCSS study are coming from: only from the United States or also from other countries (only high income??)?*

Reply 3: The CCSS data comes from children's hospitals in the United States and Canada and this was added to the description. Despite it being in a higher income country – the point being made is of the high degree of long-term complications that occur.

Changes in the text: Data was abstracted from the Childhood Cancer Survivor Study (CCSS), a multi-institutional 30-year retrospective cohort study of approximately twenty-five thousand WT patients who were at least 5-year survivors who received care at several children's hospitals throughout the United States and Canada.

Comment 4: *The second is that a major problem in long term follow up is the change in treatment protocols and the effect this may have on the reported results, and the fact that these studies often only do cross sectional measurements. Progression of health care problems over time are not recognized in this set-up and that is important information.*

Reply 4: I have modified the text to include this important point starting on Line 52.

Changes in the text: It is important to note that a significant confounder with long-term follow up studies are the changes in treatment protocols over time which may affect reported results. This may skew the specific data, but likely does not change the significant CHCs now being observed and treated.

Comment 5: *The last comment I have is that I feel that not only education of health care professionals in rich countries is necessary, but attention for all the problems childhood cancer survivors face in low-income countries is also necessary and needed. This should be addressed in the conclusion as well*

Reply 5: I have modified the text to include this important point starting on Line 72.

Changes in the text: These stark differences raise a global educational imperative; emphasis should be placed in training curriculum on the problems childhood cancer survivors face that reaches medical providers caring for all socioeconomic patient populations.

Reviewer C

Comment 6: *The current Editorial Commentary is adequate to be published in this Journal.*

Reply 6: Thank you for the positive comment.

Changes in the text: N/A

Comment 7: *My opinion is that the author should include the recent surgical advances included in the treatment of children with advanced Wilms tumor. See the paper by Brener et al. Wilms tumor in children: A multivariate analysis of prognostic factors, with emphasis on inferior vena cava/right atrium extension. Results from a single-center study. Surg Oncol 2023 Feb;46:101896.*

Reply 7: Thank you for the comment. This manuscript focuses on a specific treatment more so than the long-term health outcomes. I have included the reference as requested, but did not add much discussion as it was minimally related to the editorial. Line 19.

Changes in the text: Even in cases of advanced disease, opportunity exists to improve our therapeutic approaches to maximize outcomes and minimize morbidity.

Reviewer D

Comment 8: *Indeed, it is important to highlight that following up the late health effects for Wilms tumor patients is very different in LMICs compared to HICs.*

Reply 8: Thank you for the positive comment.

Changes in the text: N/A

Comment 9: *I believe it would benefit the overall commentary if the purpose, or main message, of the editorial is stated earlier and more clearly. Currently, the reader is left wondering until the end what the point of the editorial is.*

Reply 9: Thank you for the helpful comment. I have added two sentences (Line 1) into the introduction to give the reader a better sense of where the commentary is heading.

Changes in the text: Hard work by many has helped to improve survival rates for pediatric cancer patients over the last several decades. With survivors living well into their adult years, a need has now arisen to put equal efforts into both the education for clinicians and care for patients experiencing long term complications of pediatric cancer and its treatments.

Comment 10: *The conclusion (lines 83-86) may be more directed at those who currently do not have systems in place that guarantee adequate long-term follow-up of WT patients. Many HICs do have such systems in place. Therefore, maybe be more specific as whom you want to tell this message to and maybe*

add a line for clinicians in LMICs who may not have the possibility to deliver this care due to financial constrictions.

Reply 10: Changed the text to reflect the above comment. Line 83.

Changes in the text: Additionally patient-centered education on what their long-term issues may be should be more robustly developed and distributed as part of survivorship plans and pathways both in high-income and low-income medical centers world-wide. Primary care providers also need education and pathways for screening patients for CHCs with a history of pediatric cancer through global public health initiatives.

Comment 11: *Would you recommend specific guidelines for long-term follow-up for WT patients in LMICs? Maybe more tailored to what a LMIC can offer? If so, could you include this? Now you do mention survivorship guidelines in general, but I believe these are already available for HICs. So maybe be more specific as to where the gap is.*

Reply 11: Thank you for the comment. There are not specific guidelines that I endorse. My comments are broader when it comes to this topic.

Changes in the text: I have not made any changes in the text.

Comment 12: *Minor comments:*

1. Line 49/50: "What is also should be noted" please rewrite

2. Line 55/56: "Reported incidence of WT is highest in low-income countries, and these same countries generally lowest overall survival rates." please rewrite

3. Line 63: "Socioeconomic disparities also make significant impacts on the overall outcomes of WT management." I suggest change to "make a significant impact"

4. Line 72: it's --> its

5. Line 80: "Many of the long-term primary care and family medicine providers taking care of these once pediatric patients, may be unfamiliar with the screening" You can leave out the comma in the middle of the sentence

Reply 12: Agree with these minor comments.

Changes in the text: Each of these grammatical issues were corrected on the corresponding line.