

Peer Review File

Article information: <https://dx.doi.org/10.21037/med-23-47>

Reviewer A

In general I regard the article worth publishing, but it needs comprehensive work up. The work shows similarities with <https://www.mdpi.com/2075-1729/13/5/1170> (e.g. the first two sentences). **We have modified it.**

Furthermore both articles lack a workup of neuroendocrine tumors of the thymus. I therefore recommend to add a separate section on NETT in resectable/potentially resectable and non resectable disease. A recent review of therapeutic options was published by Lang et al (<https://doi.org/10.1111/cen.14572>). Further information is available at uptodate.com. **We have modified it, adding the neuroendocrine tumors of the thymus. Each part corresponding to the introduction, diagnosis, localized and metastatic disease, is added in red font in each corresponding section.**

For thymoma the role of mutational burden should be addressed (e.g. GTF2I), here some data on different ethnic groups could be integrated. **We have added it.**

Is there data an the incidence of NETT in MEN2? **We have added it.**

As far as I know, myasthenia gravis is a very rare condition in non-thymoma TET, could you address this? **We have added it.**

Please specify the role of somatostatin receptor imaging like DOTATOC-PET (linen 124) and receptor based therapies. **We have added it.**

The WHO classification of thymic NEN should be mentioned. (line 155ff). **We have added it.**

Patients instead of In patients (line 167). **We have modified it.**

For patients instead of Patients (line 199). **We have modified it.**

usually not instead of not usually (line 235). **We have modified it.**

in thymoma and thymic carcinoma has instead of in thymic neoplasms (thymoma and thymic carcinoma) has (line 226). **We have modified it.**

UNRESECTABLE instead of unresecable (line 263). **We have modified it.**

we recommend instead of we recommended (line 268). **We have modified it.**

treatment of line 274 applies as well for LCNEC and SCNEC of the thymus. **We have modified it.**

remove capital S in line 317. **We have modified it.**

Reviewer B

Very interesting work, with a good review of the literature.

Reviewer C

The submitted review covers a very broad subject but does not provide any real update (apart from the new systemic treatments) about the diagnosis and treatment of thymic epithelial tumors. **The aim of the current manuscript is to carry out a review on the management of these tumors. Both standard treatments and therapeutic innovations are developed, which unfortunately are scarce....**

There is no mention of the TNM classification (which is a major update) and of the current debates on treatment (open surgery vs VATS vs RATS), salvage surgery, multimodality treatment for IVA (de novo or recurrent disease), the research on tumor microenvironment, the genetic factors and their impact on survival and so on. **We have modified it.**

In the Diagnostic section, preoperative diagnosis is mixed with postoperative diagnosis (histopathology). **We have modified it.**

Reviewer D

There are many management and treatment guidelines for TETs, and your paper is a unique narrative review of the presentation, diagnosis, pathologic findings, staging, and overview of treatment for these tumors. Consider changing your title to not focus on the management aspect.

We have changed the title

I have suggested some edits below. Please consider further review especially for grammar as many sentences are imprecise/ ill-formed. **We have changed all the suggestions**

Line 33: please clarify, do you mean 'summarize and update' or something else?. **We refer to both concepts.**

Line 67: suggest adding systemically after 'disseminate'. **We have modified it.**

Line 67: what do you mean by likewise? Also suggest change to 'risk of developing a secondary malignancy is increased in this population, especially patients with thymomas. This is possibly due to treatments for their primary malignancy which includes radiotherapy' however check source for this as the listed source (2) does not say this.

We have modified it.

Line 77: use the acronym TETs. **We have shortened the paragraph and added the acronym**

Line 113: consider 'clinical tumor stage' instead of local. **We have modified it.**

114: clarify why 'density characteristics' is important information for staging or treatment of TETs. **We have modified it.**

145: differential diagnoses should be listed as multiple options, not described as 'should be made with'. **We have modified the phrase with: and we have listed them.**

150: consider instead 'One of the main differential diagnoses for TETs is lymphoma, however patients presenting with lymphoma...' **We have modified it.**

175-7: Describe the surgery in more detail - surgical approach, name of surgery, structures resected. Please discuss R0/R1/R2 briefly in the text and in general what adjuvant treatments are recommended. **We have modified it.**

178: what lymph nodes regions are generally resected? **We have modified it.**

183: what do you mean by extensive RT? **We have modified it.**

200: what are the pros/cons of each option? What is the potential oncologic outcome? **We have modified it.**

206: 'infrequent'. **We have modified it.**

217: consider 'surgeons with specialized training' instead of expert. Please detail the surgery as I recommended above for the previous section. **We have modified it.**

229: specify the chemotherapy agents. **We have modified it.**

244: adjuvant RT and PORT are used interchangeably, consider defining or using only 1 term. **We have modified it.**

273: 'concurrent' before chemoradiotherapy. **We have modified it.**

276: 'offer' instead of 'improve'. **We have modified it.**

277: control local symptoms of progression, or do you mean something else?. **It is well expressed, I mean also symptom control.**

314: Remove 'In'. **We have modified it.**

360-361: Revise the sentence starting with 'Other...' as it does not make sense. **We have modified it.**

362: Remove the comma after Table 12. **We have modified it.**

367: Replace though for 'and'. **We have modified it.**

370: The 3 clinicians are all oncologists, I think you mean to say medical oncologists not just oncologists. **We have modified it.**

375: Recommendation not 'recommended'. **We have modified it.**