#### **Peer Review File**

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### Reviewer A

### Comment:

"Can the authors explain Table 4 more clearly? I do not know how to interpret Table 4 and I was not able to figure out how the authors came to the conclusion that:

"No pandemic phase showed a significant difference in curative intended operability.""

### Reply:

Thank you for your important comment. We revised the paragraph as follows and hope that we were able to improve comprehensibility:

"Table 4 shows the results for chi—square test for each period indicating  $\chi^2$  and p-value. No expected cell frequencies were below 5. Distribution of cases less or equal UICC status IIIA did not significantly differed between the periods. Thus, no pandemic phase showed a significant difference in curative intended operability." (page 9, lines 15-19)

Since there were no significances, we deleted the column with phi coefficient  $\varphi$  to increase readability (see table 4).

### Comment:

"I would recommend adding one more citation (Ann Surg. 2021 May 1;273(5):850-857) for the following sentence, "Yet, the prognostic relevance of diagnostic or therapeutic prolongation seems to be small in early-stage lung cancer, allowing for a postponement of surgery by 3-4 months for stage I indolent lung tumors or part-solid ground glass lung nodules without significant differences in 5-year survival rates.""

### Reply:

Thank you for your comment. We added the citation as recommended (see page 11, line 4).

## Reviewer B

#### Comment:

"Please avoid using abbreviations in the abstract without first defining the abbreviation."

### Reply:

Thank you for your important comment. We the text as advised (see Page 3, lines 4, 8-9).

### Comment:

"Please add dates to the definition of the three time periods to the methods text (in addition to the table"

# Reply:

Thank you for your helpful comment that increases comprehensibility. We revised the manuscript accordingly (see page 6, lines 8, 14, 20).

### Comment:

"The authors should further emphasis the drop in cancer diagnoses, as this patients are likely to present with more advanced disease in the future."

## Reply:

Thank you for your comment. We elaborated further on this important aspect and hope that this makes a stronger emphasis on it.

"While the reasons for the drop of caseloads may be multifaceted, its implications uniformly anticipate severe consequences for lung cancer care in the future. Missed diagnosis of early-stage diseases surmises more patients with advanced diseases in the future. In the same way, number of undiagnosed patients that die from lung cancer is expected to be higher." (page 10, lines 15-18)

### Comment:

"I don't fully agree that the prognosis of these patients is uncertain. I agree that they haven't been studied, but I would submit that their advanced stage likely means their survival will be worse."

### Reply:

Thank you for your important objection. We agree with that and added the following paragraph:

"This predicts a relevant impact on patients' prognosis. Though the overall prognosis has not been studied, one can derive that the decrease of patient numbers likely means that overall survival will be worse." (page 10, lines 19-21)

## Comment:

"The results section is almost bullet point. I would suggest highlighting some of the keys results from the tables and figures to add more commentary and flow to the results section."

### Reply:

Thank you for your comment. We revised the text accordingly as follows:

"This effect was most substantial in Leipzig, where patient numbers decreased by nearly 30 percent in period III." (page 8, lines 8-9)

"For period III, UICC-stage differed significantly between CP and IP in Leipzig. Moreover, N-status showed statistically significant changes during period III." (page 8, lines 16-18)

"Table 4 shows the results for chi—square test for each period indicating  $\chi^2$  and p-value. No expected cell frequencies were below 5. Distribution of cases less or equal UICC status IIIA did not significantly differed between the periods. Thus, no pandemic phase showed a significant difference in curative intended operability." (page 9; lines 15-18)

# Comment:

"There are several typos, please proofread."

# Reply:

Thank you for your comment. We proofread the text and marked the corrections via "Track Changes".