

## Peer Review File

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### Reviewer A

An overview of studies evaluating stereotactic radiotherapy for pulmonary metastases is presented. The manuscript is helpful to better assess the current experience in this area.

Suggestions for improvement:

#### Introduction

There are some repetitions.

**Answer: we eliminate some repetition (line34-36)**

Requirements for staging must be based on the actual cancer type - as, for example, FDG PET is not suitable for prostate cancer.

**Answer: we corrected the type of PET leaving the generic definition of PET/CT**

Line 86: Why reduced intrafraction/interfraction variability?

**Answer: all the procedures described in lines 82-84 lead to a reduction in intrafraction/interfraction variability.**

#### Methods

The search strategy is not well explained - minimum patient number? how many citations needed? minimum journal IF?....

**Answer: we defined better our search strategy in line 107-110**

#### Discussion

Results from the tables are repeated extensively. It is of greater interest for the reader to receive some more detailed information about the required dose (according to the literature evaluated), treatment technique, patient immobilization, the ideal patient (cancer type, number of metastases...)...What can we expect after local radiotherapy - survival benefit? What are the most important toxicities?

**Answer: we totally rewrote the summary, extracting for the reader the most important information from the evaluated literature (line 223-262)**

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### Reviewer B

SBRT is a technique that allows excellent disease control of patients with lung oligometastases, with low toxicity, being one of the most studied locations. So the review carried out has focused on analyzing what is already known.

Despite this, it could be of interest to specialists who are not radiation oncologists and other healthcare professionals.

**After reviewing the manuscript, I wanted to make the following comments:**

Errors / inconsistencies are found between different data from the text and tables.

**Answer: errors and inconsistency between text and tables has been removed: see all the correction in table 1 and table 2**

-In lines 123, 147 and 170 says pneumonia when the most correct term would be pneumonitis.

**Answer: we corrected pneumonia with pneumonitis in line 123, 147 and 170**

-In lines 124 and 125 it says: "The primary tumors were various but the vast majority were colorectal cancer." The table indicates rectal tumor.

**Answer: we corrected in the table reference 11 with "colorectal"**

-In line 128 it says: "The same author in 2016 (15) published data on 43 patients mostly treated with single fraction". The table indicates that there are 43 lesions, not patients.

**Answer: we corrected in the text with "43 lesions"**

-In line 145 it is indicated: "Wang et al in 2015 (12) published the results of stereotactic radiotherapy of 145 lung lesions of varying 146 primary tumors, the majority lung cancer". The table indicates that there are 143 lesions.

**Answer: we corrected in the text with "134 lung lesions"**

-In line 164 it says: "In 2011, Tacheda et al (18) published the results of the treatment of 44 secondary lesions of various primary 165 tumors (colon cancers) after mostly 50 Gy in 10 fractions". The table indicates a dose of 50 Gy in 5 fractions.

**Answer: we corrected the text with "5 fractions"**

-In line 172 it says: "In 2013, Inoue et al (20) published data on a larger sample of patients treated for oligo metastases from colon cancer." The table indicates colorectal cancer.

**Answer: we corrected the text with "colorectal"**

-In line 178 it says. "In 2014, Navarria et al (5) published data of treatment outcome of 118 metastases (mostly from colorectal)". The table indicates rectal cancer.

**Answer: we corrected the table reference (5) with "colorectal"**

-In line 185 it says: "Franceschini et al. (33) described the stereotactic treatment of 200 patients with a predominance of colorectal cancer ". The table indicates colon cancer.

**Answer: we corrected the table reference (33) with "colorectal"**

-In lines 195-198 it says: "In further support of this hypothesis, there are two study: 2016 by Baumann (30) et al and 2018 by Lindsay et al (36). Both targeting lung metastases from sarcoma (multiple histology). The most frequently prescribed doses were 50 Gy in 4-5 fractions for the first and 50 Gy in 10 fractions for the latter. LC crude rate was 92% for the first, while the two-year LC was 95% for the second ". Among these data, there are several that differ in the table.

**Answer: in this paragraph we corrected the error substituting the reference (36) with (35) and consequently the data in line 202-203 and the corresponding data in the table 2 for references (30) and (35)**

There is an important error in the table, in García-Cabezas et al, since it is indicated that there was a toxicity: 14% G3 pneumonitis 4% G3 chest whall pain. And these authors do not report G3-4 toxicity.

**Answer: we corrected the reference (24) in the table in fact no G3-4 toxicity was reported**

In the text there is a lot of redundant information, since there are paragraphs that are limited to repeat what already appears in the tables.

**Answer: we eliminated many redundant data between the text and tables trying to summarize the messages from each study**

The text has different typos errors. In addition, there are acronyms that are entered undefined and some words previously defined with abbreviations, are written without them.

**Answer: we corrected typos errors and defined acronyms in the order in which they appear in the text**

-In the tables there are also typos errors: □, colorn, whall pain and undefined acronyms. The dose used is not indicated in Rieber et al.

**Answer: Table 1 and 2 has been revised and the typos errors, missing doses undefined acronyms has been corrected.**

-In addition, the title of the tables could be: “Characteristics of the selected studies in single fraction studies” and Characteristics of the selected studies in multiple fraction studies ”.

**Answer: the title of the tables has been changed according to the reviewer suggestion**

In conclusion, the article requires, in my opinion, an important revision of the text and the tables.

**Answer: all the reported errors has been corrected. The summary has been totally rewrote, extracting for the reader the most important information from the evaluated literature (line 223-262).**

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