

Peer Review File

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Comment 1: I recommend that the results from SAKK 16/14 study (J Clin Oncol 2021 Sep 10;39(26):2872-2880) may be discussed.

Reply 1: Thanks for your recommendation. The comments provide an important direction for us to revise our paper, and we have put this study in our meta-analysis.

Changes in the text: All relevant data have been replaced.

Comment 2: grammar and abbreviations mistakes

Reply 2: We are awfully sorry about those mistakes, and we modified our text as advised item by item.

Changes in the text: Page2, line24; Page4, line77; Page6, line105; Page10, line192; Page6, line113; Page6, line123; Page7, line127; Page9, line178; Page10, line199; Page10, line203; Page11, line213; Page10, line207; Page12, line235; Page13, line262; Page13, line263; Page14, line280

Comment 3: what kind of the study show that that the neoadjuvant treatment regimen that combines chemotherapy and anti-PD-1 resulted in only 27% of MPRs? NCCN guidelines? was the description of LCMC3 study from (Journal of Thoracic Oncology 16, Issue 3, 2021, Pages S59-S61)?

Reply 3: We added three references in (4) ;(8) ;(31) so that readers can find their source more easily.

Changes in the text: Page4, line69; Page4, line80; Page11, line233

Comment 4: some language polishing

Reply 4: Thanks for your comments. We have polished the manuscript and the certificate is attached.

Changes in the text: Page3, line46, etc.

Comment 5: why do the authors conclude about a better curative effect of immunotherapy? Survival data are still pending, and I did not see an advantage in any efficacy metric

Reply 5: Thank you for your detailed comments. You point the deficiencies of our

paper and the careless of us. We have removed relevant statements from the manuscript.

Changes in the text: Page3, line56; Page13, line278

Comment 6: it should better read "potentially" resectable, since there were stage IVb and N2 cases included.

Reply 6: Thank you for your careful correction, and we have modified our text as advised.

Changes in the text: Page5, line99

Comment 7: do you mean e.g., studies focused on biomarkers?

Reply 7: The exclusion criteria contain studies focused on other subjects, which mean those studies used neoadjuvant immunotherapy, but they may focus on complication, for example, and did not provide relevant data like MPR/pCR/ORR (such as: O'Donnell JS, et al. The Promise of Neoadjuvant Immunotherapy and Surgery for Cancer Treatment. Clin Cancer Res. 2019;25(19):5743-51).

Changes in the text: Page6, line111

Comment 8: what do you mean by "studies with overlapped patient population"?

Reply 8: Forde, P. M published two studies about Neoadjuvant PD-1 Blockade in Resectable Lung Cancer on N Engl J Med in 2018. The patient population were same, so we select the later one.

Changes in the text: Page6, line113

Comment 9: the references actually refer to the metastatic and not to the adjuvant setting.

Reply 9: Thank you for your careful correction, and we delete "adjuvant" in introduction and discussion.

Changes in the text: Page4, line73; Page11, line216

Comment 10: it appears that ref. 35 should be deleted in favor of ref. 23

Reply 10: Yes, thank you for your correction.

Changes in the text: Page11, line223

Comment 11: Radiation therapy is also clinically used for locally invasive lung cancer, but what is the reason for removing radiation therapy in this paper?

Shouldn't you also discuss the difference between the pathological and adverse effects of neoadjuvant therapy with and without radiation in the Discussion section?

Reply 11: Thanks for your comments. Radiation therapy is used for locally invasive lung cancer, but we want to explore ICIs in neoadjuvant therapy. According to NCCN Guidelines, preoperative chemotherapy and postoperative radiotherapy are alternatives for patients with resectable stage IIIA disease, and preoperative radiotherapy is mostly used for pancoast tumor, with a higher complication rate. Also, there is no study indicate that ICI combined with radiotherapy. So, our study focuses on ICI and chemotherapy, and further high-quality studies are needed to explore neoadjuvant therapy with radiation.'

Changes in the text: N/A