

Peer Review File

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Reviewer A

First of all, I would like to congratulate for this interesting work. In the study, total of 39 patients with HNSCC/NPC receiving tislelizumab were retrospectively analyzed. The authors conclude that tislelizumab is safe and effective in real-world setting. Overall, the study is well written but I have some comments as listed below.

1. Line 127: Please provide more details in study design section to reflect that this study is retrospective cohort and the data were gathered from electronic/physical medical records. Further description of how the authors deal with missing data would be a nice touch.

Response: We added more details to clarify that this is a retrospective study in patient selection section (Line 109-111), and described the reasons for the two excluded patients in the study design section (Line 121-123).

2. Line 145: Please provide more details about chemotherapy dose if available.

Response: The detailed information of chemotherapy dose has been added to the chemotherapy section (Line 142-161).

3. Line 151: Please provide chemotherapy cycles details in group 4.

Response: The median cycle number was 6 (5-9) in group 4, which has been added in the revised version (Line 158).

4. Line 193: Please correct typographic error, should be stage IV.

Response: We apologize for the mistake. Correction has been made in the revised version (Line 201).

5. Line 217, 228, 236: Please provide 1-year PFS and OS rates of Group 2, 3, 4. Also providing estimated 2-year PFS and OS rates for all groups would give the efficacy results more interesting.

Response: We conducted a follow-up on the entire group of patients again and added the 1-year and 2-year PFS and OS rates in the efficacy section in the revised manuscript.

6. Line 238: Safety section should be re-write to be more structured.

Response: Safety section has been re-written in revised manuscript.

7. Line 245: "Six patients had leukopenia..." is not aligned with Table 3 which shows 17 patients experienced leukopenia. I recommend to re-structure the safety section as state above to highlight that ICI resulted in little high grade AEs.

Response: We re-examined the data and confirmed that 17 patients did experience

leukopenia, and this has been corrected in the revised version (Line 249-256).

8. Line 341: DCR has not been mentioned elsewhere, please provide full term along with abbreviation.

Response: We have added the full spelling of 'DCR', 'disease control rate', to the revised version (Line 343).

9. Line 365-366: "...one of grade 4 leukopenia..." is not aligned with Table 3 which shows 3 patients had grade 4 leukopenia. Please check and correct.

Response: It was 3 patients had grade 4 leukopenia. We have changed the description in revised manuscript. (Line 365)

Reviewer B

1. Please recheck the full names of “PGTVnd” “PGTVtb” “PTV” in the main text.

planning gross tumour volume (PGTVp), lymph node planning target volume (PGTVnd), and high- and low-risk planning clinical target volumes, respectively. T to the planning gross tumour bed volume (PGTVtb) and planning clinical target volume (PTV), respectively.←

Response: It has been revised (Line 138).

2. Please unify the full name of “ORR” “PR” in the manuscript.

the overall response rate (ORR) ,

The objective response rate (ORR) i

and partial response (PR). †

because of their advanced age. Thirteen patients (86.7%) achieved partial remission (PR), while two (13.3%) achieved stable disease (SD). At a median follow-up

Response: It has been unified throughout the manuscript.

3. Please unify to use “PD-L1” and “PDL1” in the text (and Table 1).

Response: It has been unified throughout the manuscript.

4. It should be noted that once your paper is accepted, the reporting checklist you provided will be published as additional information for readers. Therefore:
- please indicate at the end of the **Introduction** section of the Main Text: *“We present this article in accordance with the STROBE reporting checklist.”*

Response: It has been added (Line 107).

5. Figure and Tables

- **All abbreviations** in figure/tables and legends should be explained. “PFS” in Figure 1, and “ECOG” “PDL1” in Table 1 for example. Please check all abbreviations and provide the full names in the corresponding figure legend/table foot.

Response: It has been added.

- Please indicate how data are presented in Table 1.

Response: It has been revised.

- Please check whether unit should be added for PDL1 in Table 1.

PDL1 ↵

< 20 ↵

≥ 20 ↵

Response: It has been revised.

- Please recheck the data in Table 1, whether it should be “46.2”. Please also revise the data in your main text.

Tumour Site ↵

Nasopharyngeal ↵ 18 (56.2) ↵

208 The median age of all 39 patients was 55 years (28-83 years), with 31 (79.5%)

209 being male, 18 (56.2%) having NPC and the rest having HNSCC. The median PD-L1

Response: It has been revised (Line 205).

- Please check whether it should be “10.3” and “89.7” respectively after rounding in Table 1.

N stage ↵

N0-1 ↵ 4 (10.2) ↵

N2-3 ↵ 35 (89.8) ↵

Response: It has been revised.

- Please check if “57.1” would be more appropriate after rounding in Table 1.

IV ← 26 (66.7)← 12 (80.0)← 5 (100.0)← 8 (57.2)←

Response: It has been revised.

- Please unify the full name of “CR” “PR” in Table 1 and in the text.

Abbreviations: NAC, neoadjuvant chemotherapy; CR, complete remission; PR, partial remission; SD, stable disease; PD, progressive disease←

achieved complete response (CR) and partial response (PR).

Response: It has been revised (Line 184).

- Please add a table header for the first column in Table 2, 3.

Response: It has been revised.

- Please add unit for PFS/OS/**time** in Table 2.

Mean PFS←

Mean OS←

Median follow-up time←

Response: It has been revised.

- It is suggested to revise “1-4” to “Grade 1-4” in Table 3.

Total patients←	1←	2←	3←	4←
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Response: It has been revised.

- Please recheck the data in the following sentences in the main text.

“Leukopenia was seen in seventeen patients (15.4%), distributed as four with grade 1, seven with moderate grade 2, and three patients each of grade 3 and 4. Additionally, one patient (2.5%) suffered from grade 4 colitis.”

Response: It has been revised (Line 260-261).