

Peer Review File

Article information: <https://dx.doi.org/10.21037/jtd-23-1918>

Reviewer A

This is a comprehensive and well written commentary.

Reply: Thank you very much for your laudatory comments.

Reviewer B

Comment 1: Paragraph: Mutations influence the response the systemic therapy, but not always are associated with pronounced response.

Reply 1: Thank you so much for your detailed review of this commentary. We have added the word “potential” to this part of the text so emphasize that the presence of a mutation is not a direct correlation with response.

Changes in text: Please see changes in the first paragraph of the commentary. See line 6.

Comment 2: Paragraph: it should be emphasized upfront that we are now talking about adjuvant/perioperative setting. Line 15: specify which patient cohort you mean.

Reply 2: Thank you for pointing this out, we have made changes accordingly.

Change in text: Please see changes in the second paragraph of the text. Please see lines 13-14.

Comment 3. Paragraph The TATTOON Trial only demonstrate that the combination Osi + ICI ist more toxic, The recommendations not to use sequencial TKI - ICI is not based only on this trial --> not use word "consequently". Studies that shows that ICI in EGFR mutated is not effective in NSCLC are missing.

Reply 3: Thank you so much for suggesting this change in the text.

Changes in text: Please kindly see changes in the associated paragraph of the text, on line 34-35.

Comment 4: Paragraph: Data of the trial for mutated population should be detailed.

Reply 4: These data pertain to the primary manuscript being discussed which is available in the Annals of Thoracic Surgery.

Change in text: None

Comment 5: Paragraph, Line 76: Only in a retrospective register data would be limited, in a prospective trial this should not be a problem.

Reply 5: This is a good point, we have made changes in the text to highlight that within clinical trials, molecular testing may be offered as part of protocolized care.

Change in text: Please kindly see the changes in the associated text, on line 75.

Reviewer C

I made the revision major since I believe alignment between text and title is important. However, I will not stand in the way of the editorial decision to publish or not as I do not see any scientific reason to not publish.

The authors should be able to address the input with minimal effort.

The manuscript reads well and addresses an obviously important question; the scientific and clinical need to understand the implications of oncogenetic driven lung cancer in the era of check-point inhibitors.

The authors lay out a well structured and reasonable review of the results and deficits of recent clinical studies.

However, while the main body of the text supports the strong call for action of the title of the manuscript, little - if any - text in the main body of the manuscript makes any references to the call for action of the title. The manuscript thus seems somewhat disconnected from urgency of the title.

Comment 1: Major Comment: an effort should be made to support the title better in the text. E.G. the conclusion could contain language that summarise and conclude how not knowing the oncogenic status of a patient preclude optimal care.

Reply Comment 1: Thank you so much for these kind words and close attention to detail. We have added the conclusion of the commentary in order to clarify our central message so that it is in alignment with the title as suggested.

Changes in text: Please see changes on lines 100-102, and 104.