Peer Review File

Reviewer A
This is a brilliantly written editorial on the updated results from the Phase III randomized ADAURA trial. The authors bring up multiple important points while discussing the results, including challenges in deciding TKI treatment initiation, potential long-term side effects, lack of optimal biomarkers and financial risks.

1. The authors should make sure that all abbreviations are spelled out at their first mentioning in the text, including e.g. EGFR, CNS, FDA and NCCN.

Reply 1: Thank you! Spelled out all the abbreviations the first time with the exception of DNA as this is the more commonly recognized layman's term.
Changes in the text: First paragraph spelled out EGFR (first page, line 4), NSCLC (first page, line 5), FDA (first page, line 12), and NCCN (first page, line 13). Second paragraph spelled out CNS (first page, line 23) and TKI (first page, line 27). Third paragraph spelled out ESMO (first page, line 34). Fifth paragraph spelled out circulating tumor (second page, line 22).

Reviewer B
This review details the benefits and remaining challenges of perioperative treatment with osimertinib in patients with EGFR-mutated NSCLC based on the results of the most recent ADAURA trial. It also discusses the ongoing NEOADAURA and TARGET trials and their implications for unresolved issues. This review article is sophisticated and does not require major revisions.

1. Line 11: Trivially, the 24-month CNS DFS in the ADAURA trial is 98% and 85% for each group, respectively, a 13% improvement.

Reply 1: Corrected
Changes in the text: Changed 12% to 13% (First page, line 11).

2. Line 58: PD-L1 is a useful biomarker in distant metastasis cases, but this could be misinterpreted to mean "PD-L1 is a useful biomarker in resectable EGFR mutated lung cancer".

Reply 2: Thank you! To prevent any misinterpretation, I think this is best deleted.
Changes in the text: Deleted PD-L1. (page 2, line 61)