Peer Review File

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Reviewer Comments

Reviewer A

Comment 1: The authors needed to register this study to PROSPERO before the analysis.
Thanks, we have registered this now.

The objective of this meta-analysis is not clear. I don't understand the value of evaluating the effects of different drugs on various types of cancer through meta-analysis. The authors should restrict the cancer type to breast cancer or narrow down the drugs to one (P4).
Reply 1: Thanks, we now restrict the cancer type to breast cancer now.

Comment 2: The authors incorrectly use the term '(treatment of) physicians' choice' (L47P3).
"Treatment of physicians' choice" in a clinical study refers to a treatment regimen selected by the participating physicians based on their clinical judgment and expertise. For example, the DESTINY-Breast04 study is a clinical study compared the T-DXd and Treatment of physicians' choice (capecitabine, eribulin, gemcitabine, paclitaxel, or nab-paclitaxel) in HER2-low bc. In EMILIA, T-DM1 was compared with capecitabine and lapatinib. Therefore, EMILIA is not a study that compared T-DM1 and TPC.
Reply 2: Thanks, we have corrected this term in the overall manuscript.

Comment 3: Tables 1, 3, and 4 are cut off, and some parts are not visible. Please ensure that everything is visible when converted to PDF.
Reply 3: Thanks, that may be the reason for the online conversion that make these parts invisible.

Comment 4: Table 1 should include the treatment regimen of the standard arm.
Reply 4: Thanks, we have included this arm now.

Reviewer B

Comment 1: It would be necessary to know which are treatment regimens considered as physician choice (only limited to chemo aor are also included targeted therapies or CPI) as this is a very heterogeneous group with different toxicities and efficacy.
Reply 1: Thanks, yes, the treatment of physician’s choices are usually the regimens for clinical guideline recommendation, which includes chemotherapy, targeted therapy, or combination, but not ADCs.

Comment 2: This is because this publication did not meet the search criteria listed above. **Reply 2**: Thanks, yes, this is the reason.

Comment 3: It would be also useful to explain the main reasons for this removal.
Reply 3: Thanks, we have explained these reasons in the first paragraph of the results section.

Comment 4: Is there any association with the payload or the antigen selected for the ADC? Not only for efficacy but also for toxicity?
Reply 4: Thanks, as I know, these payloads and antigens must be approved by FDA first, then they can be used to synthesize the ADCs.

Comment 5: What Kind of therapies? platin based mainly?
Reply 5: Thanks, yes.

Comment 6: Is this because of the tumor type cuch breast with impact in the PFS but not on the OS?
Reply 6: Thanks, I think it is.

Comment 7: It may also be good to explain the control arm therapies to explain the AEs listed and their frequency.
Reply 7: Thanks, we have explained it.