Peer Review File

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Reviewer A

Response: We would like to extend our sincere gratitude to all the editors and reviewers for their valuable comments and suggestions. We have carefully revised the manuscript to improve its clarity and enhance its readability for the intended audience. Point-by-point responses to the reviewers' comments are provided below. Our replies are presented in regular font, and the corresponding modifications to the manuscript are highlighted in yellow. Please explain a little more about the significance of this meta-analysis in the era of treatment with PD-1/PD-L1 antibodies from the initial therapy.
Response: We are sincerely grateful for your insightful suggestions. We fully concur that the significance of this meta-analysis requires further elaboration. Accordingly, we have expanded the relevant content in the Introduction section of the manuscript as suggested (see Page 5, Lines 84-97).

・Please add the unit to WMD. Months?

Response: We greatly appreciate your comments. We acknowledge that the omission of time units in the reporting of the weighted mean difference (WMD) was an oversight. In response, we have carefully reviewed the manuscript and added the appropriate units, months, throughout the relevant sections, as highlighted (see Page 2, Lines 36-45, Page 10, Lines 201-219, Page 11-12, Lines 243-249).

・You should add immune related adverse events in addition to normal adverse events.

Response: We appreciate the constructive suggestion regarding the inclusion of immune-related adverse events (irAEs). We had initially considered extracting data on irAEs during the data collection phase. Following your suggestion, we revisited all eligible studies, including records from ClinicalTrials.gov and the most recent publications. However, only two studies reported detailed irAE data: among 144 patients treated with sintilimab, 84 experienced irAEs and 14 developed grade ≥3 irAEs; among 393 patients treated with avelumab, 65 reported irAEs, with 11 being grade ≥3. Due to the limited availability of detailed irAE data, we refrained from including irAE analysis in the Results section to avoid potential bias. Nevertheless, we have incorporated a discussion of irAEs and their potential mechanisms in the context of non-small cell lung cancer, supported by relevant literature references (see Page 16-17, Lines 359-369, Page 18, Lines 391-397).

・Regarding PFS results. While WMD shows "no" PFS prolongation, HR shows a statistically significant reduction in risk of progression. A discussion of this discrepancy is needed as to why they diverge.
Response: We are thankful for the valuable comment. In response to the issues raised, we have incorporated the corresponding discussion in the Discussion section of the

manuscript (see Pages 15-16, Lines 332-348). We appreciate your attention to detail and hope that the revised manuscript meets your expectations.

In the interpretation of the Egger/Begg test in Table 2, the possibility of publication bias in the ORR is mentioned, but the impact of this on the overall conclusions (e.g., possible overestimation of treatment effects) is not supplemented in the discussion section.
Response: We appreciate your highlighting the importance of publication bias. We have now addressed the potential impact of publication bias on the overall findings and added the relevant discussion accordingly (see Pages 19, Lines 412-419).

Page 1, Line 21: About WMD. Please show the full text, not an abbreviation.
Response: We sincerely appreciate your careful reading. We have modified the full term of WMD as advised (see Page 2, Line 36, Page 10, Line 201).

Page 2, Line 36: I think the comma after “DOR” is unnecessary. Overall, the grammar is a little confusing. Have you had your manuscript proofread?
Response: We are thankful for your detailed comment. We apologize for the oversight. In accordance with your suggestion, we have removed the comma following “DOR” (see Page 3, Line 51).

Page 2, Line 40: About Key findings. "PD-1 antibody monotherapy?" may be better than "PD-1 monotherapy?"
Response: We appreciate your valuable suggestion. The phrase has been revised accordingly in the manuscript (see Page 3, Line 56).

Page 5, Line 82: I could not find the reference "PROSPERO (ID: CRD 42024584679". Can we find?
Response: We appreciate your noting this issue. We have removed the space in the identifier and corrected it to “CRD42024584679” (see Page 6, Line 110), which now allows the reference to be located accurately.

Page 7, Line 137: Please do not abbreviate OR and RR, but give the official name.
Response: We appreciate your pointing this issue out. This issue appears in Section 2.1.5 (see Page 8, Line 165). However, please note that the abbreviations “OR” and “RR” were defined earlier in Section 2.1.1 of the original manuscript (see Page 7, Lines 130-131).

Page 8, Line 152: About the EndNote library. Please state which company's product and which version.
Response: We are grateful for the valuable comment. We have added the version of EndNote as well as the company (see Page 9, Lines 180-181).

Page 9, Line 181: Is it not Likelihood but Hazard ratio?

Response: We greatly appreciate your insightful comment. Upon careful reconsideration, we believe the correct indicator for ORR in this context is "odds ratio," not "hazard ratio". We regret the ambiguity and any confusion it may have caused. The relevant section has been revised for greater clarity and precision (see Page 10, Lines 212-213).

Reference article 1, 7: If we are going to use the word Worldwide, shouldn't we use more global references?

Response: We are grateful for your kind reminder. We have updated the references cited and have cited the Lancet's global lung cancer data to support our view (see Page 21, Line 465-467).

Reviewer B

1. Please check the highlighted data: 4930-162≠2886.

184 Figure 2 (Fig.2). After our removal of duplicate records, 4,930 articles remained.
185 Following the exclusion of 162 conference abstracts, systematic reviews, and book
186 chapters, 2,886 articles were retained. Further screening using the EndNote X9 (version

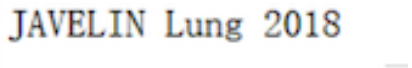
Response: We are really sorry for our careless mistakes. We greatly appreciate your reminder. Based on the data in the PRISMA FLOW CHART, we have verified and modified the numbers. (see page 9, Line 187-188)

2. Figure 1A: Please add "%" to the x-axis values.

Response: We are thankful for the valuable comment. We have added "%" to Figure 1A. (see Figure 1-R2)

3. Figure 1B: Please revise "JAVELIN LUNG" to "JAVELIN LUNG 200".

22. Barlesi F, Vansteenkiste J, Spigel D, et al. Avelumab versus docetaxel in patients with platinum-treated advanced non-small-cell lung cancer (JAVELIN Lung 200): an open-label, randomised, phase 3 study. Lancet Oncol. 2018;19(11):1468-79.



Response: Thanks for the reminder. We have changed the names in the diagram. (see Figure 1-R2)