Peer Review File

Article Information: https://dx.doi.org/10.21037/jgo-23-155

Reviewer A:

Please consider minor modifications to the title as review was from 2010 to 2019 and not 2010 to 2020 and with regards to conclusion unmet need seems to be more for second line chemotherapy since 81 percent got first line chemotherapy with only 30% proceeding to second line chemotherapy, especially if this was not related to toxicity but this I will leave to the discretion of all authors

1. Would consider minor modifications to the title as review was from 2010 to 2019 and not 2010 to 2020.

Although our patients recruitment was from 2010 to 2019, the data we have goes until 2020 since our last date of follow-up was March 31, 2020. Nevertheless, we have updated the title and removed the dates as to not cause any confusion (line 2).

2. With regards to conclusion unmet need seems to be more for second line chemotherapy since 81 percent got first line chemotherapy with only 30% proceeding to second line chemotherapy, especially if this was not related to toxicity but this I will leave to the discretion of all authors.

The only reason by 81% of patients received a first line chemotherapy is because our cohort consists mostly of treated patients (i.e, all stage I-III/unknown/missing/ patients had to have received a first line treatment as an inclusion critera. Only stage IV patients who did not receive treatment were still included in our cohort) (lines 130-133). However, to show that even a very limited number of BTC patients received a first line therapy has been added to the results, along with a figure (figure 1) showing how we arrived at our final cohort of treated patients (line 204-209). However, we noted that second line has an unmet need as well (lines 333-334).

Reviewer B:

There are several problems in the methodology.

1. It is difficult to understand the process leading to the selection of the 2142 subjects in text alone, so that it would be better to make it explicit in the figures.

We have added a figure of a flow chart that shows the initial cohort we started with and how we ended up at 2142 as the final cohort (figure 1).

2. In the table 2, the advanced disease and recurrent case described in the text should be clearly stated, perhaps the stage at diagnosis (before surgery?) is confusing. Also, a breakdown of the first line regimen should be provided. Since the main purpose of this study seems to be about the choice of chemotherapy, the description of surgery is unnecessary.

We have noted in the results that the patients diagnosed with early-stage became recurrent and patients diagnosed at stage IV are *de novo* advanced patients (lines 209-210). We have also removed mention of surgery from the results (lines 219) and also from table 2. We have added the breakdown of first line regimens to table 3 (line 226).

3. The cross charts in the table 3 and the table 4 are not very informative and difficult to understand, so it is sufficient to list the regimens and patients number (%) of 2L and 3L.

We have combined tables 3 and 4 into just 1 table (table 3; line 226) that provides the regimens and patient numbers (%) in all 3 lines of therapy.

4. For each Kaplan-Meier curve, the number of patients in each group should be clearly indicated and only point estimates such as MST, 1yr, or 2yr OS should be presented, no quartile range or mean is needed.

The Kaplan-Meier curves have been updated to include the number of patients in each group and only key point estimates such as median survival, 1-year and 2-year OS.