Peer Review File

Article information: https://dx.doi.org/10.21037/tbcr-23-16

Reviewer Comments

Comment 1: In sentence 49, authors commented that Impassion031 trial showed positive data for improved pCR, and EFS results are promising. At present, the survival outcome of Impassion031 trial is not currently immature and although HR is below 1, the CI range is not statistically significant. You should mention the specific numbers of EFS outcome in Impassion031, and the data is immature. Furthermore, the EFS data of Impassion031 is not the primary endpoint, and authors should also mention this in the manuscript.
Reply 1: I changed the sentence 49 to "As secondary endpoint， medians were not reached in either the atezolizumab group or placebo group for event-free survival (hazard ratio 0·76, 95% CI 0·40–1·44). "

Comment 2: In sentence 64, there is a typo to be corrected.
Reply 2: Corrected the typo.

Comment 3: At sentence 82, author have mentioned that China have approved the use of pembrolizumab in neoadjuvant setting, but in the patients who express high PD-L1 index. In KN-522 trial, there were no difference of response of pembrolizumab according to PD-L1 status. Although author have mentioned this in the manuscript, you should emphasize more that PD-L1 screening before administration of pembrolizumab is not necessary. Considering the title of this manuscript is "guideline update", future guideline may be improved in a positive way.
Reply 3: I add the sentence " But based on the improvements in both pCR rates and EFS were seen regardless of PD-L1 expression in the Keynote 522 trial, PD-L1 testing may not be necessary before administration."

Comment 4: From sentence 86, authors mentioned about the unanswered questions and unmet needs during the use of pembrolizumab. I think there should be a new subtitle from sentence 86.
Reply 4: I add the title : Controversies in Preoperative Pembrolizumab before sentence 86