

Peer Review File

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Reviewer A

I congratulate the authors on a concise well analysed and written commentary on the original article. The pros and cons of the article is well highlighted with appropriate references. This commentary helps to bring to the wider thoracic surgical community the salient points of the paper which is the efficacy and safety and increased survival of neoadjuvant treatment in resectable lung cancer patients. Though the results are very promising the commentary also cautions that the study is retrospective and needs to be validated by further prospective studies. It also concludes that all these patients should be discussed in a multidisciplinary setting so patient obtains the best treatment options.

Reply: thank you for taking the time to share your feedback and for your kind words. They serve as great encouragement for our ongoing work in contributing to the thoracic surgical community's knowledge and understanding.

Reviewer B

The author wrote an editorial commentary about the results of a survey by Li et al., focusing on morbidity after neoadjuvant chemotherapy upfront sleeve resection. Li et al. were able to show comparable morbidity for patients with sleeve resection with and without neoadjuvant chemotherapy.

In the current manuscript these results and their importance for the multimodal management of patients with NSCLC were discussed in a comprehensive way. The manuscript is very well written and the explanations are very comprehensible.

Grammar and syntax are fine.

In summary I recommend the manuscript for publication in JTD.

Reply: Thank you very much for your thoughtful and encouraging comment! We're truly grateful for your acknowledgment of our efforts in analyzing and summarizing the original article.

Reviewer C

Thank you for the opportunity to review this commentary on a recent study regarding the feasibility and safety of sleeve lobectomy after neoadjuvant therapy conducted by Li et al. There are a couple of comments listed below for the authors' consideration.

1. Although Li et al. evaluated the feasibility and safety of neoadjuvant therapy followed by sleeve lobectomy by assessing the postoperative morbidity, they did not conduct prognostic analyses. Therefore, it is poorly understandable to me that the authors stated that "The study revealed that patients who received neoadjuvant therapy exhibited improved overall survival compared to those who did not undergo such treatment. (lines 43-44)" This section should be revised appropriately.

Reply: Thank you for your valuable comment. We appreciate your input, and we're glad to inform you that we have modified the article accordingly. Your feedback has been instrumental in ensuring the accuracy and clarity of our work. Changes: "The study unfolds within a rapidly advancing field, particularly following the publication of the Checkmate 816 and AEGEAN studies [9,14], which demonstrated that patients who underwent neoadjuvant therapy experienced enhanced disease-free and overall survival in contrast to those who did not receive such treatment. This observation is underpinned by the understanding that neoadjuvant therapy

can effectively downsize tumors, facilitate R0 resection, and ultimately lead to improved long-term outcomes.”

2. Line 63: “along with a reduction in operative time and postoperative complications, albeit without statistical significance.” It is true that the overall complication rate decreased in the 2020 to 2021 subperiod compared to the 2018 to 2019 subperiod with no statistical significance, but there was no reference on operative time. According to Tables E6 and E7, there seems no differences in the operative time, though they did not perform statistical analyses. I would suggest that the authors clarify this point.

Reply: Thank you for your comment. It appears that our explanation may not have been sufficiently clear. As you noted, Tables E6 and E7 indicate a lack of statistical analysis comparing operative times across different periods, despite a seeming decrease in patients after induction therapy following PSM (165.78 ± 56.85 vs. 185.08 ± 80.16). We have made efforts to provide a clearer elucidation of this point within the text.

3. The authors commented on the risk factors for postoperative complications in line 70. In the univariable and the following multivariable logistic regression analyses, factors such as age, comorbidities and tumor size were not identified as predictors. The authors need to present information more accurately and make evaluations more properly, with respect for the authors of this paper and the readers of the journal.

Reply: Thank you for bringing this to our attention. We apologize for any inaccuracies in our commentary on the risk factors for postoperative complications. Your feedback has been invaluable in helping us improve the accuracy and clarity of our work. We have carefully reviewed the relevant sections and made the necessary adjustments to ensure that the information is presented accurately and the evaluations are made properly. We appreciate your diligence and dedication to maintaining the quality of research in our field.

4. I would also suggest that the authors make some comments on the efficacy of neoadjuvant therapy.

Reply: Thank you, we improved the introduction after your suggestion.

Reviewer D

Overall, it is a nice Editorial Commentary. The author could add that studies such as the Checkmate and Aegean studies will increase the number of neoadjuvant immunotherapy in the future. In this respect, there are still no larger patient collectives with regard to sleeve resections.

Reply: Thank you for your positive feedback on the Editorial Commentary. We greatly appreciate your suggestion, and we have incorporated it into the article. Specifically, we have included mention of studies such as Checkmate and Aegean, highlighting their potential to increase the utilization of neoadjuvant immunotherapy in the future especially for stage IIIA patients.

Reviewer E

In this article, Li et al. commented on the article entitled Neoadjuvant therapy does not increase postoperative morbidity of sleeve lobectomy in locally advanced non-small cell lung cancer (Li X, Li Q, Yang F, et al. *J Thorac Cardiovasc Surg.* 2023;166(4):1234-1244).

The information listed is well reviewed and is well described.

Minor problem

Citation 13 is inadequately described.

Reply: Thank you for your valuable feedback and for bringing the citation issue to our attention. We appreciate your acknowledgment of our thorough review and description of the information presented in the article. We made the necessary correction regarding Citation 13.

Reviewer F

Thank you for submitting the editorial commentary to JTD. The article is well written, the analysis of the article of Li and coll. is complete included the limitations.

Reply: Thank you very much for your kind words and for acknowledging our submission to JTD.