

Reviewer A

It is a retrospective study, but it is very interesting and I look forward to the results of future clinical trials from a health economic point of view, because sintilimab is an inexpensive ICI. I think the paper would be acceptable if the requested revisions were added.

This article reports the results of a retrospective study showing that sintilimab in combination with chemotherapy is effective in the treatment of recurrent extensive-stage small cell lung cancer.

Comment 1: Previous reports have shown that the combination of sintilimab and anlotinib has a promising antitumour effect in the second line and beyond. I think you should mention what is the advantage of this combination of sintilimab and chemotherapy compared with that of sintilimab and anlotinib. For example, financial reasons.

Reply 1: Thanks for your comments. We have modified our text as advised (see Page 9, line 251-256). In the meantime, we have updated the data and references for study NCT04055792 in the Discussion section(see Page 9, line 249-251; Page 14, line 435-438).

Changes in the text:

There are no clinical studies comparing the efficacy of sintilimab in combination with chemotherapy and sintilimab in combination with anlotinib. The results of this study suggest that sintilimab in combination with chemotherapy is also a viable second-line treatment option for patients with ES-SCLC and is less expensive compared to sintilimab in combination with anlotinib.

A total of 42 patients were enrolled in the study, with an ORR of 56.8% and a DCR of 89.2%. The mPFS and mOS were 6.1 and 12.7 months, respectively (32).

25. Ma S, He Z, Liu Y, et al. Sintilimab plus anlotinib as second or further-line therapy for extensive disease small cell lung cancer: a phase 2 investigator-initiated non-randomized controlled trial. *EClinicalMedicine* 2024; 70:102543.

Comment 2: The current article mentions the use of ICI in China, but as those outside the country are not familiar with the insurance treatment situation in China, it is important to note that, in particular, ‘However, there are many patients with ES-SCLC in China who do not receive. It would be helpful if there were more specific wording on ‘However, there are many patients with ES-SCLC in China who do not receive immunotherapy in the first line because of financial reasons.

Reply 2: Thanks for your comments. We have modified our text as advised (see Page 8, line 227-229).

Changes in the text:

However, there are many patients with ES-SCLC in China who do not receive immunotherapy in the first line because it is more expensive compared to chemotherapy.

Comment 3: For Figures 2 and 3, please indicate the number of patients in each graph in the figure or legend.

Reply 2: Thanks for your comments. We have indicated the number of patients in each graph in the legend (see Page 16, line 487-489; Page 17, line 496-497).

Changes in the text:

Figure 2 PFS and OS of patients with relapsed SCLC treated with sintilimab/chemotherapy (n=24) or chemotherapy (n=22) as the second-line treatment or later.

Figure 3 PFS and OS of patients with relapsed SCLC treated with sintilimab/chemotherapy (n=19) or chemotherapy (n=22) as the second-line treatment.

Reviewer B

This is a very well written and presented manuscript demonstrating the clinical outcome importance of utilizing an ICI with chemotherapy in relapsed SCLC patients who did not receive an ICI-chemotherapy regimen as first line treatment.

Reply: Thanks for your comments.