Peer Review File

Article information: http://dx.doi.org/10.21037/med-20-4

Review Comment

Comment 1: Is there in the studies cites a role for histology, i.e. for thymoma subtyping driving the clinical decisions of giving or not radiotherapy?

Response 1: Thank you for your comment. We agree that this is an important point and have therefore included an additional statement regarding the role for histology:

Page 9: When looking at the role of histology in guiding treatment, the authors used three WHO-histology based groups. They found that histology was prognostic for disease free survival and overall survival. Thus, they conclude that WHO type A, AB, and B1 thymoma constitute a particularly low risk group for which the omission of adjuvant radiotherapy could be considered.

Comment 2: Has anybody distinguished among Thymic carcinoma subtyping? (although so rare)

Thank you for this comment. We have included a section for thymic carcinoma and have modified the first paragraph to state this:

Page 7: Thymic carcinomas constitute a distinct clinical entity which is associated with an increased risk of recurrence and a decreased rate of survival [7]. Due to this aggressive clinical trajectory, the use of PORT in the setting of thymic carcinomas has been specifically assessed.

Comment 3: What do the Authors think on this subject (questions 1 and 2)?

Response 3: We have included these additional statements to provide our insights regarding the above questions:

Page 10: This study provides valuable insights regarding the role of histological subtypes. However, while this factor should be noted, further evidence is required to understand the appropriate implementation of this factor in the clinical decision making for patients diagnosed with thymoma.

Comment 4: Could you mention complications of radiotherapy – if any- and when should these more expected?

Response 4: We appreciate this comment and agree that the complications should be better described. As such, we have included this paragraph in the introduction:

Page 2: Late toxicity of radiotherapy to the thorax is dependent on the radiotherapy dose and volume of structures that are irradiated. Organs at risk in the thorax include cardiac structures, aerodigestive tract, lung parenchyma and spine. In particular, the rare but devastating occurrence of radiation induced second malignancy should be noted (4, 5). A thorough understanding of these late

toxicities is essential in order to facilitate an evidence-based discussion regarding the use of PORT in patients diagnosed with thymic malignancies.

Comment 5: Are there data on the eventual incidence of second tumors in patients treated by PORT?

Response 5: As mentioned above, we have included an additional paragraph surrounding the complications of radiotherapy including the late risk of second malignancies.

Page 2: Late toxicity of radiotherapy to the thorax is dependent on the radiotherapy dose and volume of structures that are irradiated. Organs at risk in the thorax include cardiac structures, aerodigestive tract, lung parenchyma and spine. In particular, the rare but devastating occurrence of radiation induced second malignancy should be noted (4, 5). A thorough understanding of these late toxicities is essential in order to facilitate an evidence-based discussion regarding the use of PORT in patients diagnosed with thymic malignancies.

Comment 6: Is there any study performed based on TNM – staged cases?

Response 6: Thank you for this comment. We have included this statement in the introduction regarding the TNM staged cases and updated the references with this citation:

Page 2: This new TNM system was validated in a retrospective study of 76 patient showing the implications for guiding treatment indication, stage-adapted therapy, and prediction of prognosis for overall and recurrence-free survival (4).