

Peer Review File

Article information: <https://dx.doi.org/10.21037/jtd-23-1326>

Reviewer A

This article comprehensively reviewed various promising screening adjuncts in lung cancer diagnosis. The authors touched many areas of non-invasive and emerging technologies so, the depth of review process might be somewhat superficial. Even though this article definitely showed future direction of early lung cancer diagnosis in researchers and clinicians. I documented several points for consideration of revise.

Comment 1: replace the current standard of care at the current moment: “current” repeat

Reply 1: Thank you for the catch, yes, it is repetitive.

Changes in the text: deleted “current” in front of moment

Comment 2: Line 78: miRNA -> MiRNA

Changes in the text: Thank you for noting. We capitalized M

Comment 3: need reference article

Reply 3: We have added the reference to the revised manuscript

Changes in the text: added reference 8 (Montani F, Marzi MJ, Dezi F, Dama E, Carletti RM, Bonizzi G, et al. miR-Test: a blood test for lung cancer early detection. J Natl Cancer Inst. 2015;107(6):djv063.)

Comment 4: Line 125: Tumor-associated autoantibodies -> Tumor-associated autoantibodies(TAABs)

Changes in the text: We have added the abbreviation

Comment 5: S18-s22 -> :S18-S22

Changes in the text: Thank you for noting. We capitalized S

Comment 6: J Natl Cancer Inst. 2017;109(7) -> J Natl Cancer Inst. 2017;109(7):djw327

Changes in the text: We corrected the reference - added djw327

Comment 7: Vaccines (Basel). 2023;11(2) -> Vaccines (Basel). 2023;11(2):381

Changes in the text: We corrected the reference - added 381

Reviewer B

This is an excellent review of some of the adjuncts for cancer detection, especially in lung cancer research. A more detailed description of which of these modalities are felt to be the next steps or how a clinician should look at this data and determine what might be the best next step for clinical screening would be appreciated.

Reply: Thank you for the comments and careful review. We would like to note that the limitations of our submission is due to the fact that the screening adjunct technologies are currently undergoing development. Because of the rather preliminary nature of these results, we cannot yet give a recommendation for utilizing adjunctive technologies until further, higher powered evidence is demonstrated. We hope that in the upcoming years, there will be more extensive studies to follow up on to create a comprehensive guideline for screening adjuncts.