

Peer Review File

Article information: <https://dx.doi.org/10.21037/tp-23-430>

Reviewer A:

Comment 1: *“Well written editorial, I enjoyed reading it.”*

Reply 1: We are delighted to hear that the reviewer is of the opinion our editorial is well written and enjoyed reading it.

Changes in the text: N/A.

Comment 2: *“I have no comments for revision.”*

Reply 2: We are pleased to hear that no further revisions are required.

Changes in the text: N/A.

Reviewer B:

Comment 1: *“Theilen et al have made a succinct summary of Weil et al 2023 “Late Health Outcomes Among Survivors of Wilms Tumor Diagnosed Over Three Decades: A Report From the Childhood Cancer Survivor Study”.*

The Childhood Cancer Survivor Study is based on follow up data of patients treated for Wilms tumor in North America, where patients are treated with upfront surgery. The study is unique in the number of patients included in the study but also that the follow up time (up to 35 years) is much longer than previous studies with follow up times of 20 years.

Due to the long follow up time, Weil et al can more firmly than other similar studies point at an increased risk of nephron failure later in life for Wilms tumor patients in comparison to their healthy siblings. The risk of nephron failure is not affected by increased treatment as patients treated with unilateral nephrectomy and vincristine and actinomycin-D (VA) (a group with an excellent outcome) as well as patients treated with the addition of for example doxorubicin or radio therapy all have the same risk. This long-term effect of nephrectomy among Wilms tumor survivors is pertinently discussed by Theilen et al in their commentary. Theilen et al make a comparison between SIOP (European) and COG (North America) protocols where the SIOP protocol facilitates nephron

sparing surgery due to neoadjuvant therapy. The authors promote a very relevant discussion about nephron sparing surgery.

Theilen et al also discuss the issue of fertility preservation.

They also highlight the difficulties with comparative longitudinal studies as personalized therapy is increasing and pinpoint that it will be just as important to make a thorough follow up of individual patients even if they have received a unique treatment.

In summary the commentary is relevant and to the point.”

Reply 1: We are delighted to hear that the reviewer feels our commentary is relevant and to the point.

Changes in the text: N/A.

Comment 2: *“The sentence starting on line 140 is basically a sentence from the abstract. If possible, please rewrite with other words.”*

Reply 2: As advised by the reviewer we have modified our text.

Changes in the text: see lines 22-23 and 141 (highlighted in yellow color).