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#### Reviewer A

I recommend using one of the many published frameworks to organize your findings and to synthesize recommendations. As it currently stands the manuscript does not offer any novel insights. Perhaps you can consider charting the key similarities and key differences between the groups - and further prioritizing key areas of action.

- **Reply:** Thank you for your feedback and comments. Your great suggestions have led us to the creation of tables 3 and 4 which summarizes key differences, similarities, and data gaps for the narrative review. We are currently drafting part II of the manuscript to highlight the key action items recommended by stakeholders during a qualitative interview and look forward to sharing with the research community.

The manuscript also needs proofreading as some sections are not edited properly and mention data sources randomly.

- **Reply:** Thank you for your feedback and comments. We provided tracked changes which demonstrates that we provided significant editing via proofreading. Thank you for bringing this to our attention.

#### Reviewer B

Thank you for submitting this well-written manuscript. I suppose publication and would suggest including a table with the key findings or perhaps the common themes among the examined populations.

- **Reply:** Thank you for your feedback and comments. Your great suggestions have led to the creation of table 3 and 4 which summarizes key differences, similarities, and data gaps for the narrative review.

#### Reviewer C

This is a narrative review of the published literature over the past 22 years in the area of Lung cancer disparities across the lung cancer continuum, with a specific focus on 10 marginalized populations/groups. The topic of disparities in lung cancer prevention, detection, diagnosis, supportive care and determinants of health is extremely relevant and important and the authors do a good job of identifying and summarizing a large number of studies. Overall, I find the review to be organized and generally well-written. There are a few minor points that I would like the authors to address before I would recommend it for publication in the journal.

- Page 4: Please provide some additional context for how the articles were chosen. Specifically, what in the author's opinion, influenced whether an article was impactful and salient. Include what was the total number of articles retrieved in the database search and reviewed by the authors for inclusion in the study.

- **Reply:** Thank you for taking the time to provide great feedback. We have updated the methods sections to remove the words “impactful and salient” and replaced it with meaningful information to describe our inclusion criteria:
  - The inclusion criteria were (I) peer-reviewed academic journals or data reports published in English between the years 2000 and 2022, (II) research that focused on disparities across the lung cancer continuum, (III) research highlighting social and structural barriers to lung cancer health care access, and (IV) research that mentioned at least one of the 10 populations of interest.
  - Information on our method approach is also described in Table 1, we also followed the similar format of a published narrative review ([Palliative care in gynecologic oncology: a narrative review of current literature and vision for the future - Salyer - Annals of Palliative Medicine \(amegroups.org\)](#))
- **Reply:** Thank you for your feedback. We provided additional information on the number of articles that were reviewed and also included the number of reports reviewed:
  - A total of 95 articles and 24 reports were used for this narrative review.
- Page 9, paragraph 3, line 3-5: Please provide reference supporting statement of under-resourced health care settings, contributing to widening the gap to quality health care access.
  - Thank you for your feedback. During our proof reading, the sentence was updated to state:
    - Low SES communities face worse outcomes in part due to having under-resourced health care settings (e.g., shortages of providers, including specialty providers), [1] coupled with significant concerns about life necessities, including food, shelter, and personal safety. We also supported the statement with reference 74.
- Page 11, paragraph 1, line 4: LBTQIA+ appears to be misspelled. Replace with LGBTQIA+. This is also misspelled in line 9 and 17.
  - **Reply-** Thank you for identifying this error. The updated document now reflects LGBTQIA+ throughout the document and track changes also reflect each change that was made.
- Page 13, paragraph 1, line 2: grammatically, sentence would read better as, ‘The high rates of lung cancer in the Veteran and active-duty populations are largely linked to several occupational, environmental and smoking exposures which increase lung cancer risk within the Veteran population.
  - **Reply:** Thank you for your suggested edits. I used the exact wording you suggested and replaced it with what was previously written. Thank you for improving the readability.
- Page 14, paragraph 2, lines 3-6: See suggested wording: ‘For example, redlining has caused many communities to suffer from physician shortages, environemenal exposures, food deserts, and

underfunded public schools which contribute to poor health literacy and lack of education advancement for employment, etc.’

- **Reply:** Thank you for your suggested edits. I used the exact wording you suggested and replaced it with what was previously written. Thank you for improving the readability.
- Page 24, Table 1: Remove journal-specific note in row 4, column 1.
  - **Reply:** Thank you for your suggested edits. It is now removed from table 1, row 4, column 1.
- It is unclear what benefit figure 1 is adding to the manuscript (or its focus). I suggest it be removed.
  - **Reply:** Thank you for your suggested edits. The figure has been removed.
- I appreciate the narrative review checklist provided by the authors. I think a discussion of the quality of the studies included is lacking. It would be helpful to have a table organized by each of the 10 populations discussed (in rows) with columns of descriptive variables such as number of studies cited, date range of studies, lung cancer continuum coverage, design of studies (retrospective/prospective, case series, RCTs, etc), and other variables that may speak to quality or gaps in the literature. This may be useful for a reader interested in lung cancer disparities for one or more particular group to have a glance at the studies discussed in the narrative review.
  - **Reply:** Thank you for your suggestions. We followed the methodology described by Siddaway *et al.* for narrative reviews, which allows us to summarize the literature without providing descriptive variables of each article, which is usually expected for a systematic review or meta-analysis. However, we have added additional tables which summarize key differences, similarities, and data gaps for the narrative review. Please let us know if this is acceptable.
    - **Reference:** Siddaway AP, Wood AM, Hedges LV. How to Do a Systematic Review: A Best Practice Guide for Conducting and Reporting Narrative Reviews, Meta-Analyses, and Meta-Syntheses. *Annu Rev Psychol* 2019;70:747-70.
    - Example of article excluding details of each article that also followed the format of Siddaway et. al
      - Salyer, C., et al., *Palliative care in gynecologic oncology: a narrative review of current literature and vision for the future*. *Annals of Palliative Medicine*, 2022. **11**(11): p. 3542-3554.[2]