

Peer Review File

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Reviewer A

1. The authors should specify the postoperative treatment strategies. In recent years, immune checkpoint inhibitors have played a significant role in postoperative lung cancer treatment. In this era, the extent of lymph node dissection remains a topic of interest for many researchers and surgeons. The patient population in this study is from a somewhat earlier period, and there are concerns that immunotherapy with checkpoint inhibitors may not have been adequately utilized. This aspect can be considered a limitation of this study. By elucidating the details of postoperative treatment, the authors could provide valuable insights to the readers regarding the significance of lymph node dissection in an era when immune checkpoint inhibitors have become prevalent.

Authors' response: We appreciate the reviewer's point and have added content to the Introduction and Discussion/limitations in this regard. In the Introduction (p4-5) we have added the following context for readers: "Historical standard of care for adjuvant treatment of patients with eNSCLC primarily comprised chemotherapy, which was associated with limited survival benefit and substantial safety considerations (6). Atezolizumab was the first immune checkpoint inhibitor approved in the United States (2021) as adjuvant treatment following resection and platinum-based chemotherapy for adults with stage II-III NSCLC based on findings from the IMpower010 clinical trial (15,16). Pembrolizumab was approved (2023) as adjuvant treatment following resection and platinum-based chemotherapy for patients with stage IB, II or IIIA NSCLC based on findings from the KEYNOTE-091 clinical trial (17). Additional therapies are under investigation in this setting. Given recent advancements in the treatment of eNSCLC with the availability of immunotherapy..."

In the Discussion (p13), we have added the following to the comments on study limitations: **“Given the time period of this study, the results reflect real-world practice before approval and use of immune checkpoint inhibitors in the adjuvant setting. With the advent of immune checkpoint inhibitors, which have been shown to improve outcomes relative to previous standards of care,(15-17) it is even more imperative that LNs are properly examined so that patients are able to receive the most appropriate available treatments.”**

2. Figure 1: The written title is “igure 1”, so it should be corrected to “Figure 1”.

Authors’ response: Thank you, we have not seen this typo in our files but we shall double-check the figure names once uploaded into the submission system to be sure there are no translation issues.

Reviewer B

The thematic you discuss is interesting and still open, thus it could improve our basic knowledge and help to stimulate further research and innovative studies on this important topic. The text is easy to scan and increases the interest in this treatment. English is good, but there are minor errors to correct before publication. I would recommend your paper to our Colleagues.

Authors’ response: Thank you for your positive comments. The manuscript has been copyedited by a native English speaker, and the grammatical errors have been corrected.