Peer Review File
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Reviewer A

This paper describes the prognosis of combination therapy of ICI and anlotinib as maintenance in ED-SCLC.
Although the number of patients is small, the effects are not bad, the AEs are not serious, and the combination therapy will be promising as the authors mentioned.

In combination with ICIs, other multi-kinase inhibitors, e.g. lenvatinib and VEGF inhibitors, have been used.

If possible, it's better to point out some comparisons with other multi-kinase inhibitors and VEGF inhibitors in terms of mechanism, side effect and convenience.

Comment 1: If possible, it's better to point out some comparisons with other multi-kinase inhibitors and VEGF inhibitors in terms of mechanism, side effect and convenience.
Reply 1: Thank you for your valuable advice. Currently, the development of anti-tumor angiogenesis drugs combined with immunotherapy for solid tumors is progressing rapidly, showing the potential to enhance the tumor microenvironment and immune response synergy. At present, anti-tumor angiogenesis drugs are classified into four main categories: VEGF monoclonal antibodies (e.g., bevacizumab), recombinant human endostatin injection, anti-angiogenesis fusion proteins (e.g., aflibercept), and small-molecule tyrosine kinase inhibitors (e.g., anlotinib, apatinib, sorafenib, etc.). In conclusion, as a multi-target small-molecule anti-tumor angiogenesis drug, anlotinib not only regulates the tumor microenvironment and enhances immune synergism, but also demonstrates good efficacy, mild side effects, and convenient oral administration. Lenvatinib, a multi-target small-molecule tyrosine kinase inhibitor, is primarily used for liver cancer, kidney cancer, and differentiated thyroid cancer. With its mechanism of action, Lenvatinib holds promise in the treatment of small cell lung cancer.
Changes in the text: we added some data in the text (see Page 8, line 19-23; Page 9, line 8-11)

Reviewer B

The authors report a study on the effectiveness of first-line platinum-containing chemotherapy plus anti-PD-1/PD-L1 antibodies in patients diagnosed with extensive-stage small cell lung cancer.
Although the work is correct from a methodological point of view, the number of patients is very small, a total of 12 patients.
There are larger works with a larger number of individuals, such as Qin B, Xin L, Liang C, et al. with 154 cases, work that I do not see cited by the authors.

I think the literature review can be expanded.
Comment 1: I think the literature review can be expanded.

Reply 1: Thank you for your valuable advice. A domestic multi-center retrospective study

investigated the effectiveness and safety of PD-1/PD-L1 combined chemotherapy in treating extensive small cell lung cancer followed by immune maintenance alone. The study included 154 patients, with a median follow-up of 24.7 months. The overall progression-free survival (PFS) was 7.6 months (95% CI: 6.5-8.2 months), while the overall survival (OS) was 17.4 months (95% CI: 15.3-19.3 months), and the safety profile was manageable. The study indicated that both PFS and OS were longer compared to clinical trials, possibly due to the increased use of thoracic radiotherapy in some patients. The latest references have been incorporated as per your suggestion.

Changes in the text: we added some data in the text (see Page 3, line 8-11)
