

Peer Review File

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Reviewer A

The authors present an editorial commentary on "childhood cancer survivors: improving our practice today to reduce late, major surgical interventions tomorrow". This is a both important and current topic worth presenting in this format. The article is mainly based on a summary of a recent analysis of data from the North-American childhood cancer survivor study. Additionally, the authors present further aspects related to the risk for late major surgical interventions. However, it is not clear why the present the data in this order and this makes it difficult to follow the authors' thoughts. I recommend that the authors restructure the article and make clear from the beginning, which points they want to address and how they are related to the article's topic (e.g., risk groups, prevention measures, future directions etc.)

Dear reviewer,

First of all, thank you for your comment. We have tried to edit and restructure the article according to your suggestions, in the hope of having improved the understanding of the text.

Minor comments:

line 32+33: These sentences do not make sense to me. Are there words missing? **REVIEWED**

line 37: lower of > 10 years does not seem right **MODIFIED**

line 51-55: It is not clear how this information lines up with the previous paragraph. "Women CCS" is not an ideal wording, I suggest to stay with female CCS **MODIFIED**

line 61-65 and 79-81: these statements should be underlined with a reference **ADDED**

line 127: This sentence should be rephrased, as there are several other options to support weight loss other than bariatric surgery that have not been discussed in the article **MODIFIED**

line 151-155: This paragraph should be rephrased as it is mostly assumptions

line 158-159: There are up to date guidelines, e.g., from the IGHG, the problem is that they are not broadly implemented. **ADDED**

Reviewer B

Thank you very much for this nice Editorial Commentary on late effects and especially on late, major surgeries in childhood cancer survivors. The Commentary gives a good overview of some recently published studies on this topic.

I have overall only a few minor comments on the Commentary:

- Line 37: Lower of >10 years is expressed in a somewhat complicated way, perhaps better <11 years. **MODIFIED**
- Line 42: Higher instead of highest, as only 2 groups are compared here. **MODIFIED**
- Line 54: Please write out the abbreviation once. **DONE**
- Line 80: What do you mean with very long-term? Please specify. **DELETED**
- Lines 85-99: Link to surgical interventions is missing.
- Line 115: Maybe better unhealthy instead of wrong. **MODIFIED**
- Lines 125-126: Most of these lifestyle factors were never mentioned before in your text. You could possibly provide some information on how these factors relate to the topic. **DELETED**
- Line 134 and following: Point out more the connection to surgical interventions. **MODIFIED**
- Line 157 and following: Did you also think about financial burdens on the health care system? These could also be a major factor for improved practice today to reduce costs in the long run for follow-up treatments. **MODIFIED**
- Comma too much in line 26. **DELETED**
- Comma missing in lines 58 and 86. **INSERTED**
- Dot missing in line 51 after "et al.". **INSERTED**
- No space between "i.e." (lines 74, 85, 87, 88, 111, 115, 125, 131). **DELETED**
- Too much space in line 113 between "patients" and "are". **MODIFIED**

Dear reviewer,

many thanks for your comments and suggestions.

Reviewer C

Overall, I believe the core of the article makes good points and does a nice job summarizing the literature. However, I believe there is still some work left to do. Firstly, the manuscript showed several typos and grammatical mistakes that a proof-reading should have caught. I've detailed several but not all, below. Secondly, the article lacks a clear objective and structure throughout. The manuscript would be greatly aided by a purpose statement in the beginning and sections throughout the manuscript. The lack of structure makes it difficult for the reader to follow when different sections are beginning and what topic is being discussed in the article. While the editorial commentary is unstructured, topic sentences at the beginning of sections could fill this role. Thirdly, I believe the authors should add a sentence or two about their qualifications to make these recommendations and a summary of how the quoted literature in the article was assembled. Was this a review of the literature or merely papers the authors were already aware of? Lastly, the authors should establish whether any of these recommendations are already being implemented. Many of them seem commonly known and there are already many interventions addressing these concerns. Overall, the article seemed to reflect more on the authors' personal experiences than the literature, in which case this should be made clear. I am not sure that an editorial commentary is the best format to present this work.

Dear reviewer,

First of all, many thanks for your comments and suggestions.

The article originated from an invitation by the editorial board to the Corresponding Author (Dr Monica Terenziani) as the Italian "late effects" referent for AIEOP. This was, therefore, extended to the whole working group based on our clinical and research experience.

The invitation was specifically to comment on the paper by Dieffenbach et al.

The recommendations and conclusions are a result of what has already been reported in literature by the main groups dealing with CCSs (i.e., IGHG, panCare), and our experience as a working group.

We have tried to edit and restructure the article according to your suggestions, in the hope of having improved the understanding of the text.